

Mid and South Buckinghamshire Diagnostic Centre

Quality Report


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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?		
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

The Mid and South Buckinghamshire NHS Diagnostic Service is operated by Care UK. Facilities include one static magnetic resonance imaging (MRI) scanner, the use of a mobile MRI scanner, one plain X-ray, and ultrasound services.

The service is based on the ground floor of a building that is shared with the musculoskeletal service also run by Care UK. The service receives referrals from GPs, consultants or other approved healthcare professionals. For example, advanced nurse practitioners and advanced physiotherapy practitioners. It also has a daily walk-in X-ray service.

The service provides diagnostic imaging for adults over the age of 17 years. It is registered to provide the regulated activity of diagnostic and screening procedures.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced visit (the service did not know we were coming) to the service on Thursday 17 January 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

This was the first time we rated this service. We rated it as **Good** overall.

We found good practice in relation to diagnostic imaging:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risks effectively.
- The service reviewed and updated risk assessments for each patient, using referral forms and safety checklists for patients undergoing MRI scanning.
- The service effectively managed patient safety incidents and shared learning with staff.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service evaluated images to ensure they were of good quality.
- The service ensured staff were competent for their roles by ensuring staff received regular appraisals and their performance monitored.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- The service could plan appointments that met patients' needs including weekend and evening appointments.
- The service met the needs of the local community and the environment was fit for purpose and comfortable for patients, including those with mobility needs.

Summary of findings

- The service cared for patients and their carers with compassion and kindness. The service supported carers to be with patients for reassurance during their imaging procedures.
- The service took account of patient's individual needs for example following patient feedback staff developed an advice leaflet regarding how to deal with claustrophobia whilst in the MRI scanner.
- The service and staff took complaints and concerns seriously and investigated them in a timely manner, learned from the results and shared the learning with staff.
- Managers promoted a positive culture that supported and valued staff. Staff reported their team worked well together and staff trusted and respected each other.
- The service improved service quality and safeguarded high standards of care by creating an environment for good clinical care.
- The service effectively managed risks and could cope with both the expected and the unexpected. The service had a local clinical governance lead to monitor and maintain the risk register.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with both staff and patients to plan and manage appropriate services.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation. The service held regular education updates for staff with an outside orthopaedic surgeon.

However, we also found the following issues that the service provider needs to improve:

- The service printed out hard copies of policies and we found some were not up to date.
- The service did not have its own service development strategy

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

This is a diagnostic imaging service run by Care UK. The service is based at High Wycombe in Buckinghamshire. We rated this service as good because it was safe, caring, responsive and well-led. We do not rate effective for this type of service.

Summary of findings

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Good



Mid and South Buckinghamshire Diagnostic Centre

Services we looked at

Diagnostic imaging;

Summary of this inspection

Background to Mid and South Buckinghamshire Diagnostic Centre

The Mid and South Buckinghamshire NHS Diagnostic Service is operated by Care UK. The service opened in 2007 and is part of the Care UK group. It is an independent diagnostics service in High Wycombe, Buckinghamshire. The service primarily serves the communities of Buckinghamshire and some of Oxfordshire. It also accepts patient referrals from outside this area.

The service offers booked appointments for magnetic reasoning imaging (MRI) scans, ultrasound scans and X-rays and walk in appointments for x-rays. The service hosts an echocardiogram service but another independent diagnostic provider provided this service; therefore, we did not inspect this.

The service did not use or store any medications.

The service is subcontracted to a local NHS trust and therefore only sees NHS patients.

The service has had a registered manager in post since 2013.

The inspection took place on 17 January 2019 and we telephoned patients to ask them about their experiences of care on 24 and 25 January 2019.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Amanda Williams, interim Head of Hospital Inspection for South Central and South London.

Information about Mid and South Buckinghamshire Diagnostic Centre

During the inspection, we visited the areas where staff carried out magnetic reasoning imaging (MRI) scans, ultrasound scans and plain x-rays. We spoke with 10 staff including registered radiographers, sonographers, health care assistants, administration staff, managers and senior managers. We spoke with six patients. During our inspection, we reviewed a range of documents relating to the management and safety of the service.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had been inspected once but not rated.

This inspection took place in February 2013 and found the service was meeting all standards of quality and safety it was inspected against.

A management team, five radiographers, four sonographers, four health care assistants, six administrators, two receptionists and a domestic cleaner worked at the service, as well as having its own bank staff. Some staff were self-employed.

Track record on safety:

- No Never events
- One serious incident in April 2018
- One clinical incident
- No serious injuries
- No incidences of hospital acquired Methicillin-resistant *Staphylococcus aureus* (MRSA),
- No incidences of hospital acquired Methicillin-sensitive *staphylococcus aureus* (MSSA)

Summary of this inspection

- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli
- 12 complaints, with the service upholding 11.
- Clinical and non-clinical waste removal
- Maintenance of medical equipment
- Building maintenance
- Interpreting services
- Grounds Maintenance

Services provided at the service under service level agreement:

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as Good because:

Good



- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked effectively with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk effectively. We observed well-presented staff who kept the equipment and premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services effective?

We do not rate effective for this type of service

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service had facilities for the patients to buy hot drinks and snacks. There was a water machine and vending machines in the waiting area.
- Staff monitored patients to see if they were in pain during procedures.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.

Summary of this inspection

- 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 monitor the effectiveness of the service.
- Staff of different professional groups worked together as a team to benefit patients. Healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed the service policy and procedures when a patient could not give consent.

However:

- The service kept hard copies of policies and we noted some were out of date.

Are services caring?

We rated it as Good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Good



Are services responsive?

