ASI London E Limited

OneWelbeck Imaging and Diagnostics

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

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

However:

- We noted that in the magnetic resonance imaging (MRI) changing rooms, one of the emergency call bells did not reach to the floor which meant if a patient had fallen, they may not have been able to call for assistance.
- We also noted an out of date copy of the ionising radiation local rules was displayed in the X-ray room.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	

Summary of findings

Contents

Summary of this inspection

Background to OneWelbeck Imaging and Diagnostics

One Welbeck Imaging and Diagnostics is an independent health care provider offering medical imaging services to patients. They are managed by a provider called ASI London E Limited and work within a wider hospital setting under an umbrella corporation, which provides other elements of care for the patient's pathway.

The service has been registered with CQC since 2020 and had a registered manager in post at the time of the inspection. The service had not previously been inspected by CQC.

The service provided imaging and diagnostic services with X-ray, magnetic resonance imaging (MRI), computed tomography (CT), standing CT and dual-energy X-ray absorptiometry (DEXA) scans available.

How we carried out this inspection

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

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.

Outstanding practice

We found the following outstanding practice:

- The service was one of only a few private facilities able to provide, under strict conditions and with suitable precautionary measures in place, MRI scans on patients with MR Unlabelled (non MR conditional) pacemakers.
- The service had developed a bespoke smartphone application, that patients could choose to use to streamline their communication with the team.
- The service had a clear procedure for bringing in new techniques or technologies that prioritised the safety of patients.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure all changing room call bell emergency pull cords are readily accessible to patients even if they have fallen to the floor.
- The service should ensure displayed copies of the ionising radiation local rules are up to date.

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
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

Are Diagnostic imaging safe?

Good

Mandatory training

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

Staff received and kept up to date with their mandatory training; which was comprehensive and met the needs of patients and staff. The annual training included safeguarding, equality and diversity, mental capacity act & deprivation of liberty safeguards (DoLS), amongst others. Overall compliance with mandatory training was 84.6% at the time of inspection against a target of 100% on a rolling 12-month program, depending on when the staff member joined the service.

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

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. The centre director was the safeguarding lead and had been trained to level four standard. The rest of the staff were trained in both vulnerable adult and child safeguarding to the required level and were aware of who the safeguarding lead was.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The service had an up to date safeguarding policy which set out the various types of abuse, informed staff how to report any concerns and identified who the safeguarding leads were.

We saw posters in changing rooms publicising support for domestic violence and safeguarding.

Cleanliness, infection control and hygiene

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

Good

Diagnostic imaging

The service had a framework in place to manage infection prevention and control (IPC) across multiple floors led by the centre director. Each floor where imaging and diagnostics took place had its own IPC lead.

Clinical areas were visibly clean and had suitable furnishings which were visibly clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

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

We viewed the infection prevention and control and the hand hygiene audits for the previous three months. The service was 100% compliant against the required standards set by the provider.

The service had a service level agreement with an external cleaning company which undertook general cleaning, deep cleaning, clinical and general waste management and other hygiene services. The internal cleaning audit for the previous three months showed the service was 100% compliant with the required standards.

There were hand sanitising stations at the entrance throughout the building. Lifts and common areas were cleaned regularly. We saw cleaning schedules in the lift which showed cleaning every 30 minutes.

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 had two magnetic resonance imaging machines (MRI), an X-ray machine, a computed tomography (CT) and standing CT machines and a dual-energy X-ray absorptiometry (DEXA) machine. We saw the commissioning documents for the imaging machines. The service had service and maintenance contracts in place.

The service complied with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. Radiation risk assessments were carried out on all necessary equipment, and radiation doses monitored according to the Royal College of Radiologists' Guidelines. Computed Tomography (CT) doses were recorded and monitored using local dose reference levels, according to legislation.

We saw the yearly lead screen audits for the last three years and noted all screens had passed.

All staff were wearing radiation dose badges. We also noted environmental dose badges around the service. Both were audited by the service.

All the changing rooms had emergency call bells on lengthy cords. We noted the call bell cords in the MRI changing rooms did not reach the floor. This meant patients who may have fallen to the floor may not have been able to reach the emergency call bell cord. We were told after our inspection day new longer cords had been ordered and would be fitted as soon as they arrived. Also, staff had been told to visually check call bell cords to make sure they were visible and accessible.

