Chelsea Outpatient Centre LLP

Chelsea Outpatient Centre

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	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

This was the first time we rated the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of the 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 to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	
Outpatients	Good	

Summary of findings

Contents

Summary of this inspection — Page

Background to Chelsea Outpatient Centre — 5

Information about Chelsea Outpatient Centre — 5

Our findings from this inspection

Overview of ratings — 6

Our findings by main service — 7

Summary of this inspection

Background to Chelsea Outpatient Centre

Chelsea Outpatient Centre is operated by Chelsea Outpatient Centre LLP. The clinic has been registered with CQC since 2011. The clinic offers diagnostic services, and outpatient services to both insured and self-paying private patients. Services are consultant led and are supported by registered nurses and health care assistants. The service did not offer any NHS funded services.

Chelsea Outpatient Centre has a diagnostic suite located on the lower ground floor that provides a range of services such as general X-ray imaging, interventional and diagnostic ultrasound, mammography and breast imaging and magnetic resonance imaging (MRI). The service operates from Monday to Friday from 8am to 8pm. The service treats patients who are 18 years old and above.

The outpatient department consists of 10 consulting rooms located on first floor. The service offers both in-person and remote consultations. Specialties include Cardiology, Breast care, Gastroenterology, General Medicine, Gynaecology, Urology, Orthopaedics, Dermatology and Rheumatology etc. In the 12 months prior to our inspection the service saw 15700 patients involving 25642 patient visits. The service operates from Monday to Friday from 8am to 8pm. The service treats patients who are 18 years old and above.

Chelsea Outpatient Centre is registered with the Care Quality Commission to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Family planning service
- Surgical Procedures

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

How we carried out this inspection

We carried out an unannounced comprehensive inspection of outpatient services on 13 March 2023 and diagnostic and imaging services on 22 March 2023 using our comprehensive inspection methodology.

The inspection team was comprised a lead CQC inspector, a hospital's inspector and two specialist advisors.

During the inspection, the team spoke with department leads, 20 staff and eight patients. We looked at 10 patient records and observed 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.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

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

Is the service safe?

Good

This was the first time we rated safe. 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. At the time of the inspection, mandatory training overall compliance levels were 99%.

Mandatory training was comprehensive and met the needs of patients and staff. Courses were a mixture of online and face to face and included but were not limited to safeguarding adults and children level one, two and three, moving and handling, infection prevention and control, privacy and security, fire safety, PREVENT, adult basic life support and immediate life support.

Leaders monitored mandatory training and alerted staff when they needed to update their training. Staff were given protected time to complete their mandatory training.

Safeguarding

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

The service had a safeguarding adult's policy and a safeguarding children and young person's policy, which were available on the service's intranet. The policies were in date and detailed individual responsibilities and processes for reporting and escalation of concerns and identified who to contact if concerns were raised.

We saw posters throughout the centre about how to report a safeguarding concern.

Good

Diagnostic imaging

All staff in diagnostic imaging were trained to level three in both adult and child safeguarding. Staff were 100% compliant with their training. Care assistants told us they also completed chaperone training.

Staff we spoke with had good awareness and knowledge about female genital mutilation (FGM) which was part of mandatory training. Staff knew how to escalate concerns to managers and safeguarding leads.

All staff we spoke with demonstrated a good understanding of safeguarding vulnerable adults and children. Staff were able to identify the potential signs of abuse, the process for raising concerns and what would prompt them to make a referral.

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. The service had an infection, prevention, and control (IPC) policy which was in date and accessible on the service's intranet. Infection control was included in mandatory training for staff and all staff were up to date with training.

Staff followed manufacturers' instructions and the IPC policy for routine disinfection. This included the cleaning of medical devices between each patient. The service also had a disinfection system for the cleaning of ultrasound probes. We saw staff cleaning equipment and machines following each use. We saw that the service used green 'I am clean' stickers to show when rooms and equipment were last cleaned. Throughout our inspection, all staff were observed to be 'bare below the elbow' and adhered to infection control procedures, such as hand washing and using hand sanitisers.

The service completed monthly infection prevention and control principles and practice audits. Results showed 99.6% compliance for the 12 months prior to the inspection. Hand hygiene audits were held monthly and compliance rates in the last twelve months were consistently 100%.

There was easy access to personal protective equipment (PPE), such as aprons, face masks and gloves. We saw that staff used PPE correctly.

During our inspection there were no infectious patients who were being scanned. However, staff told us that if there was an infectious patient, they would place them at the end of the list and the room would then be deep cleaned afterwards.

We witnessed housekeeping staff cleaning the imaging department throughout the day. We saw that cleaning schedules in toilets were up to date.

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 imaging department was on the basement floor of the building. Wheelchair access to the department was by lift. Patient waiting areas were spacious and had enough seating.

Good

Diagnostic imaging

The service had an MRI scanner, X-ray, mammography room, ultrasound rooms and a bone densitometry room. There was clear signage indicating the MRI controlled access area. Staff had enough space to move around the scanner and for scans to be carried out safely. During scanning, all patients had access to an emergency call alarm and ear plugs. Patients could also speak to the radiographer through a microphone.

During our inspection, we checked the service dates for equipment, including scanners. All the equipment was within the service date. All non-medical electrical equipment we checked was electrical safety tested.

Staff showed us how they completed safety checks on all equipment and logged any equipment faults. Staff told us the department had good relationships with manufacturers and they came promptly if a fault was reported.

The emergency equipment trolley for the site was located within the diagnostics department and was seen to be checked daily. Staff told us that the trolley had only been recently introduced. A named person was allocated each day to check the trolley, and this was rotated to ensure all members of staff were familiar with the contents of the trolley in case of an emergency.

Cleaning chemicals subject to the Control of Substances Hazardous to Health Regulations 2002 (COSHH) were stored in a locked cupboard.

Staff disposed of clinical waste safely. The service had a waste management policy, and waste was segregated with separate bins for general waste and clinical waste. Sharps bins were correctly labelled and not filled above the maximum fill line.

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 at the point of booking and on arrival. The service used a 'pause and check' system, as per guidance from the British Medical Ultrasound Society.