We rated it as Good because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs, it had a proactive approach to understanding individual needs, was accessible and promoted equality.
- Patients could access the service and appointments in a way and at a time that suited them. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice and better than other NHS trusts.
- The service ran a seven-day service and could accommodate urgent diagnostic scans.

Good



Summary of this inspection

- The service had a complaints policy, treated concerns and complaints seriously, investigated them, and learned lessons from the results in a timely manner, which they shared with all staff.

Are services well-led?

We rated it as Good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for good clinical care to flourish.
- The service had good systems to identify risks, plans to eliminate or reduce them, and cope with both the expected and unexpected.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.

However:

- The service did not have its own documented strategy for the development of the service.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards





Start here...

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We rated it as **good**

Mandatory training

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

- Mandatory training subjects included: health and safety, manual handling, infection prevention and control, fire safety, information governance, safeguarding adults and children, mental capacity act and deprivation of liberty, chaperoning, clinical governance, duty of candour, patient consent, basic life support, and equality and diversity. Specific training related to IR(ME)R and MRI safety was available. This ensured all staff had information to care for patients with a diverse range of needs.
- All staff we spoke with had completed mandatory training. Staff we spoke with said their mandatory training was easily accessible and staff could track their own mandatory training compliance through an electronic mandatory training system. The clinical governance lead monitored mandatory training completion and reminded staff to complete it.
- Data submitted to us showed a 98.73% compliance with the mandatory training curriculum (both face-to-face and e-learning). We saw that only two out of the 18 mandatory training topics had a compliance rate of 91% or below. This evidenced that staff complied with mandatory training requirements.

- The service provided radiographers with additional training to perform examinations involving radiation exposure. This ensured staff could safely perform examinations involving radiation to keep patients safe. We also saw evidence to indicate all staff had confirmed they had read the local rules describing safe operating procedures in line with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidance which set out a framework of work instructions for staff.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

- Staff had training on how to recognise and report abuse and they knew how to apply it.
- There were clear safeguarding processes and procedures in place for safeguarding adults and children. There were policies available in both paper form and online, which staff could access through the service's intranet system.
- Staff were aware of their responsibilities if they identified a patient who had undergone female genital mutilation. Staff could describe the escalation process if they were to have safeguarding concerns and were aware of the policies and where to find them.
- All staff we spoke with had received training in levels two or three for children's safeguarding as appropriate. For example, administration staff received level two training and radiographers level three. A physiotherapist who worked in the adjacent

Diagnostic imaging

musculoskeletal service (MSK) had received training to level four in children's safeguarding. They were easily accessible to staff and staff knew who they were. For further advice, Care UK had a safeguarding lead.

- Staff could explain a situation where there were safeguarding concerns and demonstrated they understood the correct process when making onward referrals.
- To safeguard patients against experiencing incorrect investigations, staff asked patients to confirm their identity by providing their full name, date of birth and site for the scan. This evidenced staff followed best practice and was in line with the legal requirements of IR(ME)R.

Cleanliness, infection control and hygiene

The service controlled infection risk well.

- We observed well-presented staff who kept the equipment and premises clean. They used control measures to prevent the spread of infection.
- The service had a health care assistant who was the infection control lead and completed monthly audit of the environment and staff hand hygiene practices. The service's last annual audit was in May 2018, where there were no recommendations made. This demonstrated staff followed the provider's infection control policies and procedures.
- The service employed their own cleaner. Charts in toilets detailed when the cleaner had last cleaned them. All schedules were up to date. Staff in the MRI, x-ray and ultrasound areas cleaned the equipment and couches in between seeing patients. This reduced the risk of cross infection.
- During inspection we saw staff to be compliant with uniform policies, which included all staff to be bare below the elbows and for long hair to be tied up, which followed good infection control practice.
- Personal protective equipment such as gloves and aprons were available to staff. We saw appropriate use of gloves when staff cleaned couches and equipment after patient use.
- Staff cleaned and stored equipment such as probes used for intimate ultrasound investigations (for example, trans vaginal investigations). Staff covered

the probes during investigations and cleaned them with the recommended wipes post ultrasound scan. This eliminated the risk of cross infection between patients.

- However, we did note the weighing scales to be very old with ingrained dirt, and a patient we spoke with commented on these. One of the ultrasound rooms had some dust on a light arm. We raised these issues at the time of inspection and the service resolved them.
- If the service was aware a patient may have a communicable disease (for example flu or tuberculosis), staff would try to accommodate the patient at the end of the list for the day and would perform a deep clean immediately after the patient had left.
- We saw hand sanitiser dispensers placed in prominent positions throughout the service to encourage use by both staff and patients. We observed staff use the hand sanitiser appropriately.
- The service used an external company for laundry. We noted the service stored clean and dirty laundry separately.
- There had been no incidences of healthcare acquired infections at the service in the last 12 months.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

- Patients arrived in the reception area and the reception team greeted them. This area was open to the waiting area and there were potential concerns with maintaining confidentiality. However, we observed reception staff check patients in and each patient had an appointment letter, which the receptionist took and advised the patient which waiting area they should wait in. The receptionist did not ask for any confidential information and there was a radio in the seating area which could help to promote confidentiality.
- Waiting areas were clear of clutter with suitable numbers of chairs available to meet patients' needs.