All radiation areas had safety warning notices and equipment was marked as magnetic resonance safe or not so it could either be left in situ or removed from the area before radiation.

We noted all sharps bins were signed and dated. Clinical waste was stored safely and collected regularly under the contract with the external cleaning company.

The service had a staffed phlebotomy/pathology room; although bloods were sent to an external laboratory for testing.

All resuscitation trolleys were checked each day, medical fridges were checked for temperature each day and audits were completed and on the service's intranet.

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 knew how to respond promptly to any sudden deterioration in a patient's health. There was a protocol for managing any sudden deterioration in a patient's health and staff knew how to access it. They had received training on simulated emergency scenarios and practiced how to respond to a deteriorating patient.

Staff completed risk assessments for each patient pre-admission and on arrival. The service acknowledged that not all patients were suitable for certain tests and they had a patient selection criteria policy in place to act as a guide for staff when making decisions.

The service had an extravasation policy in place which was in date and regularly reviewed. There were icepacks available and an aftercare leaflet for patients. Extravasation is the leakage of blood, lymph, or other fluid, such as an anticancer drug, from a blood vessel or tube into the tissue around it.

We saw an in date and updated copy of their ionising radiation local rules which included what was expected of staff and details of the medical physics expert (MPE), the radiation protection supervisor (RPS) and the radiation protection advisor (RPA). We saw in the X-ray room there was an out of date copy of the local rules which expired 14/11/2020. The local rules describe procedures for using PPE and shielding, controlled area entry, use of the radiation equipment, use of personal monitoring devices and quality assurance testing.

We also saw in date and reviewed standard operating procedures (SOP's) for anaphylactic shock (an allergic reaction to something the patient is exposed to) and intravenous administration (IV).

Staffing

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

The service had enough staff experienced and suitably qualified staff to keep patients safe. Their mandatory training was kept up to date and they were encouraged to attend other training and courses.

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

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

Good

Diagnostic imaging

All clinical staff had immediate life support (ILS) training and there was a resident medical officer (RMO) on site who had advanced life support (ALS) training.

The service used a low level of locum, bank and agency staff. Such staff were vetted, and their credentials and training status checked. They were required to follow the same competencies as an employed member of staff.

Records

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

The service did not have what we would normally call patient records. They had patient referrals and reports of the tests performed. Those were kept securely on an electronic patient management system. Reports were automatically transferred from the reporting system. The patient management system was used throughout the One Welbeck building which meant if patients used any other services the records and reports were all stored in the same system.

Reports could be electronically transferred to external consultant locations via a secure national exchange protocol.

Patient referrals and reports were detailed and all authorised staff could access them easily. Records were stored securely.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely.

The service used patient group direction (PGD) for medicines, including beta-blockers, contrast and antispasmodic medication. Safety measures for beta-blocker administration included a betablocker questionnaire completed by each relevant patient, a bradycardia escalation sheet on the wall in the CT room. The service held monthly resuscitation drills in CT to emulate anaphylaxis and cardiac arrest. The ILS training had been adapted to include bradycardia signs, symptoms and escalation and atropine was available for the attending doctor to administer if required. We were told betablockers were not used if there was any risk, however small.

A PGD is a written instruction for the supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Staff were specifically trained to give the drugs they regularly gave. The protocols were clear and gave indications and contraindications. In addition, there were limitations on doses that could be given before needing to speak to a doctor.

The use of the PGD betablockers reduced the amount of time patients spent in the scan room.

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.

Good

Diagnostic imaging

Staff knew how and when to report concerns, incidents and near misses on the online reporting system. The service manager regularly reviewed the incidents to try and identify themes.

All staff were aware of how to use the incident database and all staff had access to the information they required. The centre director told us the incident process was user friendly and intuitive. Staff were encouraged to report anything they felt might be an incident.

Reported incidents were flagged to the centre director, given a risk score and investigated. Statements were taken if required before the incident returned to the centre director to authorise any outcome. There was feedback to the staff member who reported the incident.

Details of the reported incidents were discussed at the monthly staff meetings. A detailed presentation was also prepared for the staff meetings which contained more information about incidents and other matters. Staff were also updated in the weekly 'email blasts' sent out by the centre director.

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

Are Diagnostic imaging effective?

Inspected but not rated

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff 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. Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines such as National Institute of Health and Care Excellence (NICE). Staff could access policies and procedures electronically.

