European Scanning Centre (Harley Street) Limited

European Scanning Centre Manchester

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?	Requires Improvement

Summary of findings

Overall summary

We rated it as good because:

The service had enough staff to care for patients and keep them safe provided mandatory training in key skills to all staff. Staff understood how to protect patients from abuse and staff had training on how to recognise and report abuse, and they knew how to apply it. The service had suitable premises and equipment and looked after them well. Staff completed and updated risk assessments for each patient and kept detailed records of patients' care and treatment.

Staff provided good care to patients. Staff worked well together for the benefit of patients, supported them to make decisions about their care. Key services were available with flexible times throughout the week.

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. Feedback from patients was extremely positive.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for a diagnostic procedure.

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt respected, supported and valued. They were focused on the needs of patients.

However:

The service did not always control infection risk well. It had carpets in clinical areas despite the organisation identifying this infection control risk in an infection control audit in February 2021.

The service did not monitor the care and treatment it provided based on national guidance and evidence of its effectiveness.

The service did not always operate effective governance processes. The service did not have effective processes in place to ensure policies were kept up to date, it did not have effective processes in place to monitor employment checks for clinicians working at service in line with the organisations own practicing privileges policy and the service did not have effective processes in place to risk assess patients and monitor their treatment outcomes who were being seen by visiting consultants under hosting arrangements.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to European Scanning Centre Manchester

European Scanning Centre Manchester is a private diagnostic imaging service and primarily services the communities of Manchester (with some national and international referrals). The service is owned and operated by European Scanning Centre (Harley Street) Limited (ESC Ltd), which is the registered provider with CQC. ESC Ltd is a wholly owned subsidiary of Alliance Medical Limited (AML), which was registered with the CQC in July 2015. The service offers appointments to private patients as well as serving some NHS patients under local commissioning arrangements and accepts patients on a referral basis.

The centre has had a registered manager in post since opening in 2015 and is registered for the following regulated activities

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

The centre operates on the ground floor of a shared office building. European Scanning Centre Manchester provides magnetic resonance imaging (MRI) and ultrasound scanning. Staff at the service included radiographers, administrators and radiologists working at the centre under practising privileges.

For the period January to October 2021, the scanning centre carried out;

- 924 MRI imaging procedures
- 58 Ultrasound imaging procedures

The imaging procedures were carried out for the following reasons during this period;

- 282 scans on behalf of insurance companies
- 539 on behalf of clinical referral
- 167 following self-referrals

We have not previously inspected European Scanning Centre Manchester.

How we carried out this inspection

The team that inspected the service comprised of two CQC Inspectors and an inspection manager providing support off site.

We initially visited the scanning centre on 2 November 2021. In October 2021the service had suffered an electrical fire, therefore clinical services had been suspended and there were limited staff members to speak with. We returned on the 12 November 2021.

During both visits we spoke with three staff members including the registered manager, radiographers and administrative staff.

We spoke with nine patients. We reviewed 38 patient feedback comments from the previous three months audit of patient satisfaction and reviewed five sets of patient records.

Summary of this inspection

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

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure that carpets are removed from clinical areas.
- The service should ensure that all their policies are up to date and mechanisms are in place to ensure they are regularly reviewed.
- The service should ensure there are robust systems and processes within the organisation for undertaking appropriate employment checks for clinicians working under practising privileges as per their policy.
- The service should ensure that a formal service level agreement is in place between the service and visiting consultants who use the service facilities under hosting arrangements to include patient risk assessment and patient outcome monitoring.
- The service should monitor the effectiveness of care and treatment and use the findings to improve them through a programme of clinical audit.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Requires Improvement	Good
Overall	Good	Inspected but not rated	Good	Good	Requires Improvement	Good

Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good

Mandatory training

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

Data provided by the service showed that, as of November 2021, staff had completed 94% of the required mandatory training and were up to date, against a target of 90%.

Staff completed mandatory training or were able to provide evidence that it had been completed at another service. This included bank staff and those working under practising privileges. The service provided training directly to radiographers and administration staff, while consultants and bank staff completed training at another service and shared the documentary evidence as appropriate.

