

Sidcup MRI

Quality Report

Queen Mary's Hospital
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Sidcup
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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?

Not sufficient evidence to rate 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

Sidcup MRI is operated by Alliance Medical Limited. The service provides Magnetic Resonance Imaging (MRI) diagnostic services for children and adults.

We inspected the MRI diagnostic facilities for children, young people and adults using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 07 September 2018 along with a follow up visit on 18 September 2018.

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.

Summary of findings

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

The main service provided by this hospital was MRI scanning.

Services we rate

We rated it as good.

We found good practice in relation to diagnostic imaging:

- There were effective systems in use to keep people protected from avoidable harm. Staff were provided with safety related training, including safeguarding vulnerable people. The staff had access to professional guidance, policies and procedures to support their work.
- There were sufficient numbers of staff with the necessary skill, experience and qualifications to meet patients' needs. Staff had access to additional development opportunities identified through their performance reviews.
- Equipment was maintained and serviced in line with expectations and medicines were managed safely. The environment was suitable, accessible and visibly clean. Staff followed infection prevention and control practices.
- Patient records and scans were complete, up to date and stored securely to avoid unauthorised access. Referral to scan times and scan to reporting times were within the agreed protocols and expected ranges.

- The staff worked well with both internal and external colleagues to ensure the delivery of a responsive service. Appointments were available at times convenient to patients including evening, weekends and at short notice. Staff considered the individual needs of patients using the service and were kind and caring towards them, respecting their dignity and emotional needs.
- The service had received only one complaint but acted on the feedback from patients and staff to constantly improve the service.
- The senior team had the right skills and experience to lead. They were supportive and led by example. Staff understood the vision and values of the service and the culture was positive, with staff showing pride in their work. Performance outcomes and risks were monitored and acted upon. Staff recognised and valued the importance of learning and continuous improvement.

However, we also found the following issue that the service should seek to improve

- The way the service maintained its mandatory training records did not reflect the level of completion of the staff who were actively working within the service.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

We rated diagnostic imaging as good. This was because there were sufficient staff with the required skills and experience to provide the service. The service was provided in line with the national guidance and diagnostic reference guide.

Staff provided care in a compassionate way and their feedback was positive. Patients could access the service when needed and their individual needs were recognised and cared for. We saw strong leadership and governance of the service, and staff spoke positively about the culture of the service, and the organisation.

Summary of findings

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Good 

Sidcup MRI

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Sidcup MRI

Alliance Medical Limited provide imaging technologies to improve patient care and support NHS and independent sector organisations with on-going imaging requirements.

Sidcup MRI is operated by Alliance Medical Limited. The service opened in 1998 but was taken over by Alliance Medical Limited in 2006. The unit provides a wide range of magnetic resonance imaging (MRI) examinations to

NHS and private patients. The unit is located within the grounds of Queen Mary's Hospital Sidcup, which is an NHS hospital. NHS patients are referred from three local NHS trusts through a contract directly with Alliance Medical Limited. The unit is registered with the CQC to undertake the regulated activity of diagnostic imaging.

The unit has had a registered manager in post since April 2014.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in radiological services. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

Information about Sidcup MRI

The MRI unit at Sidcup MRI is a magnetic resonance diagnostic imaging service, which undertakes scans on patients to diagnose disease, disorder and injury. The service has a fixed scanner. For three days a week there is a mobile scanner, located within the grounds of Queen Mary's Hospital Sidcup. All employees at the unit were employed by Alliance Medical Limited. The service operated seven days a week from 7am to 9pm. The service scans patients of all ages, including children over the age of seven years. The service lease the unit from the local NHS trust. The unit is located on the first floor of a building next to the main entrance of the hospital building. The service is accessible to people with disability.

The unit consists of a waiting and reception administration area, a patient preparation area and an MRI control area. There are two changing rooms, one toilet, equipment room, kitchen facilities and the MRI scan room.

There were no special reviews or investigations of the unit ongoing by the CQC at any time during the 12 months before this inspection.

During the inspection, we visited all areas of the unit. We spoke with six staff including; the service manager, a lead radiographer, radiographer and administration staff. We spoke with two patients and one relative. During our inspection, we reviewed two sets of patient records.

Activity (July 2017 to June 2018)

- In the reporting period July 2017 to June 2018, there were 13,200 patients scanned; of these 99% were NHS-funded and 1% other funded.

The service employed one registered manager, five radiographers, six administration assistants and one clinical assistant.