The service's physics expert calculated local dose reference levels for machines which used X-rays. They were all below the national dose reference levels.

The service ran an annual audit to identify diagnostic reference levels (DRL) outliers. In 2021, all results were below national levels.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Staff prescribed, administered and recorded pain relief accurately. Patients received pain relief soon after requesting it.

Good

Diagnostic imaging

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations.

Managers and staff used the results to improve patients' outcomes. The service had a Quality Assurance and Performance Improvement (QAPI) Committee programme which had oversight of risks, audits and incidents.

The service did not submit data to national audits or benchmark with other external services. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

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

The system flagged a peer review and the reporting radiologist could not continue until the peer review was complete. We were told their system allowed the inclusion of pictures into the reports which made it useful for physiotherapists and GP's and for patients to better understand the diagnosis.

Learning from the QAPI committee was regularly discussed at staff meetings.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. This was checked as part of pre-employment checks. All health care staff were registered with their appropriate professional bodies.

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

Managers gave all new staff a full induction tailored to their role before they started work, this included consultants and bank and agency staff. Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff meeting minutes and other documents.

Staff had their individual competencies signed off by the specific modality lead for each imaging modality, i.e. X-ray, MRI or CT.

The cardiac CT scanning service was jointly led by a cardiac consultant and a level 2 cardiac radiologist.

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

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

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

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

Staff worked across healthcare disciplines within the One Welbeck building; supported by service level agreements to either provide services or receive them. They also constantly worked with external referring clinicians to ensure patients received safe treatment when it was needed.

The service employed resident medical officers (RMOs) to support the with care of patients. The RMO worked closely within the imaging and diagnostic team and supported other services within the building.

Seven-day services

Key services were available to support timely patient care.

The service was open Monday to Friday from 8am to 6pm. If a patient needed urgent support outside of these working hours, they were advised to attend their local NHS emergency department. If patients needed non-urgent support, they were provided email addresses and telephone numbers of their care team who would provide advice as soon as possible.

Health promotion

Due to the nature of the care provided the potential for staff to give advice to patients about living healthier lives was minimal. However, the service did have some posters and leaflets in the waiting rooms.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance and made sure patients consented to treatment based on all the information available. Those staff who required consent training had received it.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. These assessments were led by the consultant in charge of the patients care but could be requested by any member of the team who had concerns.

All clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access the policy on Mental Capacity Act and Deprivation of Liberty Safeguards. We saw the training matrix which showed over 91 percent of staff had currently retrained, with courses booked for the remainder.

Good

Diagnostic imaging

All patient's consent to treatment, whether in writing or verbal, was recorded on the electronic patient management system. The service told us they asked for consent for all treatments and without it the treatment would not proceed.

For patients who did not speak or understand English sufficiently to give informed consent the service would either use an interpreter or interpreter services via telephone. We were told they were working on having their consent forms translated into other languages.

Are Diagnostic imaging caring?

Good

Compassionate care

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

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

All patients we spoke with told us how well cared for they were, how kind staff were and how all their needs had been met.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They received training to support them to achieve this.

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 had received chaperone training so they could further support patients.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

Staff talked with patients, families and carers in a way they could understand and gave patients a chance to ask any questions they had. All patients told us they were clear about their treatment options and why they needed treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The feedback was consistently positive, across both public reviews on search engines and private feedback, gathered from the mobile application all patients could download. A paper version of the feedback form could also be provided.

Good

Diagnostic imaging

Are Diagnostic imaging responsive?

Good

Service delivery to meet the needs of patients

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

Managers planned and organised services, so they met the needs of their patients. The service provided diagnostic scans for patients from across the country and abroad. Patients were able to have certain pre-assessment consultations over the phone, or via video conference to ensure they could minimise their travel. Patients could access services and appointments in a way and at a time that suited them.

The service had a dedicated smartphone application to support care for patients who preferred to use technology. Patients were able to complete pre-assessment forms and follow up paperwork and leave feedback all within the application.

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

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

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.

There was a comfortable seating area for patients and visitors. There was access for wheelchair users and lift access to all floors within the building.

The service had a hearing loop, to support patients who were hard of hearing to communicate. Mobile telephones were installed in imaging reception, phlebotomy and CT for patients easy access to the telephone interpreting service.

The service had introduced new imaging and diagnostic scans to further promote the health of their patients. A scan to detect excess iron in the body and a scan to detail the amount of arterial inflammation in coronary arteries. It was also one of the few services which offered MRI scans for patients with pacemakers fitted.