The mandatory training courses included resuscitation training at basic, intermediate and paediatric level, infection control, fire safety, complaints handling, level two safeguarding adults and children for all staff, level three safeguarding adults and children for all clinicians, moving and handling, conflict resolution, equality and diversity and information governance amongst others. This training was completed via eLearning modules or face to face classroom activity when COVID restrictions allowed. Staff stated they felt they were given adequate support and time to complete training.

Compliance for mandatory training was monitored by the registered manager on site and by training managers at Alliance Medical Limited. Staff stated they were responsible for ensuring their training was up to date and received an electronic prompt when training was due to expire at both the sixty- and thirty-day point for renewal. Staff stated that training was always discussed during annual appraisal.

Staff were able to demonstrate to us how they accessed their training records via an online training portal. On inspection we saw that one staff members' immediate life support training (ILS) had very recently expired during a period of COVID-19 isolation. We were assured that a refresher course had been booked for the following week. This however did not pose a risk to patients as the ILS course was due to be completed prior to resumption of clinical services.

Safeguarding

Good

Diagnostic and screening services

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.

Data provided by the service showed that, as of November 2021, staff had completed 93% of the required mandatory safeguarding training and were up to date, against a target of 90%. Staff training included recognition in child sexual exploitation and female genital mutilation. Staff had a good understanding of when they would need to report a safeguarding concern.

The registered manager was the designated safeguarding lead for the service, with additional safeguarding level four support available from the corporate safeguarding lead. Staff stated they knew who to contact if they had any safeguarding concerns, and we saw that local safeguarding information and contacts were displayed in the reception area. The service did not have any safeguarding incidents in the previous 12 months, but the registered manager was able to share details of a previous incident that had occurred and had been reported appropriately.

All staff had completed safeguarding adult and children levels one and two training. One member of clinical staff was out of date for level three training, but training had been booked.

The service was registered to treat children above six years of age. From November 2020 to November 2021 four young people under the age of 18 had attended the service for treatment. Children under 18 attended appointments with a responsible adult.

We reviewed the service's safeguarding policy; this detailed what staff should do in the event of a safeguarding concern. However, the policy was out of date for review (October 2021) and staff were unable to locate an updated version.

Cleanliness, infection control and hygiene

The service did not always control 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.

The flooring in the MRI department had a wipeable clinical surface. However, some areas of the ultrasound room were carpeted, and this posed an infection risk.

The service had mitigated this risk by storing a spillage pack, sealed with a security tag within the room however on review the granules used to absorb blood samples if spilled had expired in March 2021. We escalated this to staff. When we returned on 12 November 2021 these items had been replaced and a content list with expiry dates had been added to the spillage pack.

The carpet in clinical areas had been identified as a risk during a corporate IPC audit in February 2021 and added to the local risk register.

There was a dignity curtain in the ultrasound room that was made from cloth. We were told that it had recently been laundered, however the staff did not maintain a record. We were told that there were plans to replace it with a disposable curtain. When we returned on the 12 November 2021 the curtain had been replaced with a disposable curtain and dated as changed 8 November 2021 and due for replacement in May 2022.

Good

Diagnostic and screening services

At the time of our initial visit we saw gaps in the cleaning schedule. When we returned on 12 November 2021, the registered manager had taken steps to address this. There was no clinical hand wash sink in the MRI room, however staff had access to hand sanitiser and no clinical activity took place in the room.

Training records showed that mandatory training for infection prevention and control (IPC) was 100% in date.

Aside from the carpet issue all diagnostic areas were clean and had suitable furnishings which were well-maintained. The clinical bed was wipeable along with the chairs in the ultrasound room. Chairs in the waiting room were covered in fabric.

Legionella water testing was carried out by the estates team for the building. We were told that they would be informed if any concern were highlighted. The estates team provided us access to testing records on request and these were in date.

There was adequate personal protective equipment (PPE) in clinical areas and the registered manager completed monthly PPE and hand hygiene audits. Audits we reviewed were 100% for all staff.