Diagnostic imaging

- The service was on the ground floor with access to toilets for the disabled. These toilets contained a baby changing facility.
- When patients were ready for their scan, a member of staff escorted them through swipe card access doors to the appropriate room. This helped reduce the risk of patients or visitors accessing radiation restricted areas. There were two chairs for carers/relatives to wait outside the x-ray room.
- There were changing rooms for patients on the ground floor, with lockers and laundry baskets, within the secured area. Staff escorted patients to changing rooms and then to the imaging rooms. There was clear signage regarding where to exit the unit.
- The diagnostic centre had one MRI machine, four ultrasound rooms, one x-ray room and one mobile MRI scanner, which the service used on demand. Another location of Care UK provided maintenance for the mobile MRI scanner.
- All equipment had a sticker detailing when the external companies last tested it. All equipment we observed was up to date with servicing. The service held a database of when each piece of equipment needed a service. We saw evidence of all external servicing paperwork.
- The service had working radiation warning signs outside the x-ray room for safety and to prevent unauthorised access.
- Staff accessed the MRI scanner via swipe cards which prevented unauthorised access. Staff labelled all equipment, such as the wheelchair and fire extinguisher, in both MRI areas as MRI safe, in line with MHRA recommendations. The service had a MR safe stretcher that staff could use to transfer a patient from the scanner into the corridor in the case of a medical emergency.
- Following a risk assessment, the service did not require a full resuscitation trolley due to patients being at low risk of harm, but did have a first aid box and a working defibrillation machine. In the case of an emergency the service would ring 999.
- Staff completed daily quality assurance checks for the MRI machine, ultrasound machines and x-ray units to ensure they were safe to operate.
- The service had up-to-date local rules for the X-ray equipment, describing safe operating procedures in line with the guidance.
- Staff wore lead aprons where appropriate, which staff screened annually for any damage. Staff who worked in x-ray wore radiation exposure dose monitors which the Public Health England Personal Dosimetry Service analysed. We saw a recent report where all members of staff who wore the exposure monitors had 0% exposure.
- Dose reference level charts were available on the walls in the x-ray rooms. Diagnostic reference levels (DRLs) are dose levels for typical examinations on standard size adults and children for broadly defined types of equipment, for example CT, fluoroscopy or general radiography, (Regulation 2[1] in IR(ME)R 2000). Staff use DRLs as a guide to help promote improvements in radiation protection practice. They can help to identify issues relating to equipment or practice by highlighting unusually high radiation doses. We saw staff performed monthly audits to monitor the dosages, which showed acceptable levels.
- The service stored cleaning materials securely in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the legislation which requires employers to control substances which are hazardous to health.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient.

- Administration staff kept clear records of referrals and reports and asked for support when necessary from the radiographers if required.
- Staff told us what action they would take if a patient became unwell or distressed while waiting for, or during, an investigation. The action taken depended on the specific situation and staff provided examples which showed they would take appropriate action.
- Staff described a situation where they discovered a life-threatening indicator on an ultrasound scan. The staff member followed policy of contacting the referrer immediately and at the same time calling an ambulance and letting the local NHS trust know of the

Diagnostic imaging

patient's imminent arrival. They produced their report immediately and gave it to the patient to share with the NHS trust whilst keeping the patient calm and reassured.

- The service fitted all rooms and changing areas, apart from one ultrasound room, with emergency bells to alert staff of any potential concerns. This was risk assessed as it was close to the reception desk and staff could shout for assistance and be heard.
- The service displayed a full set of Ionising Radiation (Medical Exposure) Regulations IR(ME)R (2018). IR(ME)R procedures and standard operating procedures which are required under the Regulations. The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2018 is legislation which provides a framework intended to protect patients from the hazards associated with ionising radiation. The Health and Safety Executive (HSE) regulate the Ionising Radiations Regulations 2018 (IRR99). The service evidenced local rules as required under IRR99 within the x-ray area. All areas which utilise medical radiation require to have written and displayed local rules which set out a framework of work instructions for staff.
- The service had a designated and clearly identifiable radiation protection supervisor (RPS) available to provide guidance and support to staff. Their details were publicised on the x-ray room door.
- The radiation protection advisor (RPA) worked at a nearby NHS trust provider but was available on the telephone and via email for guidance and support. Staff reported the RPA was accessible and responsive to their needs.
- GPs, NHS consultants and other IR(ME)R appropriate trained professionals referred in to the service. The administration team and radiography team were involved in screening the referral for appropriateness to ensure the right investigation matched with the patients presenting complaint and met the service's specific referral criteria. If there were any concerns about the requested treatment, the administrator would contact a radiographer who would discuss alternatives with the referrer.
- The registered manager (RM), deputy manager and health and safety representative were all Institution of Occupational Safety and Health (IOSH) trained.

- Signs were available in the reception area to let patients know staff would not tolerate aggressive or violent behaviour. Staff we spoke with said it was a rare occurrence for patients to be violent or aggressive, but if that was to occur they would call the police.
- There was a process for the assessment of patients who may be pregnant. Posters, in all waiting areas, asked patients to talk to staff if they suspected they may be pregnant. Staff used a checklist to assess any potentially pregnant patient prior to any investigation and patients verbally confirmed they were not pregnant.
- Staff reported an external basic life support training company had recently done a training scenario where a patient had collapsed during an MRI scan. Staff reported this helped to clarify specific roles in such a situation.

Radiographer/sonographer staffing

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

- The service employed one full time radiographer and four part-time radiographers. Five further radiographers were on zero contract hours. The service employed four part-time sonographers and an additional three were on zero contract hours and were self-employed. There was currently one vacancy for a sonographer.
- In the period of August 2018 to October 2018, the service covered 120 clinical shifts with bank staff and five with agency staff. The service covered 86 administration shifts with bank staff and no shifts with agency.
- Where possible, the service used agency staff that had worked at the centre before. Bank staff employed by Care UK covered most shifts.
- The service ensured there were always at least two staff members on site during working hours, to support the needs of patients and maintain staff safety.