Track record on safety

- Zero Never events
- Clinical incidents:- one no harm, zero low harm, zero moderate harm, zero severe harm, zero death
- No serious injuries

No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

Summary of this inspection

No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

One complaint

Services accredited by a national body:

- Imaging Services Accreditation Scheme July 2018 to July 2021

- International Organisation for Standardisation – information security management systems ISO 27001 October 2017 to October 2020
- Investors in people award – 2017 to 2020

Services provided at the hospital under service level agreement:

- Grounds Maintenance
- Building Maintenance

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 safe as good because:

- There was a good open incident reporting culture within the unit and there was an embedded process for staff to learn from incidents.
- There were sufficient staff with the necessary skills, experience and qualifications to meet patient need.
- The unit was visibly clean and the environment was pleasantly decorated and comfortable for patients.
- Equipment was serviced in line with requirements.
- Patient risk was sufficiently assessed and managed.

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

- Recording of mandatory training to reflect the staff working in the unit.

Good



Are services effective?

We do not have sufficient evidence to rate effective but found the following:

- Policies, procedures and guidelines were up to date and based on National Institute for Health and Care Excellence (NICE) guidelines, relevant regulations and legislation.
- There was good collaborative working within the unit to meet patients' needs.
- There were systems to demonstrate staff were competent to do their jobs and develop their skills.
- There were regular meetings between staff and the service manager, with opportunities for professional development.
- The service was open seven days a week to enable patients to access the service at a time convenient to them.
- Staff demonstrated a good working knowledge of the consent process.

Not sufficient evidence to rate



Are services caring?

We rated caring as good because:

- Patients were always treated with dignity, respect and compassion. This was reflected in the feedback received from patients who told us staff were very helpful.

Good



Summary of this inspection

- Patients received information in a way which they understood and felt involved in their care. Patients were always given the opportunity to ask staff questions, and patients felt comfortable doing so.
- Staff provided patients and those close to them with emotional support; all staff were sympathetic to anxious or distressed patients

Are services responsive?

We rated responsive as good because:

- The service was planned with the needs of service users and partner organisations in mind.
- There was a proactive approach to meeting the individual needs of patients. Staff in the unit had worked hard to ensure the needs of patients living with dementia and learning disability or who were anxious were taken into consideration.
- Complaints were acknowledged and investigated thoroughly. Learning arising from the investigative process was shared with staff.
- The unit ensured a quick turnaround on the reporting of scanning procedures.
- Services were planned and delivered in a way that met the needs of the local population. On the day appointments could be provided for patients, as well as a range of appointment times for those who worked during the week.
- Patients could access services easily; appointments were flexible and waiting times short. Appointments and procedures occurred on time and patients were kept informed of next steps throughout the care pathway.

Good



Are services well-led?

We rated well-led as good because:

- The staff understood the vision and values of the service. They were realistic and reflected through team and individual staff member objectives.
- There was a clear governance structure, which all members of staff were aware of. There was evidence of information escalated from local level governance meetings and information cascaded from top-level governance meetings.
- Staff felt supported and were positive about their local leaders.
- The unit had its own risk register and the manager had clear visibility of the local and corporate risks and were knowledgeable about the mitigating actions taken.
- Up to date policies and procedures were available to support staff in the delivery of safe and effective care.

Good



Summary of this inspection

- There was a culture of openness and honesty supported by a whistle blowing policy and freedom to speak up guardian.
- Managers were open to innovative ideas. There were plans to increase patient numbers, extend the service and ensure sustainability.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We rated it as **good**.

Mandatory training

- Mandatory training, was completed yearly by all staff. Training was delivered by e-learning modules, which staff were paid extra to complete e-learning training it at home. Training undertaken included; moving and positioning, medicines management, conflict resolution, complaints handling, equality and diversity, fire safety, health and safety awareness, infection, prevention and control (IPC), information governance (IG), managing violence and aggression.
- Staff could either complete the training at home and be paid for their time or complete the training during work time.
- At the time of the inspection, the service had not met their target of 90% compliance, in any subject. Staff were waiting for training in basic life support and intermediate life support which was scheduled to take place in early October. The service had recently employed five new members of bank staff who had not undertaken their mandatory training. This contributed greatly to why the service was not meeting their target of 90% completion of mandatory training for staff. Due to the bank staff who had not started working at the service at the time of the inspection, the mandatory training target was skewed and did not reflect the training rates for the staff who were working clinically. Basic life support was the lowest compliance rate of 33

% and complaints handling, manual handling: objects, equality and diversity and conflict resolution being the highest compliance rates at 85% of a completion rate of 90%.