The service had responded well to the COVID-19 pandemic. There were posters displayed regarding COVID-19 protection measures and the registered manager had completed a COVID-19 site risk assessment. The service was maintaining a policy of only one patient in the facility at a time to reduce the risk of cross infection. Patients were greeted on arrival and if required were asked to wait in their vehicles or a designated waiting area outside of the scanning centre. Patients completed a COVID -19 pre appointment questionnaire/declaration and appointments were rearranged if required. Masks were available for any patient who did not bring them and there was adequate hand wash facilities and sanitiser available for patient use. Patients we talked to stated they felt the service had taken adequate measures to provide a COVID secure environment and felt safe whilst on site.

Environment and equipment

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

The service is situated on the ground floor of a shared building and consists of a patient waiting area located directly opposite an open plan reception behind which is another small office and kitchen area. Either side of the waiting area is the Ultrasound room and MRI suite which consists of a control room and patient changing room which had secure lockers for patients' belongings.

The service ensured access to the building and clinical areas were secure. Access to the site was via an automatic gate. Patients and visitors needed to contact the service on arrival to gain access via an intercom system. Visitors were required to sign in at reception. Entry to clinical areas was accessed by keypads. The MRI area was kept locked. All keys were kept secure in lockable key presses. There was safety signage, outside the MRI room to indicate items not to go into the room. At the time of inspection, the MRI was switched off due to a fire with the uninterrupted power supply (UPS). Equipment outside the MRI scanning room was labelled in accordance with recommendations from the Medicines and Healthcare products Regulatory Agency (MHRA). For example, 'MR Safe', 'MR Conditional', 'MR Unsafe', this included fire extinguishers situated directly outside the MRI room.

Sharps bins were available, dated when opened and not overfilled. Waste bags were clearly marked for clinical or domestic purposes. There was a process for disposing of clinical waste in an external clinical waste bin that was in a locked compound. The registered manager maintained a log of clinical waste invoices.

There were systems in place to ensure repairs to machines or equipment, when required, were timely. These ensured patients would not experience prolonged delays to their care and treatment due to equipment being broken and out of use. Servicing and maintenance of equipment was carried out using a planned preventative maintenance programme three times per year under a service level agreement (SLA). During our inspection we checked the service dates for equipment, including scanners. We found the equipment we checked was within the service date. All staff using equipment underwent competency training and this was recorded when completed on an equipment competency matrix which showed 100% compliance.

We reviewed the equipment used in the management of patients in a medical emergency. The service had emergency resuscitation equipment including oxygen. These were located within the ultrasound room. A defibrillator was in the reception area, batteries and defibrillator pads were in date. Paediatric defibrillator pads were not available but following our inspection the service reviewed its medical emergency protocols and purchased them. The equipment was checked in accordance with local policy either daily, weekly or monthly and signed as checked on an equipment record.

The service had a control of substances hazardous to health (COSHH) policy in place for staff to follow. COSHH risk assessments were undertaken and recorded. However, COSHH items were stored in an unlocked cupboard within the kitchen, this posed a potential risk to health and a potential fire hazard. When we returned on the 12 November 2021 new locks were being fitted to the COSHH cupboard.

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.

Patients were pre assessed for safety information including checks for any metallic foreign bodies, heart devices such as pacemakers and brain aneurysm clips, past medical history and allergies. These were checked again by clinicians on arrival for appointments and signage was in place highlighting the contraindications. These patients could not have an MRI scan as there was a risk that the magnetic field may dislodge the metal. Any possibility of pregnancy was checked. A three-point identification process took place prior to a scan. A 'pause and check' poster was displayed in the MRI control room to remind staff of requirements. The MRI software system was recently updated to include the picture archiving and communication system (PACS) where images were stored, shared and reported on securely.

Local rules were in place, that had been reviewed and signed by all permanent staff. Safety guidelines from the MHRA, 2021, 4.1.4 'Local rules' state, "It is recommended that the MR responsible person ensures that adequate written safety procedures, work instructions, emergency procedures and operating instructions, are issued to all concerned after full consultation with the MR safety expert and representatives of all MR authorised personnel who have access to the equipment (see section 4.7). Local rules should be reviewed and updated at regular intervals and after any significant changes to equipment."

Patients had the choice of wearing their own clothes or changing into a gown prior to the scan. This was due to magnetic fields used by MRI are very strong, and metallic items on patients' clothes carry accident risks. Most of the patients we spoke with opted to change into a gown.

