Fortius London Limited

Fortius Clinic

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?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from the provider wide organisation. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment in line with recent guidance. 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 patient 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 ensured people's individual needs and preferences were central to the delivery of tailored services. People could access the service in the time and way they needed it and received the right care promptly. Technology was used innovatively to ensure people had timely access to treatment, support and care. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were prompt.
- Leaders ran services well using reliable information systems. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. Staff and managers were focused on the needs of patients receiving care. Staff and managers were clear about their roles. The service engaged well with patients and stakeholders to plan and manage services and all staff were committed to improving services continually.

However:

In Diagnostic Imaging;

- The service did not always protect patient data securely.
- The service did not demonstrate evidence of reviewing the Medicines and Healthcare products Regulatory Agency guidance on Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use, February 2021.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	We rated this service as good overall because we rated safe, caring, responsive and well led as good. We do not rate the effective domain in outpatient services. See the overall summary above for details.
Diagnostic imaging	Good 	We rated this service as good overall because we rated safe, caring, responsive and well led as good. We do not rate the effective domain in diagnostic and screening services. See the overall summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Fortius Clinic

Fortius Clinic is operated by Fortius London Limited and provides outpatient and diagnostic imaging services at its centre in Wimbledon.

The provider has three outpatient, diagnostic and treatment centres across London. They also provide surgery at a dedicated surgery centre and at joint replacement centres in partnership with other independent hospitals.

Fortius Clinic, which is located in Wimbledon, first registered with CQC in 2020. It is registered to undertake the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

The clinic specialises in musculoskeletal care, orthopaedics and sports medicine. It has a diagnostic imaging centre with a 3T MRI (Magnetic Resonance Imaging) and X-ray scanners, two ultrasound scanners, seven consulting rooms, two waiting areas and two treatment rooms, all located on one level. The service saw both adults and children (for diagnostic imaging services).

Overall, there were 14,612 appointments between July 2021 and June 2022. Of these, 6,649 were outpatient appointments, 3,012 MRI scans, 2,874 treatments, 1,096 ultrasound procedures and 969 X-ray scans.

The service has had a registered manager in post since the beginning of its activity in September 2020. We had not previously inspected this service.

How we carried out this inspection

We carried out an unannounced comprehensive inspection of the service on 6 July 2022. The inspection team comprised of two CQC inspectors and two specialist advisors.

During the inspection, we spoke with 15 members of staffing including the chief executive officer, registered manager/ chief operating officer, head of quality and risk, director of radiology and imaging, consultants, nurses, radiographers and a therapist. We spoke with eight service users and relatives using the service at the time of our inspection. We reviewed 10 patient notes, feedback forms and online reviews. We also reviewed a range of policies, procedures and observed patient care.

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:

Diagnostic and screening procedures core service

- The service should ensure that all staff lock screens containing patient information when they are not present in the diagnostic room or when staff are not using the diagnostic screening equipment. (Regulation 17(2)(c)).

Summary of this inspection

- The service should ensure that they update risk assessments to reflect relevant regulatory guidance. (Regulation 17(2)(b)).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Outpatients

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

Are Outpatients safe?

Good

We had not previously rated Safe at this location. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Staff told us they had completed mandatory training and data provided showed 100% completion rate for nursing staff. The provider monitored mandatory training for doctors working under practising privileges and doctors had met the service's 85% completion target.

Mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included courses covering basic life support, equality and diversity, health, and safety, infection prevention and control, information governance, medication, moving and handling, safeguarding, conflict resolution, dignity in care, amongst others.

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

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

Safeguarding

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

Staff received training specific to their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. All clinical staff also completed level 3 safeguarding children training. The service monitored safeguard training compliance for substantive staff as well as doctors working under practising privileges. The service achieved their target of 85% completion rate in all modalities.

Good

Outpatients

Staff knew how to identify adults and children at risk of or suffering significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for agencies they would report to.

The service had up to date safeguarding policies, one for children and another for adults. Staff knew how to access the safeguarding policies and how to escalate safeguarding concerns.

Cleanliness, infection control and hygiene

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

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

Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as handwashing and using hand sanitisers when entering and exiting the unit and wearing personal protective equipment (PPE) when caring for patients.

Staff had easy access to PPE such as masks, gowns and gloves. There was sufficient access to antibacterial hand gels, as well as handwashing and drying facilities.

Staff cleaned equipment after patient contact. They used disposable paper towels to cover the examination couch when in use. They cleaned the couch and changed the towel in-between patients.

Disposable curtains were labelled with the date they were last changed. This date was within the last six months, in line with the provider's guidelines.

The service carried out hand hygiene audits. Audit results for January, February and March 2022 showed the service achieved compliance rates of 99%, 98% and 95% respectively. During the same period, the sharps audit report showed staff were 100% compliant with the safe use and disposals of sharps, as well as the correct assembly and disposal of sharps' containers.