Diagnostic imaging

- If required, the administration staff (who were also trained as health care assistants) covered lunch breaks within the MRI team to assist the radiographer. They had received the appropriate safety checks and specific MRI training, as well as chaperone training.

Medical staffing

- The service did not have any radiologists working within the service.
- The service had a contract with an external reporting company who reported on all their MRI scans and X-rays except the MRIs that the local NHS Trust requested. The NHS trust's radiographers reported on the MRIs they requested. Sonographers reported on their own scans. For the NHS trust MRI list, the radiographers had access to radiologists from the NHS trust via telephone or email to speak with in the case of urgent findings. For all other referrals, radiologists from the external provider were available for advice via email or telephone.

Records

Staff kept detailed records of patients' care and treatment.

- Records were clear, up to date and easily available to all staff providing care.
- The service had a recognised picture archiving and communication system (PACS) for storing completed images and the associated reports, which was password protected. The service maintained written patient records, with details of all investigations and their findings electronically on PACS. These were accessible only to radiology staff for reporting and clinicians who had requested the image.
- MRI records showed dose levels and completed questionnaires with patient's details, including their weight.
- The external provider and service agreed all MRI scans and x-rays should be reported on and results sent back to the service within a 48-hour period as a key performance target. We saw evidence the external provider met their target except for some delays, such as scans that required a specialist radiology review.
- The service received referrals via email or fax. Administration staff scanned in referral forms and

checklists on to the system and then shredded the information. The service was currently becoming paper light and were embedding MRI checklists into their new information technology (IT) system. Their aim was to be 100% paperlight by the end of February 2019.

- All computers observed were password protected and locked when not in use. We saw computers were generally out of view of patients and contained privacy screens so patients could not see the information.

Medicines

The service did not store or administer any medicines.

Incidents

The service managed patient safety incidents well.

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had one serious incident where the service had not alerted the GP they did not do a certain type of scan. The GP queried where the appointment was and when scanned at the NHS trust the patient was found to have a cancer. The service now ensures all rejected referrals are sent back to referrer electronically and are followed up with a phone call to ensure the referrer are aware the investigation has been rejected.
- Never events are serious patient safety incidents which should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. From September 2017 to October 2018, the service did not report any incidents classified as a never event taking place in their diagnostics services.
- The service had not reported any IR(ME)R reportable incidents to the Care Quality Commission (CQC) nor to the health and safety executive in the period of September 2017 to October 2018.

Diagnostic imaging

- Staff were aware of their roles and responsibilities for reporting safety incidents and near misses internally and externally. Managers encouraged staff to report incidents who did this by using the service's electronic reporting system.
- In the period of October 2017 to September 2018 the service documented 20 incidents which varied from reporting discrepancies, equipment faults, delayed results to patient incidents. The service documented actions taken and lessons learned.
- Staff discussed incidents in clinical team meetings including incidents that may have occurred across Care UK as a source of learning. Staff shared an example of where a patient had got their finger caught in the MRI scanner and staff shared learning to ensure they were aware of the position of the hands always as they took patients into the scanner.
- Another example shared was relating to when a patient with a pacemaker received a MRI scan because the patient did not tell staff they had one during the written safety checklist. The service reflected on the incident and made a decision not to accept any referrals of patients with pacemakers, as the service did not have the capabilities to deal with medical emergencies immediately (as a NHS trust would). The service also strengthened the MRI safety checklist to includes prompts for patients and staff.
- Both the service's radiation policy and accident reporting policy detailed information on reporting guidance of the type of incidents that might occur in the service such as accidental or unintended exposure to radiation. It outlined the duties and guidance on reporting and investigating incidents as stated within the Ionising radiation (medical Exposure) regulations 2017 (IR(ME)R 2017). Both policies referred to the duty of candour, which requires staff to be open and honest to patients following an incident.
- Staff and the registered manager were aware of the types of incidents that they must report to the CQC and other bodies.

Are diagnostic imaging services effective?

We do not rate effective for this core service.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness.

- Managers checked to make sure staff followed guidance. Staff had to sign and date a checklist to confirm they had read policies and guidance. We saw evidence of these completed checklists.
- The service worked to the IR(ME)R and guidelines from the National Institute for Health and Care Excellence (NICE), the Royal College of Radiologists (RCR), the College of Radiographers and other national bodies. This included all specialities within the service.
- We reviewed eight policies and some standard operating procedures. We reviewed hard copies but we also noted these were on the service's intranet system. Two of the hard copy policies were out of date for review, but we saw evidence the service had reviewed and amended the policies if required online. Online policies contained a warning that it was uncontrolled if downloaded or printed.
- The lead radiographer had recently reviewed 22 policies and continued to review the remaining policies to ensure they were clinically relevant to the service and followed national guidance. They would make any relevant changes that were required.
- In line with Ionising radiation regulations (IR99), the imaging service appointed radiation protection supervisors (RPSs), whose role was to ensure staff followed the services standard operating procedures and adhered to the radiation protection procedures. IRR99 requires employers to keep exposure to ionising radiations as low as reasonably possible.
- The service audited Dose reference levels (DRLs) once a year prior to the Radiation Protection Advisor's audit which assessed the level of compliance with the current regulations, standards and guidance relating to the use of ionising radiations in diagnostic imaging. Additionally, the RPS completed a monthly quality assurance audit of the MRI and ultrasound machines to ensure the radiation levels were not too high. If unsure, the RPS would contact the RPA for further advice. Radiation levels were as low as reasonably practicable.

Diagnostic imaging

- Radiographers followed evidence based protocols for scanning of individual areas or parts of the body and had access to radiologist advice via email or telephone if they had any concerns.
- The service worked with GPs to ensure they were completing referral forms correctly and communicated regularly regarding which scans the service were unable to undertake.