The service had an up to date discrimination prevention policy that was compliant with the Equality Act 2010 and ensured staff delivered care without prejudice to protected characteristics. All staff undertook equality, diversity and inclusion training and there was a clear care and treatment ethos based on individualised care.

Good

Diagnostic imaging

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.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Staff supported patients when they were referred or transferred between services.

Appointments, where possible, were coordinated with other service providers within One Welbeck to limit the travel time for patients and to smooth the process of attending multiple appointments.

Managers worked to keep the number of cancelled appointments to a minimum. In fact, that rarely happened, but managers made sure they were rearranged as soon as possible.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns and told us they would be comfortable to do so, if they had concerns. The service displayed information about how to raise a concern on its website, in leaflets and notices around the service.

Staff understood the policy on complaints, knew how to handle them and told us they knew to report anything that was raised verbally to them on their electronic reporting system.

Patients received feedback from managers after the investigation into their complaint. Managers worked through a clear policy to investigate complaints, with time frames for steps to be completed and had escalation criteria to request further support.

Complaints were discussed at the QAPI meetings and staff meetings. Outcomes and learning were shared with patients and staff. We saw examples of learning from complaints shared with staff in the staff meeting presentations and weekly 'email 'blasts'.

Are Diagnostic imaging well-led?

Good

Leadership

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

Good

Diagnostic imaging

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

The interim manager, who was also the centre director, was experienced and knew the service well. As he gave us a tour of the floors and he knew the staff by name, and they were not surprised to see him. He told us he did a daily walk around and staff we spoke with agreed. They also said the centre director was open, approachable and supportive.

There was succession planning in place in the service. If the manager was unavailable there were identified deputy staff who were able to fulfil their duties until their return. In fact, at the time of our inspection the registered manager was on a planned absence and the centre director had taken over.

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

Vision and Strategy

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

The service opened to patients in May 2020. They had a mission statement of "beyond better" to inspire staff to deliver the best care they could. Their vision was for a world leading imaging and diagnostics centre, servicing the One Welbeck specialities through providing the highest quality diagnostics and radiologists.

The service had a statement of purpose which outlined to patients the standards of care and support services the centre would provide.

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

Culture

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

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

Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by daily interacting with staff. Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the Covid-19 pandemic.

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

The centre director was very keen on retaining staff and had put various schemes in place. One of which was a quarterly fun budget to pay for staff social events.

Staff said they felt that their concerns were addressed, and they could easily talk with their managers. They were able to give examples of when they done so. Staff reported there was a no blame culture when things went wrong.

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

Governance

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

There was an effective clinical governance structure which included a range of meetings that were held regularly including an operating board meeting, medical executive committee, leadership, staff and QAPI meetings.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

The centre director said learning was cascaded to staff. All staff members had a work email account and updates were sent to staff via email. We saw evidence of this via the monthly staff meetings and weekly 'email blasts'.

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.

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

The service had a risk management strategy, setting out a system for continuous risk management. The QAPI committee oversaw all patient safety and risk management activities.

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

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

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.

The service's information systems were reviewed and maintained by the wider corporate brand they sat under and met requirements.

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

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

Engagement

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

The service ensured patients had multiple platforms to give feedback, to try and get as much feedback as possible.

Patients were able to do this electronically either online or using a bespoke smartphone application. If patients were unable to access the internet, they were able to provide feedback on paper forms.

Feedback was requested from staff at regular staff meetings and in their one to one meetings. Staff told us they were comfortable to comment on future plans or changes to the service and meeting minutes demonstrated this to be the case.

The service had issued a staff engagement survey and a survey to gather the views of their referrers, but the results were had not been returned at the time of inspection.

The service worked well with the other clinical services under their corporate umbrella. We saw evidence of discussions and shared learning between the services in the meeting minutes we reviewed.

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.

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

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

In June 2022, the centre director had developed and ran a course in partnership with the supplier of their scanning machines, attended by 12 members of the imaging team and guest speakers.

The PACS system, previously mentioned, which included a mandatory peer review of the radiologist's report, demonstrated the services commitment to continuous improvement.

The service had clear procedures all staff needed to follow to implement new technologies and techniques. We were told of a new genetic screening procedure which would have additional counselling and referral measures put in place before being undertaken.