The service did not have any incidents of healthcare acquired infections in the last 12 months.

Environment and equipment

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

The design of the environment followed national guidance.

The service had suitable facilities to meet the needs of patients' and their families. Visitors could easily access the outpatient service which was located on the ground floor. The service had a sufficient number of consultation rooms. The reception area was spacious with adequate seating arrangements.

Good

Outpatients

The service had enough suitable equipment to help them safely care for patients. Equipment providers trained staff in the safe use of any new equipment introduced at the location. Patients could reach call bells in clinical areas. Equipment, including resuscitation equipment had been safety checked and was subject to monitoring. Fire extinguishers were readily available and had been recently serviced.

Staff disposed of clinical waste safely. There were adequate arrangements for handling, storage and disposal of clinical waste, including sharps. The service had a waste management policy, and waste was segregated with separate bins for general waste and clinical waste.

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 on arrival, using a recognised tool. This included identifying potential risks such as allergies and assessing patients' suitability for specific procedures.

The service had guidelines for escalating patients at risk of deterioration, which included transfer to hospital where necessary. All staff had completed basic life support to care for patients in an emergency. Staff participated in simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest.

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.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. Nursing staff consisted of a senior outpatient sister, a junior outpatient sister, three nurses and six healthcare assistants (HCAs). Two nurses were on shift during our inspection and this was in line with required staffing level for the shift.

Managers and team leads could adjust staffing levels daily according to the needs of the service. Rotas were planned in advance and any gaps could be filled at short notice if staff became unavailable.

The service had a low turnover rate of staff.

Managers limited their use of bank and agency staff and requested staff familiar with the service, when required. Managers made sure all bank and agency staff had a full induction and understood the service.

Medical staffing

Good

Outpatients

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

The service had enough medical staff to keep patients safe.

The service had 99 medical staff working under practising privileges. Practising privileges is a well-established system of checks and agreements, whereby doctors can practise in hospitals without being directly employed by them.

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

Records

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

Patient notes were comprehensive, and all staff could access them easily. All records were stored on a secure patient electronic system. They included nursing notes, consultation notes, risk assessments, clinical history and imaging results. Where paper records were used, they were scanned onto the system and disposed of securely.

Staff had access to information about each patient on the system, including nursing notes, consultant notes, reports, Xray and scans. We reviewed five patient records and saw that patient records were clear, well-organised, detailed and up to date.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Medicines (mainly contrast agents) were stored and prescribed appropriately in line with the provider's policy.

There were no controlled drugs kept or administered in the clinic.

Staff stored and managed medicines in line with the provider's policy. Records showed that daily checks were carried out to ensure all medicines were stored safely and securely.

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.

Good

Outpatients

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff reported 18 incidents between July 2021 and June 2022. There were no serious incidents or never events during the period. All incidents reported were identified as “no harm” incidents or “near miss” incidents.

Managers investigated incidents and shared learning about incidents with their staff. Staff met to discuss the feedback and look at improvements to patient care. We saw records of these being discussed in clinical governance meeting minutes. There was also evidence that changes had been made as a result of incidents investigated. For example, staff sent booking rules to medical secretaries to remind them about admission criteria for certain procedures. This was following an incident when a 15 year old patient turned up for a procedure that the service did not offer to patients under 18 years.

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

Are Outpatients effective?

Inspected but not rated

We do not rate effective in outpatient services.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Guidelines were developed in line with the National Institute of Health and Care Excellence (NICE) and national best practice.

All staff had access to the provider’s policies, procedures and guidelines, which were readily available via the service’s intranet system and staff demonstrated they knew how to access them.

The service carried out a programme of audits to monitor staff compliance with guidelines. Audits carried out included hand hygiene audits, documentation compliance and wound care. An audit of wound care documentation showed 100% compliance.

Nutrition and hydration

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

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

Pain relief

Good

Outpatients

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

Staff assessed patients' pain using a recognised tool in line with individual needs and best practice. Staff ensured patients were comfortable when carrying out individual assessments.

Patient outcomes

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

Patients attending the clinic often required diagnostic imaging service or orthopaedic surgery. The clinic carried out a comprehensive programme of repeated audits to check improvements in these related services. Outcomes for patients were positive, consistent and met expectations, such as national standards.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Senior staff carried out competency assessments with new staff before they worked without supervision. Staff told us they had opportunities for learning and development.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal completion rates in March 2022 were at 97% against a set target of 85% completion.

Allied staff were registered with the Health Care and Professions Council and were accredited members of professional bodies such as the British Association of Hand Therapy.

Consultants with practising privileges were required to provide evidence of appraisals, revalidation and professional registrations. We reviewed the consultant list and were assured that professional registration, appraisals, indemnity insurance and disclosure barring service (DBS) checks were in date or noted to action.

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 held regular and effective multidisciplinary (MDT) meetings to discuss patients and improve their care. This included sub-speciality MDT meetings.