Good

Diagnostic and screening services

There was a standard operating procedure (SOP) for removal of a collapsed patient from the MRI scanner. However, there was no formal scheduled training for the evacuation of a patient from the MRI scanner. If a patient required emergency treatment, the process was to call 999. Resuscitation equipment including a defibrillator and emergency grab bag including adrenaline in case of an anaphylactic reaction were available. Two staff members were trained in paediatric immediate life support (PILS) for responding to emergencies with children.

The service had an up-to-date fire evacuation plan. The service undertook a fire risk assessment annually and there was an action plan in place. Staff undertook fire safety at work training as part of their mandatory courses and compliance was 100%. Staff informed us that the fire evacuation plan worked well during the recent fire in October 2021.

Staffing

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

There were three radiographers, one who was the manager. A bank radiographer who had undergone a formal induction also worked in the service when required. There were two staff who provided administrative support. When patients were present there were always three staff on site.

Staffing levels were reviewed in advance of shifts by the registered manager to ensure an adequate number of suitably trained staff were available, in line with the local safe staffing policy. This policy required a minimum of two trained staff qualified in the management of medical emergencies working together to undertake MRI scans and patient care. There was a corporate lone working policy in place however due to the nature of the shared building staff were never alone. No clinical activity takes place unless minimum staffing levels were in effect.

Medical Staffing

Consultants were employed under practising privileges for the ultrasound activity in accordance with the Alliance Medical Limited practising privileges policy, however when this policy was shared with us it was found that the policy review date expired in October 2021. The radiographers assisted the doctors. Radiologists were employed by the service to report on images received, provide consultations and ultrasound guided joint injections.

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.

The service had recently implemented a new electronic patient record system. Staff had been trained to use the new system. Patient records we reviewed were secure and had all relevant patient forms scanned onto the patient record.

Staff completing scans, updated the electronic records and submitted the scan images for reporting by a radiologist. The PACS system was secure and password protected. Each member of the clinical staff had their own personal password and only authorised staff had access to patients' personal information.

Good

Diagnostic and screening services

Patient referrals and any pre appointment paperwork was scanned onto the patient record prior to any appointment so information was accessible by clinicians. Any paper records were stored in a locked cupboard then couriered to a central storage facility.

When patients were referred to the service by a specialist or doctor, the scan results were sent to the referrer. Self-referred patients received copies of their scans prior to leaving the service. All patients we spoke too stated that it had been made clear how their results would be reported and within what time frame.

Medicines

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

The service had an in-date medicines management policy. No controlled medicines were used by the service. There were two locked medicines cabinets; one in the ultrasound room and the other in the MRI control room. There was contrast medicine stored in the MRI area, however; this was not routinely used. The manager explained that they do not currently offer scans involving contrast medium and it was waiting disposal. Medicines used for medical emergencies were stored securely and in date.

There were no medicines that required specialist storage in fridges on site. Patient group directives (PGD) were not in use and any medicines used were provided by a prescription and noted in patients' records. The registered manager maintained a list of stored medicines and showed us evidence of monthly stock checks.

Staff had access to MHRA medicines alerts and had signed up for email alerts. Alerts were also shared via Alliance Medical Limited and staff could describe a recent alert which had been acted upon.

Incidents

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

There had not been any never events or serious incidents reported by the service in the previous 12 months. The manager was aware of the requirements for reporting serious incidents to the CQC using the statutory notification route if this met the criteria.

The corporate 'Incident management framework policy' and 'duty of candour' are two of the four mandatory policies that all must read and signed by all staff on induction or when returning to work following absence. We observed that the corporate 'Risky Business' newsletter to all staff provided key points of learning from incidences that have occurred within the wider organisation.

All staff had access to the national electronic incident reporting system. Staff told us they were encouraged to report incidences. The manager had undergone route cause analysis training. Incident management training for other staff is included on the staff induction. The registered manager could explain the process for investigating incidences and the process for sharing lessons locally and at corporate level. We saw evidence of two corporate newsletters sent to all managers and staff where incidents and lessons learned were shared.

Good

Diagnostic and screening services

Duty of candour training for staff is included on the staff induction. Staff told us there had been no requirement within the last 12 months to apply duty of candour.