The service checked the patient's full name, date of birth, address, pregnancy status, allergies, recent imaging, and received confirmation that the patient expected the diagnostic testing. We saw from our observations and checks of patient records that all patients underwent a risk assessment and gave verbal and written consent to the diagnostic test before their scan.

The department used an MRI patient safety questionnaire. Risks were managed positively and updated appropriately to reflect any change in the patient's condition such as if the patient was claustrophobic or had new allergies.

The service treated medically stable patients; however, the service did have a deteriorating patient policy which outlined what staff should do in the event of a patient deterioration. Staff we spoke with knew how to respond to any sudden deterioration in a patient's health. There was an emergency button in all rooms in the department which staff could press for assistance from the resuscitation team. Staff told us that if a patient deteriorated, they would call the resuscitation team and 999 to transfer the patient to a local NHS hospital if required.

Good

Diagnostic imaging

Staff were able to explain the process to escalate unexpected or significant findings at examination and upon reporting. We were told by radiologists that any unexpected or significant findings from image reports were escalated immediately to the referring clinician. The full process was tracked and documented in the electronic record system to ensure significant imaging findings could not be overlooked.

The service had superintendent radiographers who provided a radiation protection supervisor role. This meant that they had received additional training in the Ionising Radiation Regulations 2017 and were responsible for ensuring compliance with the regulations and the local rules.

The service had access to a medical physics expert who was provided through a service level agreement with an external organisation. Staff could access them if there were radiation concerns relating to the equipment. Staff knew how to contact the radiation protection advisor for concerns in relation to compliance with the regulations or incidents involving radiation exposure.

The service used the World Health Organisation (WHO) five steps to safer surgery checklist where invasive procedures were used in the imaging department. The department consistently achieved 100% compliance in the WHO checklist audit for the 12 months prior to the inspection the inspection.

There was signage outside of the scanning rooms which identified radiation risks and indicated when scanning was in progress.

Radiography 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 staff a full induction.

The service had enough staff of relevant grades to keep patients safe. The head of imaging and deputy imaging manager managed the day to day management of the department including staff.

The department consisted of 12 staff including radiographers, sonographers, nurses and radiology department assistants. There were low vacancy rates at the time of our inspection.

Managers monitored the rota a month in advance so activity could be planned ahead and staff could be accurately allocated. Staff were able to be moved from the provider's other nearby location to cover any unexpected staffing gaps.

Bank and agency usage was low. Bank and agency staff received a full induction.

Medical staffing

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

The service had enough medical staff to keep patients safe. Consultant radiologists worked under practising privileges agreements. Under practising privileges, a medical practitioner is granted permission to work within an independent

hospital. Practising privileges were granted to consultants by the medical executive committee. Consultants with practising privileges had their appraisal, mandatory training and revalidation undertaken by their designated body. The provider's credentialing manager monitored consultants' compliance and reported this to the Medical Advisory Committee (MAC) on a monthly basis.

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 used a mix of both paper and electronic patient records to record patient needs, care plans and risk assessments.

Letters were sent to a patient's referring clinician with the outcome of scans.

We reviewed five sets of patient records and found that they were comprehensive and detailed. Patients completed safety screening questions and recorded the patients' consent to care and treatment. Referral forms included a detailed set of safety questions such as whether the patient had any allergies. The form also flagged any phobias or additional needs the patient had so a suitable appointment length could be arranged so the patient could spend time familiarising themselves with the scanner room before starting their procedure.

Records audits were carried out monthly. The audit looked at areas such as recording of patient identification, ethnicity, reason for attending, diagnosis, GP details, completion of summary and comorbidities. Audits for the previous 12 months showed 100% compliance in most areas apart from 83% compliance for January 2023 for the documentation of chaperones. We saw that this was discussed at the staff meetings and improved to 100% result in the February 2023 audit.

Patients' personal data and information were kept secure and only staff had access to the information. We observed staff logging out of computers after use. Information governance was part of data security mandatory training.

Medicines

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

The service had an up to date medicines management policy in place. Patients received information prior to their appointment advising them to continue with their usual medicines' regime. All patient allergies were documented and checked on arrival for their scan.

The service had access to a pharmacist who could provide guidance and support to the imaging department regarding all issues relating to medicines management. Staff told us they could contact the pharmacist if they had any concerns regarding medicines patients were taking.

We saw there were patient group directions in place for radiographers to administer certain medicines. Patient group directions are written instructions to help with the supply and administration of medicines to patients, usually in planned circumstances.

Good

Diagnostic imaging

The service used contrast media (dye) which are chemical substances used in some MRI scans. Medicines were stored in locked rooms and access was restricted to authorised staff only. Controlled drugs were not stored or administered as part of the services provided. We checked a sample of medicines and found they were in date.

Room and fridge temperatures were recorded on a daily basis. We checked the medicines fridge temperature and ambient room temperature during our inspection and found them to be within expected ranges.

The service completed quarterly medicines management audits. Audit results for the 12 months prior to the inspection showed 100% compliance.

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.

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned and feedback with the whole team at regular huddles and team meetings.

All staff we spoke with were clear about their duty to report incidents and knew how to do so using the service's electronic reporting system.

Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. In the last 12 months, there were no incidents classified as never events for diagnostic imaging services.

In the last 12 months, the service recorded 57 incidents. The main theme was patients having more than one unique identification number due to patients being registered with the service more than once. We saw that a training programme had been put in place for registration and scheduling staff and as a result the number of duplicate identification numbers had reduced.

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.

Is the service effective?

Inspected but not rated

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

Good

Diagnostic imaging

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidelines produced by the service. These were based on current legislation, national guidance and best practice and included policies and guidance from professional organisations such as National Institute for Health and Care Excellence (NICE), as well as the Royal College of Radiologists and the Society and College of Radiographers (SCoR).

We saw that staff used the Society and College of Radiographers 'pause and check' system which is a six step-guide to help prevent incidents. Checks including confirming the patient's identity, checking with the patient the site/side to be imaged, the existence of previous imaging and for the operator to ensure that the correct imaging modality is used.