Patients could see all the health professionals involved in their care at one-stop clinics. This included appointments with consultants and imaging staff.

Good

Outpatients

We observed good working relationships between nurses, doctors and diagnostic imaging staff.

Staff worked across healthcare disciplines and with other agencies when required to care for patients. Staff told us that they had a good working relationship with staff at other hospitals and referring organisations.

Seven-day services

Key services were available to support timely patient care.

The service was open from 8am to 8pm Monday to Friday and 8:30am to 12:30pm on Saturday.

As part of a corporate provider, the service was able to refer out-of-hours requests to other locations.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Patients were provided with relevant information regarding their care.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

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

Are Outpatients caring?

Good

We had not previously rated Caring at this location. We rated it as good.

Compassionate care

Good

Outpatients

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. All patients we spoke with said they were happy with their care.

Staff followed policy to keep patient care and treatment confidential. All consultations were carried out in individual rooms behind closed doors, thereby ensuring privacy. Staff protected patient privacy and dignity by drawing curtains when carrying out examinations or treatments.

The service encouraged patients to provide feedback. Patients received a text message after their appointment with a link to provide feedback online. Patients also provided feedback using a dedicated email address for feedback.

We reviewed feedback forms from patients between June 2021 and July 2022. Patients stated staff were kind, reassuring and helpful. The feedback forms had seven questions outlining the patient experience when using the service. From a grade of one to five, with one being the lowest score the service received a score above 4.59 for all questions. The service achieved a score of 4.81 for courtesy and kindness of staff and the average score overall was 4.91. Ninety-nine per cent of patients indicated they would recommend the clinic.

Emotional support

Staff provided emotional support to patients 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. Our observation of patient care showed staff were re-assuring and comforting to patients. Staff helped patients to feel relaxed.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their well-being and on those close to them. Staff understood the anxiety or distress associated with procedures and engaged patients to ensure they were comfortable.

Understanding and involvement of patients and those close to them

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

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

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Senior staff informed us staff had access to clear masks during COVID-19 to assist patients who were hard of hearing.

Staff supported patients to make informed decisions about their care. They discussed the cost of treatment with patients.

Good

Outpatients

Patients and their families could give feedback on the service on their treatment and staff supported them to do this. We looked at the most recent feedback results and found that 99% of patients would recommend the service to their family and friends.

Are Outpatients responsive?

Good

We had not previously rated Responsive at this location. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met patients' needs. The clinic operated an appointment-based service from Monday to Saturday. Appointments were arranged with patients, at a time and date convenient for them. The clinic offered a range of specialist services involving musculoskeletal, orthopaedic and sports medicine care.

Patients had access to sub specialist clinics based on their individual needs including knee, hip, foot and ankle, hand and wrist, spine, shoulder and pain.

The service had links with sister locations as well as independent healthcare organisations to provide additional patient services including surgery, computerised tomography (CT) and Dexa Scans.

The service received referrals from GPs, physiotherapists and other specialist services. Staff worked with relevant stakeholders including referrers to plan and deliver care.

The service minimised the number of times patients needed to attend the clinic, by ensuring they had access to the required staff and tests on one occasion. Patients could attend the clinic for consultation, scan and report on the same day.

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

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.

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

Good

Outpatients

Staff informed us they rarely saw patients with complex needs. However, the service had links with relevant organisations to safeguard vulnerable people. They also referred anyone with complex needs to an appropriate location.

Managers made sure patients could get help from interpreters when needed. Interpreters were arranged before the appointments.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff explained that they used clear masks during COVID-19, when caring for patients who were hard of hearing.

The service had information leaflets available in languages spoken by the patients and the local community.

Access and flow

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

There was no waiting list for appointments to the outpatient clinic. Appointments were booked around patients' and consultants' schedule. Patients told us they were able to choose a date convenient for them.

Managers monitored and took action to minimise missed appointments, such as providing flexible times and open booking schedules for scans.

The provider informed us they have an no cancellations for outpatient appointments in the last year.

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

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Patients that we spoke with said that they knew how to raise concerns and would be happy to do so if necessary.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. They told us they would refer any complaints to their manager.

There were no complaints about outpatient services in the last 12 months.

Are Outpatients well-led?

Good

Outpatients

Good

We had not previously rated Well-led at this location. We rated it as good.

Please refer to the Diagnostic Imaging Report for all areas under well-led.

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

We had not previously rated Safe at this location. We rated it as good.

Mandatory training

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

Substantive staff received and kept up to date with their mandatory training. The mandatory training programme was comprehensive, met the needs of patients and staff and was adjusted to the required competency level of each member of staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service achieved a 100% compliance target, surpassing their target of 85% completion rate of mandatory training for substantive diagnostic staff. New staff were given a three month probation period, which allowed them to complete mandatory training.