The manager had access to patient safety alerts, and these were also cascaded from corporate level.

Are Diagnostic and screening services effective?

Inspected but not rated

Evidence-based care and treatment

The service did not always provide care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff informed us that care and treatment was delivered to patients in line with National Institute for Health and Care Excellence (NICE) and Royal Colleges guidelines to ensure effective and safe care. However, staff and leaders were unable to provide evidence that they carried out clinical audits to ensure care was delivered in line with their policies and with national guidance

Staff had access to the service's policies and guidelines via the organisation intranet. However not all policies and guidelines we reviewed were in date.

Nutrition and hydration

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

Water and hot drinks were available to patients in the waiting room and staff offered refreshments.

Pain relief

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

Patients managed their own pain and were responsible for supplying any required analgesia when using the service. Staff informed us they always ask patients to identify any areas where they may be experiencing pain to ensure scans were completed with minimum discomfort and ensure this was documented on scan notes.

Local anaesthetics were available if required to minimise patient pain prior to ultrasound guided injections being administered. The MRI was an 'open' design meaning that patients could be positioned appropriately to be comfortable.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had not been accredited under relevant clinical accreditation schemes.

Good

Diagnostic and screening services

The service was not accredited under any clinical accreditation schemes such as the quality standard for imaging (QSI) which is a national quality criterion for imaging services recommended by the Royal College of Radiologists.

The service carried out policy reviews in order to evaluate the quality of scan imagery. This included 'image quality knee MRI' and 'image quality lumbar spine MRI'. The results of these reviews were shared with all clinicians.

All patients were informed of when they could expect to receive the results from their scans. All patients we spoke with confirmed this had been made clear at the point of booking an appointment and immediately following their scan.

The MRI scanner was equipped with a phantom, this is a specially designed quality assurance device that is scanned in the magnetic resonance imaging field of view to evaluate, analyse, and tune the performance of the scanner. We saw records confirming the radiographer performed a phantom scan check daily prior to patients arriving for appointments. A checklist showed 100% compliance for 2021 at the time of our visit.

Competent staff

The service did not always ensure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

The scanning centre had a number of consultants 'employed' under the Alliance Medical Limited practising privileges policy however the service did not have effective processes in place to monitor clinicians working at the service in line with the organisations own practising privileges policy, this meant that clinicians working at the service may not have the right qualifications, training and professional registrations that are required for the service to ensure they can keep patients safe. Evidence was not easily accessed, and no formal check sheet was in place. For example, one clinician record we reviewed showed a DBS certificate for a role with another employer.

All staff had undergone a local induction that ensured staff were competent to perform their required role and we were able to review completed induction records. The local induction included an introduction to the work location and health and safety. Bank staff were supervised by the registered manager when using the MRI scanner until signed off as competent. All staff had an in date annual appraisal including objective setting at the beginning of each year. Staff told us they felt very supported during the appraisal process and that managers encouraged them to identify additional training to support their own personal development. Peer support was in place when required. All new staff will now be subject to the formal corporate induction.

All radiography staff were registered with the Health and Care Professions Council (HCPC) and met the HCPC regulatory standards to ensure the delivery of safe and effective services to patients.

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 told us that they worked well with the consultants who they worked alongside under practising privileges on site and this had a positive benefit to patients and staff. Radiographer staff were able to tell us about positive professional relationships with the six radiologists off site who report on scans and are always contactable for support, guidance and advice

Good

Diagnostic and screening services

Staff informed us the service had good relationships with other external partners and undertook scans for two local NHS providers and numerous insurance companies.

Seven-day services

Key services were available regularly to support timely patient care.

The location was open 9am until 5pm Monday to Friday for elective procedures only. The service does not currently open at weekends.

Health promotion

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

The service provided leaflets for patients to explain procedures for MRI and ultrasound and other guidance was available on their website.

The corporate 'The Gate Keepers' newsletter to all staff listed upcoming national health promotion and awareness campaigns to ensure all staff were aware of current health promotion themes.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff 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. They used agreed personalised measures that did not limit patients' liberty.