Care and treatment were delivered, and clinical outcomes monitored in accordance with guidance from the National Institute for Health and Care Excellence (NICE). NICE guidance was followed for diagnostic imaging pathways as part of specific conditions. We also saw posters with exposure guidelines in control rooms.

The quality of images was peer reviewed. There was a formal process for radiology discrepancies which fed into radiology events and learning meetings, which were held six times a year.

Any deficiencies in images were highlighted to the member of staff for their learning. Where discrepancies in images were found, this would be reported as an incident in the service's quality management system where it would be investigated, and feedback given. The meetings were also used to discuss complex cases to ensure wider learning.

The service had a comprehensive audit programme. Audits were carried out throughout the year and as required depending on results, to assess clinical practice in accordance with local and national guidance. Audit results were discussed at monthly governance and team meetings.

Dose limits were measured in every room and audited annually. The service had local rules based on the Ionising Radiation Regulations (IRR) 2017.

Nutrition and hydration

Staff gave patients food and drink when needed.

Patients awaiting their appointment had access to drinking water, hot drinks and biscuits.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Patients we spoke with told us if they had been fasting due to the type of procedure they were having, they were given food and drink following their scan.

Pain relief

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

Good

Diagnostic imaging

Staff assessed patients' pain and were able to prescribe pain relief in line with individual needs and best practice. The service did not use pain scoring tools or pain diaries due to the types of patients the service saw. Patients who were in chronic pain would be seen at the provider's local main hospital where pain scoring tool and pain diaries were used.

Patient outcomes

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

The clinical audit schedule audited individual areas including, World Health Organisation (WHO) documentation checklist for interventional radiology, consent documentation, dose badge audit, imaging paused audit, radiology report - grammatical quality and stop before you block audit. The service achieved above the provider's target in all audits and results were discussed at monthly diagnostic imaging staff team meetings. Managers used information from the local audits to improve care and treatment.

The service worked collaboratively with colleagues to agree and deliver appropriate imaging pathways to ensure diagnosis within specified timescales with minimised delays for patients. All images were reported in accordance with agreed local practice to deliver accurate and effective radiological and clinical interpretation of images.

Dose reference levels are used in medical imaging to indicate whether, in routine conditions, the dose to the patient administered in a specified radiological procedure for medical imaging is unusually high or unusually low for that procedure. Audits showed the that the radiation doses were within safe levels for 94% of patients and clear clinical reasons were given for the 6% out of range.

The service was meeting the six-week diagnostic test national standard. Patients were given appointments within 48 hours of an imaging request being made. Imaging reports were produced within 48 hours.

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. All new staff were allocated a buddy so that they had someone they could ask questions of. In addition, new staff received a competency assessment framework which must be signed off once completed and rotated across the provider's three local sites. This meant they developed competencies in all areas and could work across sites if required.

Staff told us they were supported to do additional external and internal training in particular areas to enhance their skill set. Staff in the imaging department also rotated with the sister site's imaging department to maintain their skills.

Radiographers had individual competency checklists which recorded training and competency assessments for each of the imaging modalities. All radiographers were registered with the Health and Care Professions Council (HCPC).

Managers supported staff to develop through constructive appraisals of their work. We saw 100% of staff had yearly appraisals completed. Consultants with practising privileges had their appraisal, mandatory training and revalidation undertaken by their designated body. The provider's credentialing manager monitored consultants' compliance and reported this to the medical executive committee (MAC) on a monthly basis.

Good

Diagnostic imaging

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 together as a team to benefit patients. We observed good working relationships between the receptionist, nurses, radiologists, radiographers, domestic staff and managers.

Staff commented on good team working and spoke of informal meetings in addition to team meetings where they would be able to catch up with their managers. They also communicated via a group electronic messaging application.

The department had a culture of actionable reporting where recommendations for further tests or scans were made and discussions were held at regular clinical radiology multidisciplinary team meetings for complex cases.

Five-day services

Key services were available to support timely patient care.

The service operated from Monday to Friday 8am to 6pm. Appointments were flexible to meet the needs of patients, including evening slots to accommodate patients to attend after work.

Staff could call for support from doctors and other disciplines from the provider's other local locations, including other diagnostic tests and support from other specialist consultants.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. Staff assessed each patient's health at the appointment and said they would signpost patients to their general practitioner (GP) should they require any support to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

All staff understood the requirements of the Mental Capacity Act 2005. Staff completed mandatory training on the Mental Capacity Act and Deprivation of Liberty Safeguards. They understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff we spoke with understood the need for consent and gave patients the option of withdrawing consent and stopping their scan at any time. The service used consent forms that all patients were required to sign at the time of booking in at the service. Staff made sure patients consented to treatment based on all the information available. We saw patients signed consent forms, which were stored in their records.

Good

Diagnostic imaging

Is the service caring?

Good

This is the first time we rated caring. 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 promoted privacy and patients were treated with dignity and respect. Individual changing rooms were available and clean gowns and non slip socks were available for use.

Feedback from patients confirmed that staff treated them well and with kindness. Comments from patients included, 'Staff were efficient and friendly' and 'I felt very reassured'.

Patients were asked at the time of booking if a chaperone was required and again before their diagnostic imaging.

Patient feedback in the last month showed that 94% of patients reported a positive experience.

Patients told us that staff were very attentive and thoughtful and gave them a snack and a hot drink after their procedure which required them to fast. We saw staff ensuring patients were comfortable in the waiting area and checking that they were ok.

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 knew the patients seen at the service were often anxious and understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We observed staff demonstrating a calm, reassuring approach when communicating with patients.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. This included taking into account information about an individual provided at the time of booking, access to translation services and individual changing rooms.

Patients were encouraged to bring a chaperone with them and staff ensured chaperones had completed a safety questionnaire before entering the scanning room. Staff supported patients who became distressed in an open environment.

Patients we spoke with told us that staff were very reassuring throughout their appointment and were able to allay any fears and anxieties that they had.

Good

Diagnostic imaging

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.

The service provided clear, relevant and up-to-date information regarding the procedure a patient was going to have. This explained the purpose and nature of planned procedures which enabled patients to make informed decisions about their care, reduce their anxiety and give them confidence in their examination.

Staff told us that a carer or loved one could remain with their relative during their scan and that they would complete the necessary checks to ensure that they were able to safely stay with the patient.