The service also monitored mandatory training compliance from front of house and bank staff. This group of staff had also surpassed the service's 85% completion target.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act, 2010.

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

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a designated safeguard lead and safeguard consultant lead, trained to the appropriate level.

The service monitored safeguard training compliance for substantive staff as well as doctors under practising privileges. The service surpassed their target of 85% completion rate for the relevant levels of safeguard training for each member of staff.

Cleanliness, infection control and hygiene

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

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

Cleaning services were managed by an external provider under a service level agreement (SLA). The SLA covered regular cleaning schedules and decontamination of equipment. The service was also able to request the external provider to provide deep cleans and decontamination of highly infectious areas if required. In protected areas such as the scanner room, only radiographers completed the cleaning and abided by the safe area cleaning principles.

The service performed well for cleanliness. Cleanliness records showed full compliance from staff and the external provider.

Staff followed the clinic's Infection Prevention and Control (IPC) policy. This included the use of personal protective equipment. We observed staff were arms bare below the elbows and washed their hands as required in line with the local policies, as required.

The service achieved compliance rates of 99%, 98% and 95% with hand hygiene in their most recent audit for outpatients in the months of January, February and March 2022 respectively.

Staff cleaned equipment after patient contact in line with the safe practice guidance included in the IPC policy. The policy was comprehensive with guidance for general, clinical and personal areas.

During our inspection, it was noted that the service was not following recent guidance from the British Medical Ultrasound Society with regards to the use of ultrasound gel, as they were decanting ultrasound gel from a container into reusable bottles. The guidance issued on 26 May 2022, Good infection prevention practice: using ultrasound gel, stated: "gel should not be decanted from a larger container into other bottles" and advised to "use single-use sachets or pre-filled, multi-patient disposable bottles". We discussed these findings with the service and we were told this practice was only for non-invasive procedures and that procedures such as guided ultrasound activities used individual sachets to prevent the risks of infection. We received assurances from the service that their practice would change in line with guidance, and disposable bottles or sachets would be used in all of the service's future scans.

The service had not had any incidents of a healthcare acquired infections in the past 12 months.

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 service did not demonstrate evidence of reviewing recent guidance and integrating it into their risk assessments regarding protecting access to clinical areas.

Good

Diagnostic imaging

Patients could reach call bells in clinical areas.

The design of the environment mostly followed national guidance. We saw the MRI and X-Ray rooms had clear signage indicating when the rooms were active and cautioning staff and people to not access the areas unless authorised. We also saw that radiation levels and magnetic fringe fields were well documented and controlled. However, the main door to the clinical area for these rooms was "open access", despite the existence of a key card scanner and the risk that this could lead to patients walking into the imaging area unsupervised. This did not meet guidance issued in the Medicines and Healthcare products Regulatory Agency guidance on Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use, issued in February 2021. We discussed this with a senior manager who stated that a risk assessment for this had been completed in September 2020 and that they felt that the controls identified in the risk assessment were enough to mitigate the risk. The risk record however, had not been reviewed since 2020 and failed to recognise the above-mentioned guidance.

Staff carried out daily safety checks of specialist equipment including the X-Ray and MRI scanner. We saw records for the last two months that confirmed this. Fire extinguishers were readily available and had been recently serviced. A specialist fire extinguisher was present in the MRI scanning unit. Fire exits were clearly signed and accessible.

Maintenance of the equipment was completed through an SLA with external providers. Managers and staff assured us that all equipment was well maintained, and there were processes to review equipment in a timely manner, if required. We were also told how key specialist equipment such as the ultrasound, X-Ray and MRI machines were under a replacement programme.

The service had enough suitable equipment to help staff safely care for patients. Equipment manufacturers trained staff in the safe use of any new equipment introduced at the location.

There was a well-equipped resuscitation trolley which was checked weekly in-line with local policy.

Staff disposed of clinical waste safely. Removal and disposal of waste was completed through an external provider using an SLA. Managers monitored and ensured compliance with standards and regulations relating to waste management.

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 undertook regular training in the assessment of deteriorating patients and in intermediate life support. There was a recently updated written procedure to be followed if a patient collapsed during a scan. The team conducted twice yearly drills of the procedure, so that staff were familiar with the actions that needed to take place.

Staff completed risk assessments for each patient on arrival, using a recognised tool. Staff used a 'pause and check' system in line with the Society and College of Radiographers (SCoR). Pause and check consisted of a six-point patient identification check, which was recommended to help reduce referrer errors and ensure the appropriate scan was done for the right patient. All patients underwent the risk assessment and gave consent to the diagnostic test.

The service had local rules for the X-ray equipment which described safe operating procedures in line with national guidance. The service had an appointed radiation protection supervisor (RPS) and a radiation protection advisor (RPA). Staff in the service told us they could access an RPS for radiation advice at all times, in line with best practice.

Good

Diagnostic imaging

Staff shared key information to keep patients safe when handing over their care to others.