Safeguarding

- The lead for safeguarding was the registered manager who was trained to level three.
- Staff were trained and understood their responsibility with regards to safeguarding children and vulnerable adults. The staff we spoke with demonstrated their understanding of their responsibilities. They followed the local safeguarding policies and procedures available to them, and had access to the local safeguarding teams contact details.
- At the time of the inspection 81% and 85% of staff had received safeguarding training, which included safeguarding children and young people level two and safeguarding vulnerable adults level three respectively. This met intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014). Guidance states all non-clinical and clinical staff who have any contact with children, young people and/or parents/carers should be trained to level two.
- Staff we spoke with were aware of the Department of Health female genital mutilation and safeguarding guidance for professionals' March 2016. However, Alliance Medical did not provide training in accordance with this. Staff did tell us if they were concerned about any patients they would refer to the local safeguarding team.

Cleanliness, infection control and hygiene

Diagnostic imaging

- We found all areas within the unit to be visible clean and tidy during our inspection. The unit team cleaned the scanning room daily to ensure magnet safety was observed. This was recorded on a check sheet which we saw during the inspection. This check sheet was reviewed by the lead radiographer on a weekly basis.
- Staff cleaned medical devices, including MRI coils between each patient and at the end of the day. They followed the manufacturer's and IPC guidance for routine disinfection. We saw staff cleaning equipment during our inspection.
- The IPC lead was the registered manager for the service, who had received training in IPC practices.
- The patients that we spoke with were positive about the cleanliness of the unit.
- There was access to hand washing facilities and we saw staff wash their hands and use hand gels when appropriate. Posters displaying the five moments of hand hygiene were displayed in the unit.
- There were corporate infection prevention and control (IPC) policies and procedures in use. These provided staff with guidance on appropriate IPC practice in for example, communicable diseases and isolation.
- Hand hygiene audits were undertaken to measure compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients. We reviewed the audits from July to September 2018, which showed a compliance rate of 100%. Hand hygiene results were communicated to staff through their staff meetings and through email.
- We observed all staff washing their hands as appropriate prior to and following contact with patients.
- A supply of personal protective equipment (PPE) which included gloves and aprons was available in the unit. We observed staff using PPE appropriately.
- We saw staff adhering to National Institute for Health and Care Excellence (NICE) QS61 Statement 5, (people who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal). Staff were trained in cannulation and could explain to us the need

to monitor cannula sites. We saw staff explain the cannulation procedure to patients and the removal of the cannula following the scan. Cannulas were disposed of correctly in a sharps container.

- Waste was handled and disposed of in a way that kept people safe. Staff used colour coded bags to identify the type of waste being disposed of. Bags were tagged when full and were collected by a registered waste management company. Confidential waste was kept securely in a locked bin.
- Sharps bins were correctly labelled and when full they were sealed appropriately and stored safely prior to collection.

Environment and equipment

- The unit was small and self-contained. There was good access, and parking was in the main hospital car park. The unit consisted of a waiting room and reception area. In the reception area there was a water machine available for patients. A scanning observation area allowed staff visibility of the patient during scanning.
- We saw there was enough space around the scanner for staff to move and for scans to be carried out safely. During scanning all patients had access to an emergency call buzzer, ear plugs and defenders. A microphone allowed contact between the radiographer and the patient. Music could be played; however, the service did not have a music licence to play music, so music was not being offered during the inspection, unless patients brought their own compact discs (CDs) with them.
- As recommended in HBN06-13.64 The room was equipped with an oxygen monitor. This ensured any helium gas leaking (quench) from the cryogenic Dewar (this is a specialised type of vacuum flask used for storing cryogenics such as liquid nitrogen or liquid helium), was not moving into the examination room, thus displacing the oxygen and compromising patient safety. In addition, the room was fitted with an emergency quench switch which was protected against accidental use.
- The magnet was fitted with emergency "off" switches, which stopped scanning and switched off power to the magnet sub-system, but would not quench the magnet. All staff we spoke could fully explain the emergency nature of a quench situation.