Patients we spoke with told us they were included in discussions about their treatment plan and felt able to ask the consultants any questions they had. Information on the cost of procedures was provided at the point of booking. Patients told us that conversations about finances were done so with sensitivity and that they had all the information they needed before deciding to proceed.

Is the service responsive?

Good

This is the first time we rated responsive. 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 their patient population.

Managers planned and organised services, so they met the changing needs of their patient population. The department provided a range of services such as general X-ray imaging, interventional and diagnostic ultrasound, and magnetic resonance imaging (MRI). The service operated from Monday to Friday from 8am to 8pm. Patients were able to choose an appointment time that suited them when booking. The service was closed on the weekends however patients could access provider's other local services on weekends if required.

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for patients in need of additional support or specialist intervention.

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.

Staff received training in equality, diversity and inclusion and hospital training records demonstrated all staff were up to date with this training.

Good

Diagnostic imaging

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The service liaised with other providers to know when patients had additional needs and supported them with necessary arrangements as well as encouraging a relative or carer to accompany the patient for support.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. 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 communication aids to help patients become partners in their care. This included access to a language line which could be used to explain the scan process to the patient over the telephone.

Access and flow

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

All patients were able to choose an appointment date and the service offered flexible appointment times to all patients. Patients we spoke with told us they were able to book appointments quickly. The service minimised the number of times patients needed to attend the centre, by ensuring they had access to the required staff and tests at the same appointment.

Managers monitored and took action to minimise missed appointments. Staff told us that patients who did not attend appointments were contacted to find out why they had missed their appointment and to re-book them if necessary. Less than 5.7% of patients did not attend their appointments in the reporting period. Managers told us that this was due to patient choice/ changing the date of appointments, recent transport strikes, and patients forgetting their appointments.

In the previous 12 months the service cancelled 6% of appointments. Managers told us this was higher than their expected level and was due to transport strikes and the moving of clinics to other facilities during a three month period while the centre's air conditioning was upgraded.

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.

Complaints were overseen by the lead for the imaging department. In 12 months prior to the inspection the service had received one formal complaint. We viewed complaints response letters which detailed the investigation and outcomes and saw that complaints had been thoroughly investigated, learning was identified, and the service apologised to patients when something went wrong.

The service lead told us that feedback from complaints were discussed at monthly team meetings to help improve daily practice.

The service clearly displayed information about how to raise a concern in patient areas and on their website. There were leaflets available in the waiting area detailing how patients could make a complaint or submit feedback on the service. The provider subscribed to an independent adjudication service that investigated complaints objectively when they could not be resolved locally. Staff we spoke with understood the procedures around handling a complaint.

Good

Diagnostic imaging

Is the service well-led?

Good

This is the first time we rated well-led. We rated it as good.

Leadership

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

The imaging department was led by the head of imaging services who was supported by a deputy imaging lead. Leaders had a strong understanding of issues, challenges and priorities in their service.

All staff spoke highly of their managers and spoke of good teamwork. They commented on the friendliness and visibility of the senior leaders and that they felt able to approach them.

Staff told us they were supported by their managers to develop their skills and access development opportunities and gave examples of courses they had been on with the support of their managers.

Vision and Strategy

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

The provider had a clear vision and a strategy to turn the vision into action. The provider's values were: 'we recognise and value everyone as unique and individual, we treat people with compassion and kindness, we act with absolute honesty, integrity and fairness, we trust and treat one another as valued members of the HCA family with loyalty, respect and dignity.

The service's vision was 'exceptional people, exceptional care'. Their mission was 'above all else we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost-effective healthcare in the communities we serve'

The provider had a five-year strategy which focused on delivering the best care, achieving the key performance indicators and being able to provide a service that is holistic to patients.

Most staff we spoke with were able to describe the vision of the provider.

Culture

Good

Diagnostic imaging

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.

Staff were passionate about their work and spoke of good teamwork in a patient-centred environment. We found an inclusive and constructive working culture within the centre among both clinical and non-clinical staff.

We found an open and honest culture and staff told us they felt supported by their managers to develop. Leaders promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Staff we spoke with told us they felt able to report concerns to their managers and spoke of an open-door policy.

Staff had access to an employee assistance programme including a telephone line that was available 24 hours day, 365 days of the year to provide counselling. The department also had mental health champions with whom staff could speak to for support.

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.

Governance structures were in place at the service. Staff we spoke with had a good awareness of governance arrangements and knew how to escalate their concerns. There were monthly team meetings alongside quarterly modality meetings. We viewed the minutes of these meetings which showed comprehensive discussion around risks, incidents, complaints, audit results, new starters, activity and patient experience.

The imaging lead attended departmental governance meetings where information from the modality meetings would be shared. They would also attend monthly integrated governance meetings and would disseminate relevant information and updates into the imaging department.

The provider also had subcommittees which reported into the integrated governance structure. Subcommittees covered both clinical and non-clinical aspects such as health and safety, incidents, risks and patient safety and was broken down by site and department. Feedback from the subcommittees would then go to the integrated governance meetings which was then fed into the executive team meetings on a monthly basis.

There was a daily huddle at 8.30am which was held cross site with the provider's two other local locations and covered clinical incidents, staffing levels, plan for the day, troubleshooting, feedback and team learning. The head of imaging or the deputy imaging lead attended these meetings and would then feed back to their wider teams.

Management of risk, issues and performance

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

The service had a local risk register. Risks had mitigations in place and plans to address them. These were reviewed and updated regularly in line with the services risk management policy.

Senior leaders had knowledge and oversight of the services main risks and understood the challenge of risks in terms of quality, improvements and performance. These correlated to the risks we identified during the course of our inspection.

The service had appropriate emergency action plans in place in the event of incidents such as power loss or fire. These outlined clear actions staff were to take and contact details of relevant individuals or services. The service did not have a back-up generator but in the event of a power outage, as procedures were elective and non-life threatening, procedures would be stopped, and appointments were either moved to the sister site or rebooked for another date.

Information Management

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

Staff had access to patients' health records and the results of investigations and tests in a timely manner. The service used electronic records which were stored securely on a cloud-based server as well as paper-based records which were scanned into the computer system.