Shift changes and handovers included all necessary key information to keep patients safe.

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 staff and support staff to keep patients safe. The unit was staffed with an imaging manager, radiographers and a radiology and outpatients administrator. In addition to the substantive members of staff, the service had access to a bank of staff who could be accessed to support the service's needs.

Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance.

Managers and team leaders could adjust staffing levels daily according to the needs of the service. When temporary staff were required, managers requested staff familiar with the service.

When staff were recruited, their details were checked with the Disclosure and Barring Service (DBS) to ensure that they were able to work with vulnerable adults and children.

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

Medical staffing

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

The service had enough medical staff to keep patients safe.

Medical staff were employed by the service using practising privileges. Practising privileges means that staff are employed elsewhere but can work for another service in a limited, defined capacity. When doctors were employed under practising privileges their clinical background was checked and a set of criteria, based on their expertise, for the patients they could see was drawn up.

The number of medical staff matched the planned number required by the service.

Records

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

Patient notes were comprehensive and all staff could access them easily. Staff used both electronic and paper records. They included up-to-date risk assessments, clinical history and results of previous scans. We reviewed five sets of patient records and all contained information that was clear and well organised.

Good

Diagnostic imaging

When patients transferred to another service or information was shared with patients and referrers, there were no delays in staff accessing their records. There was a secure system to ensure necessary information such as reports, and images were shared safely and in a timely way.

The services information governance policy was clear and up-to-date including references and guidance on safe and secure record keeping and access to personal information.

Records were mostly stored securely. However, on the day of the inspection, the ultrasound machine, which was in an unlocked room, was found to be switched on with patient identifiable data easily retrievable. The machine had a locking system, but this had not been activated by the member of staff who was using it. We highlighted this to the leadership team who recognised that this was not best practice. At the end of the inspection day, the same ultrasound machine was found again to be unsupervised and with the patient identifiable data easily retrievable. We alerted the leadership team to this unsafe practice again and were told they would address this immediately.

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.

Staff administered contrast agents to patients. The service maintained records for staff authorised to administer contrast agents. The audit the service did regarding the safe practice of the administration of contrast agents showed 100% compliance with the audited items, such as authorised staff and signature. In addition to this, the contrast agent was only given between 9am and 5pm and vetted by a radiologist to confirm the patient needed the contrast agent. We observed detailed safety checks were carried out to ensure the right dose of medicine was given to the right patient.

Staff stored and managed medicines in line with the provider's policy. Records showed that daily checks were carried out to ensure that all medicines were stored safely and securely.

Incidents

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events.

The service had no reported serious incidents between June 2021 and July 2022. Staff knew how to report serious incidents clearly and in line with the service policy.

Staff understood the duty of candour. They explained how they would be open and transparent and give patients and families a full explanation if and when things went wrong.

Good

Diagnostic imaging

Staff received feedback from investigation of incidents, both internal and at corporate level. Staff met to discuss the feedback and look at improvements to patient care. We saw records of incidents raised both locally and at provider level being discussed in the latest three clinical governance meeting minutes. There was also evidence that changes to the service had been made as a result of incident investigations.

Managers investigated incidents thoroughly. We reviewed the service's incident log and were assured that all recorded incidents were rated correctly, investigated and lessons learnt identified and actioned.

Are Diagnostic imaging effective?

Inspected but not rated

We do not rate effective in diagnostic imaging services.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service used up-to-date, regularly reviewed policies and procedures and best practice guidance. These complied with Ionising Radiation (Medical Exposure) Regulations 2017 and followed recent guidance from the Health and Safety Executive, the Royal College of Radiologists, the Society and College of Radiographers and the National Institute of Health and Care Excellence. Records showed all staff members signed to confirm they had read and agreed to abide by the policies or procedures.

The service's policies and procedures were subject to regular review by the radiation protection advisor (RPA). The RPA's latest review showed the service policies and procedures were compliant.

We saw that the local rules were up to date and reflected the equipment, staff and practices at the clinic.

Staff ensured the referral for each patient was assessed to ensure the scan requested was justified and within the unit's remit and criteria. Staff incident reported any scans that did not meet the service's referral criteria and learnt from feedback.

Nutrition and hydration

Staff gave patients information about dietary requirements for their procedures and followed national guidelines to make sure patients where safe.

Patients were sent information with instructions about dietary requirements before the scan or procedure. We saw that leaflets and information pamphlets highlighted which procedures needed fasting and which could be done without the need to fast.

Special advice was given to patients with diabetes and appointments were arranged to help with required eating patterns. Staff encouraged patients to drink water while waiting for the scan to improve the effectiveness of medicines given. Following the scan, patients were able to have a hot drink and biscuits before leaving the service.

Good

Diagnostic imaging

Pain relief

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

Staff minimised patients' pain and gave anaesthetic in line with best practice when undergoing ultrasound guided injections.