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- An MRI safe wheelchair and trolley were available in the scanning observation area should there be a need to transfer a patient in the event of an emergency.
 - MRI intravenous giving sets were single use and CE marked (this demonstrated legal conformity to European standards).
 - There was a system to ensure repairs to equipment were carried out if machines and other equipment broke down. Repairs were completed quickly so patients did not experience delays to treatment. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. During our inspection we checked the service dates for all equipment, all equipment was within date. The service had access to the hospital generator which was available in the event of loss of power so scanning could continue. The generator was tested monthly on a planned schedule to ensure patient scanning was not affected.
 - The unit was located in a separate building adjacent to the main Queen Mary's hospital block. The mobile scanner was parked in the car park three days per week. A service level agreement was in place with the host hospital for the day to day maintenance of non-MRI equipment and the environment. Failures to non-MRI equipment were reported to the host hospitals' technical support team. Staff told us repairs were completed quickly. All the equipment we viewed confirmed to relevant safety standards and was serviced on a regular basis. Equipment was electrical safety tested and we were shown relevant certification regarding this.
 - Scales were used to weigh patients. We saw they had been appropriately tested and there were sufficient number of scales available should one fail for any reason.
 - We checked the services resuscitation grab bag and trolley during the inspection. The bag, trolley and its contents appeared visibly clean. There were three items out of date and we removed them from the trolley and grab bag and asked staff to dispose of them. Replacement items were procured from the host hospital pharmacy. The items were: one pouch of sodium bicarbonate, two boxes of magnesium sulphate and one naso safe nasopharynx airway tube. Records indicated the bag and trolley was checked weekly and sealed.
 - The service had access to the emergency resuscitation team based in the host hospital who would attend in the event of an emergency. The service could telephone an emergency number and this would facilitate emergency bleep holders in the hospital to respond immediately, at the same time the unit would dial 999 for an emergency ambulance to attend.
 - The emergency resuscitation trolley and grab bag were stored in the scan viewing area. The staff we spoke with explained the procedure for removal of a patient from the scanner on to the MRI safe trolley and into the scan viewing area. The arrest team would then resuscitate the patient safely away from the scanner.
 - All relevant MRI equipment was labelled in line with the medicines and healthcare products regulatory agency (MHRA) recommendations for example MR safe, MR conditional, MR unsafe. The trolley used to remove a patient from the scanner in the event of a cardiac arrest was marked as MR safe.
 - Within the unit there were signs detailing the magnet strength and safety rules.
 - Pull cords were available in areas where patients were left alone, such as toilets and changing areas. There was a button in the scanner that patients could press if they wanted to stop the scan for any reason.
- Assessing and responding to patient risk**
- Staff assessed patient risk and developed risk management plans in line with national guidance. We saw magnetic resonance imaging patient safety questionnaires had been fully completed. Risks were managed well.
 - Patients had the choice of wearing their own clothes or changing into a gown prior to the scan. All patients underwent the risk assessment. Patients signed to the risk assessment which stated they accepted and understood the risk around wearing their own clothing.
 - There were clear pathways and processes for staff with regards people using the service who became unexpectedly unwell or if an unexpected result was found during the scan. We observed a situation during our inspection where an unexpected result was found during a scan and we reviewed the process the staff undertook in referring the patient back to their GP for further support.
 - Staff we spoke with explained the processes to escalate unexpected or significant findings both at the examination and upon reporting. These were in line

Diagnostic imaging

with the services routine MRI guidance policy. For example, urgent scan findings and/or neurological condition when the patient needs urgent report and attending A&E.

- We were told about and shown the pathway for unexpected urgent clinical findings. In the case of NHS patients, an urgent report request was sent to the reporting provider. Once the report was received (within 24 hours), an email was sent to the agreed staff within the referring trust to highlight an urgent report.
- The service ensured that the requesting of an MRI was only made by staff in accordance with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidance. All referrals were made on a dedicated MRI referral form which was specific to the contracting organisations.
- All referral forms included patient identification, contact details, clinical history and examination requested, and details of the referring clinician/practitioner.
- We witnessed the staff using The Society of Radiographers (SoR) "Paused and Checked" system. Referrer error was identified as one of the main causes of incidents in diagnostic radiology, attributed to 24.2% of the incidents reported to the CQC in 2014. The six-point check had been recommended to help combat these errors.
- Pause and Check consisted of the three-point demographic checks to correctly identify the patient. There was a check with the patient the site/side to be imaged, the existence of previous imaging and for the operator to ensure the correct imaging modality was used.
- We saw the Society of Radiographers (SoR) poster within the unit reminding staff to carry out these checks.
- We reviewed the procedure for removal of a collapsed patient and found them to be sufficient. We reviewed evidence of the evacuation practices which the unit held twice yearly. Staff we spoke with told us they had not had to respond to any real emergency situation.