Managers had identified a potential risk in the delay of reporting on MRI images due to a slow computer system used specifically for this task. We saw plans were in place to replace the system to one that was able to transfer images more quickly.

There were effective arrangements to ensure the confidentiality of patient identifiable data. We saw staff logged out of computer stations when not in use.

The provider had an off-site IT service help desk who assisted with any IT issues that arose within the centre.

Engagement

Leaders and staff actively and openly engaged with patients and staff.

Patients could give feedback through patient feedback questionnaire, emails or on an external website which collected feedback for the provider. The service used patient feedback to guide the service delivery and responded to any concerns raised or suggestions. Patients could also nominate individual staff members or teams for a monthly staff award.

Staff were engaged in the planning and delivery of the service. Staff told us that they felt able to suggest new ideas to their managers and that they were listened to. Staff had regular engagement with managers at meetings, via email, and through daily interactions. Managers were involved in the day-to-day running of the service.

Staff surveys were completed at the service and included all staff. The most recent staff survey from October 2022 showed that 68% of staff enjoyed working at the service and 28% were neutral. The main theme from the survey showed that staff did not feel recognised or praised for their work. Since the survey, the service has introduced monthly

staff awards and a monthly newsletter which includes things such as the employee of the month, getting to know me/ information a member of staff would like to share about themselves, new starters and social events for the team. Staff told us this had improved their feeling of being recognised for their work as well as their overall satisfaction of working at the service.

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.

Staff were committed to continuous learning and improvement. Staff told us they were supported by their managers to develop their skills and access development opportunities.

Leaders told us of a superintendent radiographer who recognised a significant gap in MRI safety knowledge, not only locally but nationally across the provider's services. Managers supported them in the research and creation of a comprehensive MRI E-Learning Safety Tool. This tool was now being used nationwide by the provider in all diagnostic services. The tool was submitted to the Society of Radiographers' board where it received the CPD certificate of endorsement from the College of Radiographers.

Good

Outpatients

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

Is the service safe?

Good

This is the first time we rated safe. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Training was provided through e-learning and face-to-face sessions and was tailored to the skill requirement of staff and dependent on their role. Topics included but were not limited to were, basic life support, ethics and code of conduct, equality and diversity, infection prevention and control, safeguarding adults and children, moving and handling and fire awareness.

At the time of our inspection, overall compliance with mandatory training for the various modules was 100%.

Managers monitored mandatory training and staff were alerted when they needed to update their training. Systems in place allowed managers to clearly view staff training files and ensure staff completed training in a timely way.

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.

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. The safeguarding adults at risk of harm and safeguarding children and young people's policies were in-date and accessible to all staff. The service had an up-to-date chaperone policy in place and staff knew how and when to chaperone patients.

Staff received training specific for their role on how to recognise and report abuse. Training records showed that 100% of all staff were trained in safeguarding adults and children. The service had a safeguarding lead who was trained to level four. Staff kept up to date with their safeguarding training. There was a system to alert managers and staff when they needed to update or refresh their training.

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 knew how to make a safeguarding referral and who to inform if they had concerns. They could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff said they felt confident to raise issues with the senior management team. They knew when they should make referrals to the local authority.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff mostly 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. Each consulting room had a disposable privacy curtain marked with the first date of use and the planned date of change. In all cases, curtains were within their disposal date. A spill kit was located in the department and staff were trained to use this to reduce contamination risk.

The service consistently performed well for cleanliness. Staff audited cleaning against World Health Organisation standards. Between March 2022 and February 2023, the service consistently achieved 100% compliance.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff followed published guidance on infection control and engaged with patients and visitors to ensure they were compliant. All staff were 'bare below the elbows' which enabled effective hand washing. We observed staff cleaning their hands before, during and after patient care in line with the World Health Organisation guidance on the "five moments for hand hygiene". We saw posters reminding staff of these five moments. Hand Hygiene audits were carried out monthly. Between March 2022 and February 2023, the service consistently achieved their target of 100%.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All public areas had cleaning schedules. We looked at a sample of three checklists and found them to be up to date. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. This included fixed equipment such as examination beds and portable equipment such scanning devices and observation machines.

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. Consultation rooms were fitted with call bells. The nature of the service meant it would be rare a patient was left alone and needed to use the call bell. However, we were informed that at the time of the inspection the system was waiting for an upgrade and was on the service risk register.

Staff carried out daily safety checks of specialist equipment. The service had a portable resuscitation bag which contained an automatic external defibrillator (AED). These were checked daily, and all equipment was found to be in date.

The service had enough suitable equipment to help them to safely care for patients. The service had the equipment required for each clinic. The service held an equipment list on a central spreadsheet to monitor when it was last serviced and calibrated. All equipment was within its yearly maintenance and calibration date. All clinical staff had received training on use of equipment.

Staff demonstrated how they had access to evacuation routes and emergency equipment. Staff had identified infrequently used water outlets and sinks and flushed these to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.

The service had an in-house maintenance department that was based at a sister site which was operated by the same provider. Staff knew how to report faulty equipment and we saw faulty equipment was appropriately labelled and stored in a separate area. Staff told us equipment was generally fixed on the same day, and if it was unable to be fixed immediately, replacement equipment would be sent over from the provider's sister site.

Staff disposed of clinical waste safely. The service had a waste management policy. Waste was segregated with separate colour coded arrangements for general waste and clinical waste. Sharps, such as needles, were disposed of correctly in line with national guidance.

Assessing and responding to patient risk

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

The service had a deteriorating patient policy. 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.

Outpatient 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.

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.

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.

Staff assessed risks associated with minor procedures in the department. Data submitted showed most common minor procedures were related to trauma and orthopaedics. Staff completed the World Health Organisation (WHO) surgical checklists and we saw these were completed fully in all four records we reviewed. Between March 2022 and February 2023, the WHO checklist audit showed 100% compliance.

Nursing Staffing

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

Good

Outpatients

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients. Outpatient appointments were pre-booked. This meant senior staff could plan staffing levels accurately.