Staff assessed patients' 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 had a clinical audit programme that was comprehensive and responsive to the needs of the service. This included a report for X-ray image quality report, X-Ray reject audit, MRI World Health Organisation (WHO) checklist audit, MRI reporting audit and MRI safety questionnaire audit. Results of these audits demonstrated the service was providing good clinical outcomes.

The clinical audits also identified areas of learning and improvement. As an example, the X-ray image quality report identified that a particular scan was presenting a slightly lower quality imaging quality. The audit formulated strategies to address this and implement them into practice. It also addressed the need to communicate the findings with staff and re-audit in the near future.

Managers shared and made sure staff understood information from the audits. These formed part of staff meetings and were integrated into weekly team discussions.

Managers and staff carried out a comprehensive programme of repeated audits to support safe delivery of services and check improvement over time. Performance was monitored monthly. Areas monitored included incidents, quality of reports, training compliance, patient satisfaction and complaints. Results showed consistently good performance.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service had a mixture of experienced staff and those who had recently joined the service. Senior staff carried out competency assessments with new staff before they worked without supervision. Staff told us they were encouraged and supported to attend courses linked to their field, to keep up to date on practices and refresh current skills.

Managers gave all new staff a full induction tailored to their role before they started work. All training had to be completed within three months and new staff worked under supervision until that time.

Managers supported staff to develop through yearly, constructive appraisals of their work. Future training needs were identified at these meetings and staff were given the time and opportunity to develop their skills and knowledge. Appraisal completion rates in March 2022 were at 97% against a set target of 85% completion.

Medical staff, such as radiologists, working for the service were employed under practising privileges.

Good

Diagnostic imaging

Medical staff were required to provide evidence of their professional registration, appraisals, indemnity insurance and DBS check. The service also ensured that medical staff that were required to be registered with the Information Commissioner's Office had done so. The leadership team ensured that practising privileges documentation were reviewed regularly, and they had a system in place to ensure they knew when documentation was due to expire. We reviewed the consultant list and were assured that professional registration, appraisals, indemnity insurance and DBS check were in date or noted to action.

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 held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked across healthcare disciplines and with other agencies when required to care for patients. Staff told us they had a good working relationship with staff at other hospitals and referring bodies who referred patients to them.

We observed imaging staff working well as a team and demonstrating their knowledge of each other's roles.

Patients could see all the health professionals involved in their care at one-stop clinics.

Seven-day services

Key services were available to support timely patient care.

The service was open from 8am to 8pm Monday to Friday and 8:30am to 12:30pm on Saturday. Additionally, the service could be flexible with their time to deliver services to private clients.

As part of a corporate provider, the service was able to refer patients who made out-of-hours requests to other locations.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needing to live a healthier lifestyle. We observed relevant information being given to a patient at the end of a scan.

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 the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and knew who to contact for advice.

Staff gained 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. Staff ensured patients were clear on what and why they were receiving a scan and risks were discussed before scanning.

Good

Diagnostic imaging

Staff clearly recorded consent in the patients' records. All records we reviewed had a clear record of consent by patients.

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

The service had not received any referrals for patients who were subject to the Mental Health Act and there was no anticipation that this would change in the future. However, staff received and kept up-to-date with training in the Mental Capacity Act.

Are Diagnostic imaging caring?

Good

We had not previously rated Caring at this location. We rated it as good.

Compassionate care

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

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

Patients we spoke with said staff treated them well and with kindness. We heard from patients how they felt they were part of the treatment process and felt that attention was given to their needs.

Staff followed policy to keep patient care and treatment confidential. Conversations in treatment areas and scanning rooms could not be overheard in other areas of the building.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they related to care needs. Adjustments were made to clinical processes and communication when necessary. Patient information leaflets contained information about chaperones and there were notices offering this service in all scanning rooms. A chaperone of the same gender was offered whenever possible.

We reviewed feedback forms from patients between June 2021 and July 2022. Feedback forms had seven questions outlining the patient experience when using the service. From a grade of one to five, with one being the lowest score the service received a score above 4.59 for all questions. The service achieved a score of 4.81 for courtesy and kindness of staff and the average score overall was 4.91.

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. Support included giving patients as much time as they needed to discuss their concerns and talking in a calm and reassuring way. Patients told us that staff were patient and kind and provided them with the reassurance they needed.

Good

Diagnostic imaging

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. They were aware that the results of the scans might confirm a very serious illness and that some patients would be very anxious about this. We observed staff making allowances for this and reassuring patients if they showed signs of stress. Patients were given clear details of when results would be known and who to contact. This helped to reduce patient anxiety while they were waiting for results.

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. Before their diagnostic screening procedure, the radiographer asked patients what scan they were having and if they understood why they were having it.

Staff involved patients and their family members. Staff supported having a family member or a carer to stay in a safe place in the scanning room during a scan, for example to support children or patients needing assistance.