Nutrition and hydration

The service had facilities for the patients to buy hot drinks and snacks.

- There was a water dispenser and vending machines in the waiting area.
- The service offered people appointment times to reflect their needs and preferences if they were frail, fasting or diabetic, or required patient transport.

Pain relief

Staff monitored patients to see if they were in pain during procedures.

- Due to the nature of the service, patients self-managed their pain prior to their appointments. However, if a patient expressed concerns about pain, staff assessed patients on an individual basis informally and provided guidance and support to manage the situation accordingly.
- Pads and supports were available for patients to minimise pain whilst in the scanner, and staff checked throughout the scan if the patient was comfortable.

Patient outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve them.

- The service developed new diagnostic imaging protocols to allow collaboration with the musculoskeletal service (MSK) and local acute trust, to improve the effectiveness of MSK clinics and improve patient pathways.
- The sonographers worked together to audit each other's reports and behaviours with patients. Staff shared learning at clinical team meetings via continuous professional development (CPD) presentations.

- The external reporting provider reviewed 5% of all ultrasound reports for quality assurance purposes. The images and reporting were of a high standard. We saw evidence from a weeks' worth of ultrasound report audits which showed 100% of ultrasounds, 81.8% MRIs and 87.5% of plain x-ray reports were of excellent quality, enabling the service to provide a diagnostic report with full confidence. For the same week, image and referral quality for all modalities were 100% compliant with standards.
- The clinical lead (who was a sonographer) audited sonographer reports every six months to ensure they had an overview of the quality of reporting. The clinical lead reported there had been no significant changes made from the findings due to the findings not suggesting any improvements required.
- The lead for administration and clinical lead have monthly discrepancy calls with the external reporting provider where they discussed delays in reporting and shared any missed urgent findings and information. The clinical lead had separate quarterly calls with the external reporting provider to discuss any reporting queries. This ensured the service was measuring quality on a continuous basis.
- The service completed monthly audits of rejection analysis of scans/x-rays, and various service compliance audits. The service then acted upon results if required. The service shared the results with the senior management team within Care UK. We noted the rejection analysis showed no more than a 1.9% rejection rate throughout 2018. This meant the images taken were of a good quality.

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 monitor the effectiveness of the service.
- The service ensured new starters and bank staff attended a corporate Care UK induction which all staff had attended.
- We saw evidence of 100% of staff having had an appraisal in the last year. Staff told us everyone had a mid-year appraisal meeting in addition to this to

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discuss their progress so far. The clinical lead appraised all clinical staff, including health care assistants. The registered manager appraised the clinical lead.

- The clinical lead was responsible for assessing staff progress with their competencies, including equipment training. This ensured staff were fully competent for their roles.
- We saw evidence of all radiographers working for the service having correct and up-to-date Health and Care Professions Council (HCPC) registrations. The service held a spreadsheet with details of expiry dates of registration numbers.
- All administration staff who were happy to help with break cover, or cover for sickness, had received health care assistant training, chaperone training, MRI safety training and had been risk assessed as safe to enter the MRI scanning room.
- Staff reported opportunities for personal and professional development, including undertaking post graduate qualifications in x-ray reporting. Currently one radiographer reported on x-rays but the service was encouraging more radiographers to undergo the training.
- Staff reported they did not have a mentor when they first started at the service. However, they told us they could ask advice and gain support from existing staff.

Multidisciplinary working

Staff of different professional groups worked together as a team to benefit patients.

- Healthcare professionals supported each other to provide good care. Staff at the service worked closely with referrers to enable patients to have a prompt diagnosis and promote a seamless treatment pathway. If they identified concerns from scans, they escalated them to the referrer.
- The service manager met monthly with the local NHS trust and clinical commissioning groups (CCGs) as the NHS trust subcontracted MRI scans to Care UK.
- The service worked with the local NHS trust and had regular meetings to ensure a streamlined booking system for appointments. This followed a situation where administration staff at the NHS trust were

booking different MRI scans in sequence rather than scanning similar requests in time blocks, thus enabling the radiographers to do more scans. Radiologists at the NHS trust were available if there was anything worrying discovered on the MRI scans.

- An orthopaedic surgeon regularly attended the service to present evening lectures, which all staff from the diagnostic and MSK service were invited to attend.
- Doctors from the MSK service would frequently talk with the ultrasound, x-ray and MRI staff to discuss urgent cases and if the patient would benefit from a radiology investigation. Similarly, diagnostic staff would often call for the help of the MSK physiotherapist to help position a patient in the best position for the image requested.
- The administration team were an integral part of the team and were instrumental in improving the administrative processes. We observed good joint working between the radiologists, sonographers and the administration team.
- The service promoted communication with local referring GPs to ensure GPs sent the correct referrals on the correct referral forms. This ensured a seamless process with limited delays for patients.

Seven-day services

The service ran a seven-day service and could accommodate urgent diagnostic scans

- The service offered seven-day services for all diagnostic services. This was a new development and was introduced to meet local demand. The service was open 8 am to 6 pm during the weekends and 8 am to 7 pm during the week.
- The service offered walk-in appointments for x-rays over lunch times and could offer urgent MRI and ultrasound imaging.

Health promotion

- The service did not have a role in health promotion. However, there were plans in place to have a screen in the waiting area with rolling health promotion advice and advertisement of appropriate local services.