The number of nurses and healthcare assistants matched the planned numbers. The service was fully staffed at the time of our inspection. At the time of the inspection, the service had no vacancies for nursing and allied health care assistants (HCAs). Sickness rates for staff were low. The service had a 20% turnover rate for nursing staff and HCAs.

Managers were able to move staff both to and from the provider's sister site in order to cover any unplanned staffing gaps. Managers limited their use of bank staff and requested staff familiar with the service. Managers made sure all bank and agency 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 Consultants led specialist clinics with support from nurses. The service offered practicing privileges to consultants. Consultants were granted practising privileges after scrutiny by the medical advisory committee (MAC). Consultants worked substantively at either the provider's sister site, or for other healthcare providers, and delivered care and treatment under practising privileges with agreed time commitments to this clinic.

Records

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

All patient records were electronic. Any paper forms were scanned and stored electronically. Patient notes were comprehensive, and staff could access them easily. Consultants completed patient records and included details such as clinical assessments, risk assessments, medicine, allergies, and consent. Staff fully completed WHO surgical checklists for minor operations. We reviewed four patient records in the outpatient department and found all of them had an adequate diagnosis and treatment plan documented and were signed. The notes were legible and comprehensive.

The service carried out biannual audits of nursing documentation across the service and any issues were identified with appropriate actions taken to improve compliance. The audit looked at areas such as recording of patient hospital number, if baseline clinical observations have been completed within 30 minutes, if the record identifies the actions taken by the nurse when a problem was identified, if the patient's response to the intervention is documented, if entries are factually accurate and the use of unnecessary abbreviations and jargon. Between February 2022 and February 2023, the records audit showed 100% compliance in all areas.

Medicines

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

The service had systems and processes to prescribe and administer medicines safely. Consultants prescribed medicines during clinics. We saw that staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We saw that the service had an up-to-date medicines management policy.

Good

Outpatients

The service had access to a pharmacist who could provide guidance and support to staff regarding all issues related to medicines management. We saw there were patient group directions in place for nurses to administer certain medicines. Patient group directions are written instructions to help with the supply and administration of medicines to patients, usually in planned circumstances.

Medicines were stored in locked rooms and access was restricted to authorised staff only. The service did not use any controlled drugs. We checked a sample of medicines and found they were in date.

Room and fridge temperatures were recorded on a daily basis. We checked the medicines fridge temperature and ambient room temperature during our inspection and found them to be within expected range.

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.

The service managed patient safety incidents well. The service had an up- to -date incident reporting and investigation policy in place. This outlined staff responsibilities around incidents and how to report them. Staff understood how to report incidents on the service's electronic reporting system. Staff raised concerns and reported incidents and near misses in line with the service's policy.

Managers investigated incidents and shared lessons learned with the whole team and sister site at regular huddles and team meetings. Between February 2022 and February 2023, staff reported 40 incidents. Out of 40 incidents, 11 were low harm and 29 were no harm incidents. Managers categorised incidents to indicate harm that resulted from the event. Senior leaders told us how they would investigate any incident reported as a serious incident (SI) with a root cause analysis investigation undertaken. The department had no never events or serious incidents in the past 12 months.

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 we spoke with could give examples of when they would use the duty of candour. Senior nurses and consultants were aware of their responsibilities in being open and transparent with patients.

Is the service effective?

Inspected but not rated

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 protected the rights of patients subject to the Mental Health Act 1983.

Good

Outpatients

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance including from the National Institute for Health and Care Excellence (NICE). The service ensured that guidelines and local policies were available for staff to access easily.

Consultants carried out minor operations in out-patients. Staff used the World Health Organisation (WHO) surgical safety checklist to monitor safety standards.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff had a good understanding of the Mental Health Act and what their responsibilities were to protect patients subject to the Mental Health Act.

Nutrition and hydration

The service ensured patients had access to water during their appointment.

Staff made sure patients had enough to drink. The service had water dispensers, coffee machines and biscuits available in the waiting areas for patients to use. This was sufficient as patients were at the department for a short time.

Pain relief

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

The service used limited pain relief, mainly for minor surgeries. Staff prescribed, administered and recorded pain relief accurately. The service used limited pain relief, mainly for minor surgeries. Pain relief was documented on the patient record accurately. All patients who had a minor procedure or surgery would receive a follow up call from staff to check on their recovery.

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 carried out a regular schedule of clinical audits and took appropriate action to monitor and review the quality of the service. These included ensuring patients had appropriate management plans based on current accepted evidence, and that prescribing was in line with current guidance and matched the working diagnosis.

Managers used information from audits to improve care and treatment, and improvement was checked and monitored. Managers told us that where an audit result fell below the target level, an action plan was created to ensure improvement. Action plans were monitored regularly to check for progression towards the agreed 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. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were positive about career development and training opportunities in the hospital.

Good

Outpatients

Managers gave all new staff a full induction tailored to their role before they started work. The service had an induction programme in place for all newly recruited staff, including a supernumerary period that enabled staff to be familiarised with the service's systems and processes. New staff were positive about their experiences of starting work at the service and the induction process.

At the time of the inspection, 100% of staff have completed basic life support (BLS) or intermediate life support (ILS).

Managers undertook yearly appraisals with staff and there were meetings for staff to discuss their development needs. Staff gave positive feedback regarding their development and felt supported. We saw evidence of staff appraisals and according to data provided, appraisal rates were 100% for outpatient staff.

Staff told us they were supported and encouraged to do additional external and internal training in particular areas to enhance their skill set.

All consultants under practising privileges received an induction pack which included details on what was required of them to practise at the service. Consultants with practising privileges had their appraisal, mandatory training and revalidation undertaken by their designated body.

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. These meetings were attended by a variety of staff, with input from specialists where indicated. Staff worked across health care disciplines and with other healthcare settings when required to care for patients. The service aimed to maintain continuity of care because the consultant who saw patients in the outpatient department was often the consultant carrying out the surgery.

Staff referred patients for mental health assessments when they showed signs of mental ill health. Doctors referred patients internally to the provider's services, or to other services in the NHS, such as GPs.

Staff could call for support from doctors and other disciplines from the sister site, including support from other specialist consultants. The outpatient department interacted with other departments to optimise patient care. For example, managers consulted with diagnostic imaging so that patients could have their scans on the same day as their appointment.