Patients gave positive feedback about the service. All patients we spoke with were complimentary of the scanning process and felt they were involved with and understood their scan. Patients were aware of how and when 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. Feedback could be provided by completing a printed questionnaire or an electronic one. We looked at the most recent feedback results and found that 99% of patients would recommend the service to their family and friends. The registered manager reviewed the results monthly and investigated negative comments.

Are Diagnostic imaging responsive?

Good

We had not previously rated Responsive at this location. We rated it as good.

Service delivery to meet the needs of local people

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

The service offered a range of ultrasound scans, MRI and X-Ray screening procedures for private patients. They supported the needs of people looking to address their concerns regarding musculoskeletal, orthopaedic and sports medicine care.

Managers planned and organised services, so they met the changing needs of the local population. We saw how scans were planned to address the needs of organisations and referrers. For example, the service had a booked hour for elite sports patients who required immediate scans.

Good

Diagnostic imaging

The service minimised the number of times patients needed to attend the hospital, by integrating outpatient clinics and diagnostic services. This included combining the patient's outpatient appointment with their scan and discussing their outcomes and report on the same day, if the scan was completed before 6pm.

Managers monitored and took action to minimise missed appointments, such as providing flexible times and open booking schedules for scans.

Managers ensured that patients who cancelled appointments were contacted and appointments were rescheduled as soon as possible.

The service worked well with partner organisations including GPs, referrers and other independent hospitals to deliver care and treatment.

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

The service had information leaflets available in languages spoken by patients and the local community. Warning signs for diagnostic services such as the pregnancy awareness sign was presented in four different languages including English.

Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. Staff could access an interpreter by telephone, however they said they rarely used this service.

Staff had access to communication aids to help patients become partners in their care and treatment.

The service had a chaperone policy to support vulnerable and younger patients. The service could make arrangements to support the needs of people to reassure them during their scanning procedures. As an example, the service made safe arrangements for parents to accompany children in the scanning rooms and ensured they underwent safety checks as well.

The service had a wide bore MRI scanner which provided more comfortable scanning for claustrophobic patients. It was also able to accommodate bariatric patients up to 250kg in weight.

Patients who had contraindications to the use of the MRI scanner in the clinic could be referred to other partner clinic MRI scanners with lower strength.

Access and flow

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

Good

Diagnostic imaging

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. As most patients were from insurance or private fee paying, there were no waiting times and patients had the flexibility of booking their own appointments or were offered appointments as soon as available. For example, the service had the flexibility to accommodate quick referrals as they had three slots a day for same day referrals and a protected hour for contracts with elite sports organisations or individuals.

The service adhered to reporting times that ensured rapid interventions and access to outcomes of the diagnostic and screening procedure as soon as possible. All procedures undergone before 6pm were reported on the same day. Procedures completed after 6pm were reported the following morning. We were told all reports were completed in this time frame. There were no delays to reporting and the turnover of reports helped the flow of the service and minimised patients waiting times and having to return for consultations.

The service had not recorded any appointments missed by patients. They had a did not attend rate of 0%. This was mainly due to the fact that patients were privately insured, or self-paying and scan times were flexible and booked to accommodate patient needs.

If patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Learning from complaints and concerns

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

The service clearly displayed information about how to raise a concern in patient areas. There was also clear guidance on how to do so via the service's website.

Patients, relatives and carers knew how to complain or raise concerns. Patients that we spoke with said that they knew how to raise concerns and would be happy to do so if necessary.

Staff understood the policy on complaints and knew how to handle them. Reception staff told us they would refer any complaints immediately to one of the service managers.

Managers investigated complaints and identified themes. Records showed that complaints were logged, investigated and causes addressed. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We looked at two recent complaints and found the manager had investigated them promptly and thoroughly. They had compiled a courteous and thoughtful response to the complainants.

Are Diagnostic imaging well-led?

Good

We had not previously rated Well-led at this location. We rated it as good.

Good

Diagnostic imaging

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 clinic had a corporate management structure which included a chief executive officer (CEO), chief operating officer, chief financial officer, director of research and outcomes, and head of human resources. The executive team was supported by the senior management team consisting of heads of various departments and clinical managers.

Managers and directors we spoke with, displayed an all-round knowledge of their areas of responsibility and they understood the risks and challenges to the services they managed.

Leaders were known by the staff and were highly visible across the hospital. Staff described seeing them on a daily basis and said they were always approachable.

We found that the leadership team had provided training and support to staff and encouraged them to take on more senior roles.

Vision and Strategy

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

There were clear corporate and local vision within the service. The provider's focus was on orthopaedics and musculoskeletal services. The services' vision and strategy were 'to be able to provide the very highest standard of value-based healthcare, enabling excellence across Fortius, for our people, our consultants and our patients'.

This vision was delivered through the provider's core values of personalised service, stronger together and making it happen. All staff we spoke with were motivated and aware of their contribution in achieving this.