Staff undergo Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training as part of the mandated safeguarding training package and records showed 100% compliance. Staff were able to explain what would happen if a person did not have the capacity to consent to any imaging procedure. Staff could not recall a patient using the service in the last 12 months who lacked capacity. The service only scanned children, who understood they needed to sit and not move for the duration of the MRI. The service assessed children's mental capacity using Gillick competencies and this was covered in the corporate consent policy and safeguarding training. The local referral pathway policy included guidance for staff on capacity and consent.

Patients gave consent prior to any scan. Consent was recorded on MRI specific safety consent forms and signed by both patient and clinical staff member. The service consent forms included pre-assessment checks to determine any reason they may not have the scan, for example if patient had any medical implants, metal foreign bodies or was pregnant. The forms were scanned into the electronic record following the appointment.

Consent forms would be modified if patients were assessed as lacking capacity. The consent policy, we observed on the corporate intranet was passed the date of review of May 2021.

Consent was documented in patient records we reviewed however the service had not completed an audit of the completion of consent forms for patients.

Good

Diagnostic and screening services

Are Diagnostic and screening services caring?

Good

Compassionate care

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

Due to the electrical fire in October 2021 there was no patient activity on site during either of our unannounced visits. However, we spoke to nine service users after our visits and all said they had been treated with dignity, compassion and kindness. Several of these patients had been referred by their NHS trust for an open MRI scan due to claustrophobia and previous problems when scanned in a normal MRI. Five of the patients we interviewed spoke with a high degree of gratitude that this service was available via NHS referral and suggested that a normal scan would not have been possible without sedation.

The patients spoke positively about the quality of care they had received and how they were treated during their appointment, they did not feel rushed, they said staff were respectful of their time, and they were given enough time to ask questions at any stage. Patients stated the staff were professional and well informed of their treatment history.

The service sought feedback from patients following their visit via a patient experience questionnaire. Results we observed from these were extremely positive. They sought feedback on the appointment booking process, availability of appointment, information provided pre appointment, staff care and attitude, centre security and cleanliness. A free text box was also available for additional comments. Results for overall experience and for recommending to friends and family were both 100% positive.

A changing room was available in the MRI area. Privacy curtains could be used around the ultrasound bed if needed. Patient changing rooms where they could choose to wear gowns for scans were located next to the scanning room so dignity could be maintained during their appointment.

Emotional support

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

Staff informed us of the importance of treating patients as individuals and this was reflected in the interviews we had with patients. Patients we spoke to after the inspection informed us that staff provided reassurance and support throughout their appointment.

Staff told us that patients were given time to ask questions before and after their scan and staff provided clear information in a way that was easy to understand to put them at ease. Staff informed us that if a patient was in distress, they would offer them a quiet office space away from the patient waiting area.

Patients could bring their own choice of music to listen to during the scan which was played through headphones. This helped to disguise the noise the scanner made which could cause anxiety for some patients. Earplugs were also available and helped to reduce the noise

Good

Diagnostic and screening services

There was a chaperone policy in place and a chaperone poster on display for patients to read in the waiting are. Staff were trained in how to chaperone patients and were happy to perform this duty if requested. If family members or carers were used as a chaperone a chaperone safety questionnaire was completed before they could access the scanning room.

Several patients we spoke with informed us that the scanning centre had arranged for them to visit ahead of their appointment date so they could see the open scanner in advance and said how much difference it had made during their actual appointment and were far less anxious. One patient described how on one such visit the centre was able to accommodate their appointment whilst on site to save the patient coming back.

Understanding and involvement of patients and those close to them

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

Staff recognised when relatives and carers needed to be involved in the patients care and treatment. Staff stated they could provide information for family members if needed, and family members or carers could accompany the patient for their appointment. Guidance for staff was within the service local referral pathway policy.

All patients we interviewed stated they felt involved in their referral and scanning decision and were given ample opportunities to discuss their treatment.

Are Diagnostic and screening services responsive?

Good

Service delivery to meet the needs of local people

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

The service provided planned diagnostic services for patients on referral, normally in the South Manchester area but they also accepted referrals from national and international patients as it is ideally situated close to Manchester Airport. The service was open from 9am to 5pm Monday to Friday. Patients were either referred from a local NHS trust where a service level agreement (SLA) was in place or were funded by insurance companies or privately.