Seven-day services

Key services were available to support timely patient care.

The service operated from Monday to Friday 8am to 8pm. Appointments were flexible to meet the needs of patients, including evening slots to accommodate patients to attend after work.

Health promotion

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

Good

Outpatients

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.
The service had relevant information promoting healthy lifestyles and support in patient areas. For example, there were health promotion posters with QR codes (a machine-readable code used to easily access websites on a smartphone) to access information about using inhalers, healthy eating, staying safe in the sun and keeping families active.

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 the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005, and they knew who to contact for advice. Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. 100% of staff had completed mental capacity in adults training.

The service had an up-to-date mental capacity policy in place. Staff had a good understanding of their responsibilities outlined in the mental capacity policy and understood how and when to assess whether a patient had the capacity to make decisions about their care. The service did not make applications to deprive a person of their liberty nor restrain individuals.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider's overarching consent policy. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. The service carried out quarterly consent audit. For quarter one of 2023 the audit showed 92% overall compliance. Action plan was in place to address issues identified in audit.

Staff and managers had arrangements to support the communication needs of patients when giving their consent. For example, translation services. Staff could arrange this with the medical secretary ahead of the appointment time.

Is the service caring?

Good

This is the first time we rated caring. 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. They took time to interact with patients and those close to them in a respectful and considerate way. We observed staff interacting with patients in a way that enabled them time to ask questions, gain clarity and an understanding of treatment and care.

Good

Outpatients

Patients said staff were very kind and caring and treated them with dignity, respect and kindness. Patients were overwhelmingly positive about the service and staff. We spoke with two patients during our visit to the department and all feedback was positive about the staff and the care they received.

Staff maintained patient confidentiality in the outpatient department. Consultants closed consulting room doors during patient care to protect the privacy and dignity of patients. Staff used signs to confirm when a treatment or consulting room was 'in use', and staff knocked and asked permission before entering a room.

The feedback from February 2023 patient survey showed that 96% of patients answered 'definitely', when asked if they were treated with care and compassion.

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. The service signposted individuals to support when they needed it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff provided emotional support whilst caring for patients and were allowed time to do so.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, staff were able to accommodate appointments around patient's work schedules, and religious activities such as prayer times for those of the Islamic faith. Chaperone arrangements were available if examinations were needed and all aspects of treatment were explained with respect if patients were unhappy with a certain approach. Staff told us they were able to seek support if they were unsure of the cultural needs of any patient.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. All patients we spoke with told us they felt well informed about their treatment and staff gave them the opportunity to ask questions. Patient feedback showed staff took time to explain treatment plans with patients and those close to them and reassured them about their treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service identified where patients and those close to them required additional communication support. Staff knew the needs of patients in advance of their appointment. This included the arrangements for the support of patients that required translation services, sight, hearing, and mobility support. Patients were informed about fees before visits through consultants' secretaries when making appointments.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patient feedback was mostly positive, complimenting the staff, services provided and the quality of care. The feedback from February 2023 patient survey showed that 93% of patients answered positive when asked if they were given answers in a way they could understand.

Good

Outpatients

Is the service responsive?

Good

This is the first time we rated responsive. We rated it as good.

Service delivery to meet the needs of patients

The service plan and provide care in a way that met the needs of patients. The service 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 patients. The breast clinic offered a one-stop service for patients, which included consultation, ultrasound and diagnostic tests if required.

Facilities and premises were appropriate for the services being delivered. The waiting areas were furnished to a high standard and provided sufficient comfortable seating. There was a range of free hot and cold beverages available, as well as newspapers and magazines to read. All areas of the building were accessible by wheelchair.

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. Managers and staff co-ordinated with other departments to ensure that patients were able to have all their tests during one visit. For example, diagnostic scans were scheduled on the same day as an appointment and this was organised by the consultant's medical secretaries.

Managers monitored and took action to minimise the number of patients who did not attend (DNA) appointments. Managers ensured that patients who did not attend appointments were contacted. For any cancellations, re-booking was offered to patients and staff would try to accommodate last minute arrangements for appointments. The DNA rate for outpatients for the previous 12 months was low with 5.7% of patients not attending their appointments.

Meeting people's individual needs

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

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services and patients were able to have appointments to suit their plans and commitments. Appointments were allocated a 30-minute time slot to allow patients adequate time to discuss their concerns and did not feel rushed.

Staff received training in equality and diversity and had a good understanding of cultural, social and religious needs of patients and demonstrated these values in their work.

Patients with reduced mobility could access the department via lifts. Corridors were wide enough to accommodate wheelchairs.

Interpretation requirements were identified at the point of booking including support for patients who required British sign language interpreters. Staff could arrange interpreting services to support patients whose first language was not English. The service could request Arabic interpreter from sister hospital and interpreting services were also available through an external company, and could be arranged to be face-to-face, or by telephone.

Good

Outpatients

We saw posters in the waiting area informed patients that they could request a chaperone. The service had a portable induction loop amplifier and a built-in loop amplifier in all examination rooms and waiting areas for patients with hearing impairments.

We were told that the patients with learning disabilities or dementia could bring relatives or carers with them to support them during their appointment.

There were porters available at the reception to collect patients from cars if required and take them to their appointment.

Access and flow

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

Consultants led clinics were based on patient demand and their availability and capacity. The provider's senior team worked with each consultant to establish clinic times and frequencies that offered patient choice and convenience.

Patients were able to change their appointment slots easily by calling the booking team and rearranging their appointment date. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. The appointment cancellation rate for outpatients for the previous 12 months was 6%. In most instances it was due to patient choice, other reasons included staff sickness absence and transport strike.

Clinics were flexible and patients could make appointments to see consultants within a few days of making a call depending on the patients' schedule. Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. Patients were offered a choice of appointments based on consultant chosen and the service aimed to ensure the patient saw the same consultant throughout their pathway.

The service minimised the number of times patients needed to attend, by ensuring patients had access to the required staff and tests at the same appointment. The service had a dedicated phlebotomy service on site and consultants arranged same-day diagnostics such as x-rays and MRIs that could also be undertaken on site.