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Consent and Mental Capacity Act (Deprivation of Liberty Safeguards only apply to patients receiving care in a hospital or a care home)

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

- Staff followed the service policy and procedures when a patient could not give consent.
- Staff told us the training they received focused on obtaining consent from adults prior to completing investigative work. Discussions with patients included a description of the investigation, the possible side effects and the recovery period. Staff gave patients the opportunity to discuss concerns or queries prior to confirming consent.
- Staff recognised and respected a patient's choice; for example, if they chose not to have any imaging when they arrived for their appointment.
- We saw the service correctly used a MRI safety consent form to record patient consent, which also contained their answers to safety screening.
- Staff would normally receive information regarding a patient's capacity to consent from the referrer and they knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. For example, being aware of who could consent for the patient.
- Staff stated it was unlikely they would see patients with mental capacity issues in their service, but they were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions.
- The service promoted supportive practice that avoided the need for physical restraint. All restraints were soft and staff asked the patients permission before using them.

Are diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

Staff cared for patients with compassion.

- Feedback from patients confirmed that staff treated them well and with kindness.
- Staff demonstrated a kind and caring attitude to patients. This was evident from the interactions we witnessed on inspection and the feedback provided by patients.
- Staff introduced themselves and explained their role and went on to fully describe what would happen during the procedure. Staff wore name badges which were visible and clear.
- Staff ensured they maintained patients' privacy and dignity during their time in the department and the scanner by using blankets. The service did not require all patients to undress for the MRI scan, X-ray or ultrasound and we observed staff giving patients the choice to bring in their own nightwear.
- Health care assistants chaperoned all patients undergoing an ultrasound scan. All staff had undergone formal or informal chaperone training, depending on their role.
- All patients we spoke with said they would recommend the service to friends or family.
- Patients reported:

"The man and the lady were excellent and really really helped me – I suffer from claustrophobia and going in the tunnel scared me. Great team thank you very much"

"I want to thank the staff who dealt with me, they were professional, courteous and caring and were careful of both me and my dignity"

"Thank you for the excellent efficient treatment I had at my MRI head scan"

Emotional support

Staff provided emotional support to patients to minimise their distress.

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- Staff supported patients through their investigations, ensuring they were well informed and knew what to expect.
- Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calming and reassuring demeanour so as not to increase anxiety in nervous patients.
- We observed staff providing ongoing reassurance throughout a MRI scan, updating the patient on how long they had been in the scanner and how long they had left. Patients could communicate directly with the radiographer during the scan by way of an intercom and held an emergency button if they needed to come out of the scanner.
- One patient reported administration staff explained about the MRI scan at the point of booking the appointment and completed the MRI safe checklist over the phone. On arrival, staff checked it again on the day of the MRI. The patient reported they appreciated this level of care and reassurance.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them in decisions about their care and treatment.

- Staff said they took the time wherever possible to interact with patients and their relatives. We observed staff taking time to speak with patients in a respectful and considerate way.
- The service allowed for a parent or family member or carer to remain with the patient for their scan if they were anxious. This meant patients did not have to be alone for their scans. Staff ensured they completed an MRI safety questionnaire and provided them with headphones to reduce the noise. Staff also informed the relative/carers of any risks of exposure to radiation if they attended the x-ray scan with the patient.
- Patients we spoke with told us they were involved with decisions about their care and treatment and were aware of what the next steps in their treatment were.
- The service collated patient comments with an overall response rate of 11%, however 98% of those 11% of patients would recommend the service to their friends and family.

Are diagnostic imaging services responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided services in a way that met the needs of local people.

- The service was accessible to people with mobility constraints. There was parking adjacent to the service including spaces for disabled badge holders, and there was wheelchair access throughout the patient areas. The reception desk had a low desk to enable staff to greet patients in wheelchairs. The reception desk had a hearing loop for people who were hard of hearing.
- The environment was appropriate and patient centred with comfortable seating areas, adequate toilets and drinks machines. Although the service did not see children, there were some child-friendly books available in the waiting area.
- There was free car parking for patients but this often became full quickly. Staff had concerns patients would not always be able to park. To mitigate the risk of running late for appointments, the service requested patients arrived 15 minutes before their appointment time. Patients we spoke with reported they did not have any concerns with the car parking arrangements.
- The service provided maps with directions on how to access the centre on their website and could also send these out with appointment letters. Within the department there was clear signage for patients to follow to exit the building.
- The service provided early morning, evening and weekend appointments to accommodate the needs of patients who were unable to attend during the working day.
- Within the department there were many rooms that patients could use if they became distressed or required a quieter area to wait in. The reception staff could communicate with the sonographers and radiographers via email and telephone to advise where to find a patient.

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- We observed the reception staff give clear waiting times when a patient inquired regarding these. They reassured the patient in a calm and pleasant manner that staff would collect them soon.
- The MRI scanner could accommodate patients with a weight of up to 130 kg. Staff assessed each patient on an individual basis as to whether the scan would be appropriate or safe for them. If a scan was not appropriate, staff would refer the patient back to the referring clinician to discuss suitable alternative imaging.

Meeting people's individual needs

The service took account of patients' individual needs, it had a proactive approach to understanding individual needs, was accessible and promoted equality.