The service website provided useful information about the service, procedures that were provided, payment options, and the referral process and access. The environment of the service was appropriate, and patient centred. The waiting and consultation rooms were comfortable and welcoming, and there were toilet facilities with disabled access for patients and visitors. Patients were provided with appropriate information about their visit including an explanation of procedures.

The service worked well with two local NHS Trusts under an SLA to provide an open MRI scanning service for patients who had previous problems in normal MRI scanners.

Good

Diagnostic and screening services

Meeting people's individual needs

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

The service had an open MRI scanner which met the physical, psychological and emotional needs of patients unable to tolerate closed MRI scanners as a method of imaging. When necessary, patients had access to an interpreter before going ahead with scans. The patient had the choice of listening to their own style of music which contributed to their overall experience. The service offered a chaperone facility on patient request. Relatives or friends attending with patients were encouraged to stay with the patients up until their scan to help with any levels of anxiety.

During scans, staff made patients comfortable with padding aids. Patients were given an emergency call buzzer to allow them to communicate with staff should they wish. Microphones were built into the scanner to enable two-way conversation between the radiographer and the patient. Patients could bring in their own music for relaxation.

Patients we interviewed stated they felt involved in their referral and choice of scanning and had it explained that the quality of results from the open scanner would be reduced.

The service provided services for a range of patients; however, it was recommended patients with reduced mobility were referred to another location as the service did not have a patient hoist and therefore patients needed to be able to transfer independently to the scanner. The service identified the needs of patients on booking forms and these were scanned onto patient records.

There was a hearing loop for patients with a hearing impairment. There was no information for patients who needed written information in alternate formats such as larger fonts, Braille or pictorial. However, policies included that this information could be accessed if needed. A translation service was accessible if required and information on how to access this was available to staff. There was ample parking including disabled parking and a wheelchair ramp into the building.

The service had a separate waiting area adjacent the MRI room were children and their families could sit separately if required.

Access and flow

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

All referrals were triaged by the clinical radiographic staff who reviewed and confirmed suitability of referral and location for patients. The patient would then be called to arrange a mutually agreeable day, and time. All the patients we spoke with said they had been impressed with the waiting time from referral to appointment.

The manager informed us that appointments generally ran to time; however, reception staff would advise patients of any delays as they booked in. All nine patients we spoke with said their appointments ran to scheduled timings.

Good

Diagnostic and screening services

The service had internal key performance indicators (KPI's) for booking of appointments and reporting of images by radiologists that they received via the PACS system. We reviewed live data benchmarking the service against similar corporate services but due to the recent fire and suspension of clinical services the results did not reflect normal clinical activity levels. Data for September and October 2021 showed an average waiting time of 4.5 days from referral to scan and an average of 2.4 days from scan to image reporting. The service did not have a contract or service level agreement (SLA) with local NHS providers for image reporting of cancer patients.

Patients who did not attend (DNA) were contacted to re-book, the referrer was updated, and this was documented in the service referral pathway policy.

Due to the recent electrical fire the scanning centre had developed a small waiting list. The manager had initiated a recovery plan to reduce the waiting list quickly with potential to operate the scanner in evenings and weekends if required.

Are Diagnostic and screening services well-led?

Requires Improvement

Leadership

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

There were five members of staff. The registered manager was also a radiographer and they regularly worked within the small team so were visible to all staff. The service had a clear management structure where the registered manager had responsibility for administrative running of the service. The clinicians and administrators were responsible for day to day running of appointments and clinical areas. Staff knew the management arrangements and their specific roles and responsibilities. We observed a detailed corporate management organisational chart on the wall of the patient waiting area.

Staff told us the manager was visible and approachable. All the staff were positive about the management of the service and how they were supported to develop within their roles. The manager of the service was open and transparent in line with one of the organisation core values of openness. The manager and staff were passionate about the service and providing patients with a safe, quality experience. The service is accredited to the Investors in People scheme.

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 understood and knew how to apply them and monitor progress.

Good

Diagnostic and screening services

Staff were unaware of a specific vision and strategy document however the manager provided an organisational presentation which given to managers and staff in October 2021. This outlined the vision and strategy of the organisation for 2022. This is focussed on a service designed for and trusted by patients and providing exceptional diagnostics services.