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.

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. Information was also readily available from staff and on the service's website.

Staff understood the policy on complaints and knew how to handle them. Staff were trained to resolve minor concerns raised by patients at the time as part of an approach to meet individual expectations and avoid minor issues escalating into a formal complaint. Managers expressed that they would make efforts to resolve the concern as soon as possible.

Managers investigated complaints and identified themes. The service had received two formal complaints in the previous 12 months. Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints and positive feedback were a standing agenda item for department team meetings.

Good

Outpatients

The provider was subscribed to an independent adjudication service that investigated complaints objectively when they could not be resolved locally.

Is the service well-led?

Good

This is the first time we rated well-led. We rated it as good.

Leadership

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

The outpatient service had a clear management structure in place with defined lines of responsibility and accountability. The head of the outpatient department had overall responsibility for the running of the clinics and took part in the wider governance and meeting structure of the hospital. The service was led by an outpatient's manager who was responsible for the service on a day-to-day basis. They supported their team and worked with the administration team and visiting consultants to help the service run safely and smoothly.

Staff told us they could approach immediate managers and senior managers with any concerns or queries. All staff spoke highly of their managers and spoke of good teamwork. Staff throughout the outpatient service told us they felt supported, respected and valued by their managers, who were visible and approachable.

Managers supported staff to undertake training to develop their skills. Managers discussed career development of staff at their appraisals. Staff said they felt managers provided opportunities to develop.

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 provider had a clear vision and a strategy to turn the vision into action. The provider's vision was 'exceptional people, exceptional care'. The provider values were; 'recognise and value everyone as unique and individual, treat people with compassion and kindness, act with absolute honesty, integrity and fairness and trust and treat one another as valued members of the corporate family with loyalty, respect and dignity'. Most staff we spoke with were able to describe the values of the provider.

The provider had a five-year quality and safety improvement strategy which focused on 'striving to deliver the highest quality healthcare'.

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.

Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.

Staff said they felt very supported, respected and valued. There was a strong emphasis on the safety and well-being of staff; for example, the service had regular wellbeing sessions and all staff had access to an employee assistance program for support and advice.

Staff were actively encouraged to develop their careers and told us of many development opportunities given to them such as various courses they could attend. Staff were given protected time in which to undertake career development.

The services' culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents and complaints. Managers promoted equality and diversity. Staff said they felt comfortable raising concerns with their line manager. Staff expressed having a good relationship with their manager.

Governance

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

There were effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. Staff we spoke with had a good awareness of governance arrangements and knew how to escalate their concerns. The service held monthly team meetings which were well attended. Minutes for the meeting were circulated to all staff so that those unable to attend were aware of discussions held. We reviewed the minutes for the previous three months which showed comprehensive discussion around risks, incidents, complaints, audit results, new starters, activity and patient experience.

Leaders attended various governance meetings including; clinical incident review group meeting, quality improvement group meeting and medical advisory committee and feedback relevant information and updates to the outpatients department. Leaders also reported relevant information from these meetings to the executive team. We reviewed the minutes for these meetings and saw that topics such as incidents, key performance indicators, patient experience, safety alerts, policy documents, health and safety, risk, audits, training compliance, data security, and infection prevention and control were discussed.

There was a daily morning safety huddle meeting which was held with the leaders from all the departments located at the outpatient centre including the outpatients service and diagnostic services. This meeting covered any immediate issues such as staffing levels, plans for the day, and troubleshooting. During this meeting, individual staff would be allocated roles to undertake in the case of a medical emergency or fire. The outpatient's manager attended these meetings and would then feed back to the wider team.

The provider held a daily cross site safety huddle where senior leaders would discuss service wide issues at both the sister site and the outpatient centre. This meeting covered clinical incidents, staffing levels, plan for the day, troubleshooting, feedback and team learning. The head of outpatient and outpatient's manager attended these meetings and would then feed back to the wider teams.

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 service had a risk register which was reviewed quarterly. Each risk was given a score, a set of control measures and allocated with a risk owner to carry out any mitigations.

The service had its own local risk register and any risks that exceeded a score of 12 became and executive team risk and would be moved to the central risk register. Issues and risks which managers identified were in line with what we found on inspection and there was alignment between these and the risks outlined on the risk register. All risks on the service risk register were moderate or low risks. Staff had awareness of these risks and there were arrangements for managers to update staff during department meetings on how risks were checked and the actions they needed to take if required.

The service had appropriate emergency action plans in place in event of incidents such as power loss or fire. These outlined clear actions staff were to take and contact details of relevant individuals or services.

Information Management

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

Information governance training formed part of the mandatory training programme for the service. Data provided showed 100% compliance of outpatient staff with this training and staff we spoke with were able to discuss their responsibilities in relation to information management.

Staff did not leave computers unattended and areas holding information were locked when left unattended. Staff had access to electronic patient records on the service's computer systems. Paper documents were scanned into the electronic system by staff in medical records and then destroyed. Staff kept confidential documents such as patient notes secure and locked when they were not in use. The electronic system was secured, and care records encrypted. Only authorised staff could access the system. Consultants working under practicing privileges act as data controllers for their patient records and were registered with the Information Commissioner's office (ICO). The provider had an oversight of this system and all consultants had received information governance training as part of mandatory training.

Engagement

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

The service engaged with patients through patient surveys. The service encouraged patients to give feedback about their experiences to help improve services. All patients were asked to complete a provider feedback questionnaire about their experience. The feedback from these surveys was reviewed and themes and trends identified to improve the service provided. Feedback was mostly positive and identified the care and support given to all patients using the services.

Good

Outpatients

The provider had a patient experience group which met monthly and analysed patient feedback and presented findings to the executive team from all its location including Chelsea outpatient centre. The provider also had a patient forum consisting of patients who had used both this service and other private healthcare services. They gave feedback on areas they felt required improvement.

Staff were engaged in the planning and delivery of the service. Staff told us that they felt able to suggest new ideas to their managers and that they were listened to.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services

Staff were committed to continuous learning and improvement. Staff told us they were supported by their managers to develop their skills and access development opportunities. The provider had plans to expand the service provision and was continuously improving.