- The service supported patients to have a carer with them for all investigations. Staff explained the risks of ionising radiations where relevant and asked the carer to sign consent for their attendance during the scan. This meant patients could have a relative or friend with them during a procedure for reassurance.
- The service had developed claustrophobia (fear of confined spaces) guidance following a patient suggestion, which gave patients ideas of how to reduce their fear during the MRI scan. One member of staff described a counting technique which he found worked for many patients.
- Staff invited patients to bring their own music to listen to in the MRI scanner, but also had a large selection of music and radio stations for patients to choose from.
- Staff booked most appointments with the patient over the telephone or patients could choose to book online. We observed staff spending time with patients to explain the procedures. Staff commented it was nice to be able to spend time with patients without feeling too rushed. All patients we spoke with commented they did not feel rushed throughout their procedure.
- If the service had to cancel a clinic such as ultrasound, staff informed patients immediately and offered the next available appointment that was suitable for their needs. Staff told us they did everything possible not to cancel patient appointments. This included accommodating patients who arrived late for their appointments, and staying on later than the closing time if necessary.
- Staff in the MRI department invited anxious patients or patients living with dementia or learning disabilities to have a look around the scanners prior to their appointments. This ensured they could familiarise themselves with the room and the scanner to decrease any apprehension. Staff also encouraged patients to bring someone with them to support them, who could be present in the scan room if necessary.
- The service provided patients with information leaflets which explained their diagnostic investigation fully. These leaflets were available in different languages and available upon request in braille, audio or large print. Leaflets were also available on the services website.
- If required the service used a language telephone line and staff could book sign language interpreters.
- Referrers could book transport for patients if required. Patients who were less mobile could use the available wheelchairs. Health care assistants were available to help them change their clothing if required.

Access and flow

Patients could access the service and appointments in a way and at a time that suited them. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with best practice.
- The service offered a 'choose and book' system when the GP referred the patient. The service offered appointment times before and after working hours to suit the patient. The patient could speak to an administration member of staff if there was not a suitable appointment available.
- The service would allow a patient to not attend an appointment three times before staff would re-refer to the original referrer.

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- The NHS trust administration team allocated patients they referred to the service a time and day which would suit their needs as far as possible. Currently the service allocated one day a week for NHS trust referrals. However, the service could also accommodate patients referred by the NHS trust outside of these times if required.
- The current waiting times for an MRI was four weeks. For ultrasound, this was two to three weeks and for X-ray, this was usually on the same day or next day, dependent on the patient's requirements. The service's target was to keep waiting times below six weeks, which is in line with the NHS trust's target time of six weeks.
- We observed, and patients told us, they waited no more than 10 minutes for their investigation. However, the service did not audit the patient waiting times for staff to call them through. This would help identify any areas of service improvement.
- The service aimed to send results of investigations to the referrer within five working days and advised patients to contact their GP in a week to 10 working days. The service monitored these times and liaised closely with the external reporting provider to investigate where there may be delays.
- The service offered duty of candour meetings to both patients and healthcare professionals following any incident review or investigations. Learning is cascaded face to face team wide following each meeting.
- There was information for patients within the reception areas, leaflets and website on how to make a complaint.
- All patients we spoke with were very happy with the service received and saw no reasons to make a complaint.
- We saw evidence staff discussed complaints and compliments regularly within the clinical team meetings.

Are diagnostic imaging services well-led?

Good 

We rated it as **good**.

Leadership

Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.

Learning from complaints and concerns

The service had a complaints policy and treated concerns and complaints seriously. Complaints were investigated and lessons learned from the results, and shared with all staff.

- The service received 12 complaints in the period between October 2017 and September 2018 and the service upheld 11 of these (which means they found the complainant to be correct). Complaint themes ranged from misdiagnosis to staff attitudes.
- Care UK had a policy for managing complaints, which included timescales for acknowledging a complaint (three days) and responding within 20 days. The policy also outlined the duty of candour. We reviewed seven complaint responses and found the service had responded to these complaints within the 20-working day rule. Staff received training in responding to complaints.
- The registered (service) manager led the team and oversaw the deputy manager, administration manager and clinical lead. They also had responsibility for the musculoskeletal (MSK) service within the same building. The clinical lead oversaw the radiographers, sonographers and the health care assistants. The administration manager oversaw the administration team and the receptionists. The registered manager also oversaw the same diagnostic and MSK service in Lincolnshire. Therefore, we observed clear management and reporting arrangements in place.
- A clinical director from within Care UK supported the registered manager and had regular monthly meetings to discuss performance and business direction.
- Staff said the registered manager was accessible if they wanted advice or to make suggestions. The registered manager kept staff informed of any developments for the service.

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- All staff reported their managers to be approachable with strong leadership skills. Staff told us leaders had the skills and experience to appreciate the roles they completed and offered valuable support.

Vision and strategy

The service had a vision for what it wanted to achieve and workable plans to turn it into action.

- There was a corporate vision. Care UK's vision was to achieve the "best quality, best practice and best outcomes in everything [they] do."
- The diagnostic service did not have its own vision but embedded the overall Care UK vision into all their work. Staff could tell us Care UK's vision and were committed to providing good patient care.
- The service manager reported a strategy for expansion of services involving the introduction of accepting patients who required contrast with MRI scans. The service was also encouraging radiographers to attend further training to report on x-ray images.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- Staff told us they felt valued and respected in their roles. They praised the leadership support and efforts taken to make them feel valued both as a team and as individuals.
- The service's last staff survey was in 2017 with the next one being rolled out this year. The survey showed a response rate of 91% with an employee engagement score of 76%.
- The service had a freedom to speak up guardian and a Caldecott guardian who staff could identify. Staff told us they felt empowered to make comments and suggestions, could talk freely and felt supported to drive improvements by the registered manager.
- Staff told us they had monthly clinical team meetings where clinical staff would attend. Full team meetings required all members of staff to participate. We saw many staff attended these and minutes were available to all staff on line.

- All staff spoke proudly about their roles within the service and staff felt supported in their work. They said there were opportunities to develop their skills and competencies, which senior staff encouraged. Staff told us they felt valued and supported by colleagues and senior managers.
- There was a strong emphasis on patient-centred care. Staff promoted openness and honesty and understood how to apply the duty of candour.
- The service had an open 'no blame' culture, where managers actively promoted and encouraged incident reporting, which they used for training and to improve care. Satisfaction surveys sought staff and patient engagement. An example of a change implemented as result of a patient survey was the installation of food and drink vending machines in the waiting area.
- The service held a recent celebration for the Health and Care Professions Council (HCPC) day where staff received a goody bag and were awarded prizes to staff for their achievements.
- Staff could nominate each other for the employee recognition award and staff received a silver pin and a voucher. This helped to boost staff morale.