Culture

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

Staff told us they felt supported by the organisation and specifically the manager who had been extremely supportive throughout the COVID-19 pandemic. Staff told us that the manager promoted an open culture and they felt able to speak up and raise incidents.

Staff told us that the organisation promoted equality and diversity and they felt supported with personal development. Staff equality and diversity was 100% compliant. All staff told us it was a good place to work and were enthusiastic about the service they provided to patients.

The service had values that are aligned to those of Alliance Medical Limited and these were displayed in various places in the centre. These were openness, excellence, efficiency, learning, collaboration.

Staff were aware of whistleblowing policies and felt comfortable that they would be supported if they raised issues. The corporate 'Freedom to speak up and whistleblowing policy' is one of the four mandatory policies that all must read and sign on induction or returning to work following absence. Staff were 100% compliant with this requirement.

Governance

Leaders did not always operate effective governance processes, throughout the service and with partner organisations. However, staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service did not have effective processes in place to monitor employment checks for clinicians working at service in line with the corporate practicing privileges policy and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant that clinicians working at the service may not have the right qualifications, training and professional registrations that were required for the service to ensure they kept patients safe.

The service did not have effective processes in place to risk assess patients who were being seen by visiting consultants under hosting arrangements this meant the service had no oversight of patient outcomes measures and could not provide assurance these were being monitored.

The manager did not always submit statutory notifications to CQC about incidents that affect the service in line with the requirements of the Care Quality Commission (Registration) Regulations 2009. For example, we were not notified that the service had suspended clinical activities after the recent fire.

Staff told us they had clear roles and accountabilities and they had regular team meetings where they had opportunities to meet and voice their opinions, raise issues or concerns and share learning.

The manager attended regular corporate governance meetings and fed back to staff at the service. However, the service did not have effective processes in place to ensure policies were kept up to date, this meant that there was a risk that staff were not following the most up to date best practice guidance.

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 but did not always action them. 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 local risk register this showed evidence of the actions to mitigate or eliminate the risks. Risks were graded and reviewed in line with the corporate risk management policy. However, despite identifying the IPC risk with the carpet in the clinical area it had not been replaced. Local risk assessments were also in place. The corporate 'The Gate Keepers' newsletter provided guidance, reminders and updates on local risk assessments, to all staff.

The service had a business continuity policy, which included specific actions to take to continue to deliver clinical services following an unplanned disruption in service. The plans included specific scenarios (such as loss of power, fire or building restriction), and actions for staff to take in managing this disruption efficiently.

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.

Data management was a mandatory training module for all staff and compliance was 100% at the time of our visit. We observed electronic computer systems were password protected. Patient information was transferred via secure electronic systems. Paper records were scanned onto the electronic system and then stored and archived securely at a central corporate location. Staff informed us about how and who would submit data, alerts or notifications and could demonstrate secure access to these systems.

All staff demonstrated they could locate and access relevant information and patient records easily, which enabled them to carry out their day to day roles. At the time of our inspection staff were transitioning to a new corporate IT system and were undergoing training. Staff informed us they were General Data Protection Regulation (GDPR) compliant and that patient information was managed in line with data protection guidelines and legislation. GDPR information was displayed for patients to see in the waiting area.

Engagement

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

The service collaborated with local NHS services. The manager showed us evidence of collaborative team meetings with other diagnostic screening services within the Alliance Medical Limited group.

Good

Diagnostic and screening services

The service had a simple to navigate and informative website. Managers updated staff through team meetings and emails. The service also had a corporate wide newsletter which kept staff informed on developments at the corporate level.

Staff collected patient feedback after every appointment. Up until July 2021 patient feedback was received via survey monkey and staff audited these result every two weeks. Feedback we viewed from the survey monkey audits was positive.

Learning, continuous improvement and innovation

We saw limited examples of learning and improving services.

The service had turned the negative experience of the recent fire into a positive opportunity to use the time to upgrade the MRI scanner hence providing a better experience for the patient and better results for the referring clinician.

The corporate 'Risky Business' newsletter provided corporate wide learning to all staff.

Staff told us they felt fully supported to complete training opportunities and were given time to undertake it.