Senior staff told us they wanted to provide the community with a point of access to the best care. The provider had opened this location in September 2020 during the COVID pandemic, having identified the area as suitable for the kind of service offered.

Culture

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

Leaders stated they wanted to create an open and honest culture by leading by example and promoting the service's values. We heard this was done by having an open-door policy, interacting with staff daily, doing walk arounds at the clinic every day and by spending time with patients.

Managers at all levels expressed pride in their team and gave examples of how staff adapted to changes brought about by the pandemic as well as supporting other parts of the organisation. Staff felt that the clinic was a part of the bigger corporate provider and worked well with other locations sharing a unified culture.

Good

Diagnostic imaging

Staff we spoke with said they liked working at the clinic and felt there was a supportive team behind them to make things run smoothly. We heard from staff that had been working from the clinic for a number of years and had progressed within the clinic. They told us they did not see themselves working anywhere else.

All staff we spoke with said they felt that their concerns were addressed, and they could easily talk with their managers. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the Duty of candour requirements.

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

Governance

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

The service had a clear and effective governance structure with defined roles and responsibilities. Governance and risk performance were reviewed by the advisory board, quality committee and clinical advisory group. The service also had a medical advisory committee that reported to the advisory board through the quality committee.

There was a robust and embedded clinical governance structure and culture of identifying and managing risk. The quality committee had clinical oversight of patient safety issues, incidents, complaints, information governance, quality management and audit and policy updates.

Staff contributed with information, service updates and guidance review to the quality committee by having sub-speciality meetings and monthly multidisciplinary team meetings. For example, radiology staff members were encouraged to have ownership of areas of responsibility and were assigned key responsibilities such as MRI safety, clinical incident feedback and service improvement and imaging review.

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.

Service managers for diagnostic and screening services had regular contact with the local radiation protection advisor and medical physics expert. Several safety policies had been written in conjunction with them.

The service had a quality dashboard for monitoring the effectiveness of care and treatment, as well as staffing and incidents management. Staff conducted regular audits of quality indicators such as infection control measures, quality of scan reports, radiation protection processes and accuracy of records. Changes that resulted from governance processes were discussed with staff before implementation.

Minutes from monthly staff meetings showed they contributed to decision making about the management of risks, issues and performance.

The service used a risk register to monitor key risks. These included relevant clinical risks and action plans to address them. As an example, some of the imaging departments' top risks were COVID-19, moving coils in MRI and assuring the imaging request forms process and accuracy. We felt that risks identified in the risk register were relevant and consistent with our findings. The risk register was discussed regularly at governance meetings to ensure all staff knew what were considered to be the biggest risks.

The service had systems, policies and procedures to manage unexpected events such as power cuts or failure of the scanning equipment. The provider had an up to date business continuity plan, which outlined how unexpected risks were to be managed.

Information Management

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

The service had designated leads to collect their clinical audit data and to share the results. We saw evidence of data being collected to support the delivery of the audit calendar and inform practice at the clinic.

Staff had easy access to local operating procedures and policies which were printed and available on the electronic database. They also had easy access to information about patient's care and treatment. Staff used both electronic and paper records. They included up-to-date risk assessments, clinical history and results of previous scans.

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

Information technology systems were used effectively to monitor and improve the quality of care. For example, the incident and complaints recording system provided the service with a platform to monitor and assess risks and assess trends.

Staff had secure access to the service's intranet, which gave them access to a range of policies, procedures and guidance and their training and personal development records.

Engagement

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

Patients' views and experiences were gathered and used to shape and improve the services. All patients were given the opportunity to take part in a broad-ranging satisfaction survey. The results were regularly discussed at staff meetings and trends were monitored.

The service contacted patients with a link to provide feedback of their experience. This helped increase the response rate and identify any areas of good practice and areas for improvement.

Leaders discussed issues with staff daily and through monthly staff meetings. Longer-term staff engagement took place through an employee survey. In response to the survey, action plans were developed and progress against the plans was measured on a regular basis.

Leaders described positive and useful working relationships with staff from the corporate provider and other partner organisations and stakeholders.

The service operated an employee of the month scheme. This allowed staff to nominate outstanding colleagues for recognition and reward.

The service collaborated with partner organisations including hospitals and GPs to improve services for patients.

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.

There was a culture of continuous learning and development in the service. The service sought suggestions from staff at all levels to improve the patient experience.

Quality and performance data were collected and made available to staff to enable them to change or improve practice. This was also discussed as part of governance and team meetings.

Staff told us how managers promoted and encouraged learning and improvement. This was further supported by appraisals and their learning actions.

Quarterly staff awards saw staff being nominated by their peers for their contribution to the service.

The provider hosted a biannual conference, The Fortius international sports injury conference, which was aimed at orthopaedic surgeons, sports physicians, radiologists, physiotherapists and allied sports and exercise professionals.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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