Governance

The service systematically improved service quality and safeguarded high standards of care by creating an environment for good clinical care to flourish.

- The diagnostic imaging service had a clear systematic governance process to continually improve the quality of service provided to patients. The arrangements for governance and processes were clear and operated effectively. Staff understood their roles and responsibilities in relation to governance.
- There were monthly departmental meetings across the service where the team shared information, including: governance updates, waiting times for imaging, complaints, incidents and risks.
- The service had a clinical governance lead who also worked clinically. Their role was to ensure all policies were up to date, mandatory training was completed, risks to the service and staff were addressed and

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clinical audit programmes were completed. We saw evidence of the completed audit programs, mandatory training rates, risks to the services and sampled some policies to ensure they were in date.

- Minutes of the clinical governance meetings demonstrated there was a focus on quality and safety. For example, there was evidence of discussions around local and national standards, alerts and guidance, governance updates, health and safety, complaints reviews and trends.
- The clinical lead had quarterly meetings with other clinical leads across Care UK and Care UK's lead radiologist. The registered manager fed information, including risks and incidents, to board level and back down to the individual services via the registered manager. This ensured both the provider and staff at service level were aware of any changes or developments.
- Staff undertook internal quality audits which assisted in driving improvement and gave all staff ownership of things that went well and that needed improvement. This ensured staff from all disciplines were involved in quality improvement. Results of the audits such as the discrepancy audit fed in to the provider's overall quality and risk committee.

Managing risks, issues and performance

The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.

- Managers ensured risks were embedded in the quality system, added to the registers and reviewed monthly by the clinical governance lead. All staff we spoke with could identify risks in their local areas which matched those on the risk register.
- The current risk management policy was linked to a range of other policies including an incident reporting policy, complaints policy and a corporate risk register, as well as a local risk register. All online policies we reviewed were up to date.
- The clinical governance lead reviewed all risks and discussed the risks monthly with the registered manager, to ensure any new risks that developed were recorded. An example of a new risk was the use of portable fans.

- The service recorded incident reports complete with actions taken and lessons learned. The lessons learned fed in to the clinical team meetings and were shared provider-wide when appropriate. This ensured staff were aware of all incidents and any practices changed accordingly.
- To mitigate the risks of lone working, there were always at least two staff on site when the service was open.
- The building that housed the service had a backup generator which commenced immediately if there was a power cut. The MRI scanner had its own battery back-up to enable radiographers to finish their scan and save images.
- The service had a documented business continuity plan and undertook annual emergency scenario audits to test this plan.

Managing information

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

- The service had access to the provider's computer systems. Staff could access policies and resource material from the provider's intranet.
- There was sufficient information technology equipment for staff to work with across the diagnostics service.
- The service regularly reviewed quality performance, which staff discussed at meetings throughout the service. Managers shared this information electronically and verbally with all staff through minuted meetings to ensure they were aware where gaps in performance improvements were located.
- Staff could access electronic patient records easily. The service kept these records securely on electronic systems to prevent unauthorised access to data.
- Information from scans was available to view remotely by the external radiologist reporting service, which gave timely advice and interpretation of results to determine appropriate patient care.

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- Patients consented for the service to store their records. This was part of their signed agreement within the referral and patient checklist for imaging. This demonstrated the service's compliance with the General data protection regulation (GDPR) 2018.
- Care UK had a Caldecott guardian who had responsibility for protecting the confidentiality of people's health and care information and ensuring the service used information properly.
- The service used a pop-up electronic reminder to anyone sending an external email that the email must be sent in accordance with policy. This ensured ongoing compliance with GDPR.
- The service had processes for ensuring staff reported notifiable incidents to relevant external agencies and staff we spoke to were aware of these processes. For example, they were aware of what to notifiable incidents to report to the Care Quality Commission (CQC).
- The management team supported and nurtured staff to give feedback and they were listened to. It was through staff suggestion that the service started to print the MRI safety checklist double-sided, thus reducing paper use. As the result of a further staff suggestion, the service was about to introduce a tablet to complete this safety checklist, in the spirit of the service going paper light.
- The Care UK executive team sent regular update emails regarding the provider's activity and had an 'Ask Jim' initiative which was a chance for staff to pose questions to the chief executive. The chief operating officer and directors had visited twice in the last year.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

- The service showed it used patient feedback to continuously improve the service. We saw evidence of 'you said we did' boards displayed which evidenced improvements the department had made upon patient suggestions. Improvements included an installation of a food and drink vending machine, additional administration staff to answer telephones more swiftly and production of an advice leaflet for patients who suffer from claustrophobia.
- The service encouraged the radiographers and sonographers to present at clinical meetings as part of their continuous professional development. The service would ensure lessons learnt were shared across Care UK.
- The service won an award for 'Primary Care and Diagnostics' in Nov 2018. These awards recognised and celebrated industry excellence and innovative services in the public, private and third sectors.

Engagement

The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

- The service held engagement sessions with patients twice a year and requested ongoing feedback. The service set up a desk near the reception and invited patients to give their feedback regarding their investigation and asked for improvement ideas for the service.
- The service also requested electronic feedback from patients using a tablet at the exit area of the department. Staff reminded patients as they left their procedure to complete the questions on the tablet.
- We observed effective management engagement with staff. All staff we spoke with told us the management was supportive accessible and visible.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure if paper copies of policies are printed out they should be up to up to date