Radiographer staffing

- The unit register manager clinical lead and the general manager developed the staff rotas and the corporate safe staffing calculator tool to support with maintaining safe numbers. Business continuity plans were used to

guide the general manager when responding to changing circumstances. For example, sickness, absenteeism and workforce changes. Agency staff were rarely used.

- Staff in the unit consisted of one registered manager, one lead radiographer, four senior radiographers, six administration staff and one clinical assistant.
- There was minimum of two staff members in the unit always.
- The unit manager also managed the mobile MRI scanner which was on site three days every week. When the mobile MRI scanner was on site two additional members of staff were in the mobile unit each day.
- All staff we spoke with felt the staffing was managed appropriately.

Medical staffing

- The service did not employ any medical staff, however they had access to the medical staff from the host hospital who was present on site and available to attend if required.

Records

- Staff kept and updated individual patient care records in a way that protected patients from avoidable harm. Records were electronic and available for access by staff.
- Patients completed a MRI safety consent checklist form which recorded the patients' consent and answers to the safety screening questions. This was later scanned onto the electronic system and kept with the patients' electronic records.
- Patients personal data and information were kept secure and only staff had access to the information. Staff received training on information governance and records management as part of their mandatory training programme.
- Staff completing the scan updated the electronic records and submitted the scan images for reporting by the relevant organisation. They had two systems which they could switch between depending on the referral organisation.
- We reviewed two patient care records during this inspection and saw records were accurate, complete, legible and up to date.
- We saw the Radiology Information System (RIS) and Picture Archiving and Communication System was secure and password protected. Each staff member had their own personally identifiable password.

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Medicines

- Medicines, including intravenous fluids, were stored securely. No controlled drugs were stored and/or administered as part of the services provided in this unit. Medicines requiring storage within a designated room were stored correctly, in line with the manufacturers' recommendations, to ensure they would be fit for use.
- Staff were trained on the safe administration of contrast medium including intravenous contrast. We reviewed staff competency files and saw all staff had received this training. We observed two patients during our inspection, all patient allergies were documented and checked on arrival in the unit.
- Patients were given a patient information card post scan which documented which medications they had been given. This included contrast media. The card directed patients to seek advice from their GP or accident and emergency department (A&E) if feeling unwell after leaving the unit and explained they should show the information regarding what they had received.
- Emergency medicines were available in the event of an anaphylactic reaction.
- Patient specific directions (PSDs) were used for administration of contrast media. A PSD is a written instruction signed by a registered prescriber to administer/supply a medicine to a named patient. A radiologist who was a registered prescriber from the local trust reviews each referral along with blood test results and signs the PSD for each patient who requires contrast material. Patients requiring contrast medium were scheduled appointments between 9am and 5 pm to ensure they were seen whilst the prescriber was on duty.
- An on-site pharmacist was available for assistance and advice locally if required.
- We witnessed staff using SoR recommended "Paused and Checked" system to check medications prior to administration.

Incidents

- Between July 2017 and June 2018, the unit reported 18 incidents through the incident reporting system. Examples of incidents raised included; patient image sent to wrong hospital, wrong patient date of birth recorded on system and patient not given nil by mouth instructions so had to be rescheduled.

- Learning from incidents was shared with staff in meetings and through emails and with the referring NHS trust through the performance meeting, which were held either monthly or quarterly depending on the contracting organisation.
- During the period July 2017 to June 2018 there had been no serious incident requiring investigation, as defined by the NHS Commission Board Serious Incident Framework 2013. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.
- There had been no never events in the 12 months prior to the inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The service had access to the corporate duty of candour policy and procedure, which provided staff with guidance on the process to follow. All staff had been trained regarding their responsibilities in this area. During the inspection we spoke with two members of staff regarding duty of candour. Both staff members could tell us their understanding of the requirements of the duty of candour regulation.
- Relevant national patient safety alerts were disseminated to staff at team meetings and by email.
- We saw the Society of Radiographers (SoR) posters within the unit and the mobile scanner reminding staff to carry out these checks. We also witnessed the staff using The Society of Radiographers (SoR) "Paused and Checked" system. Referrer error was identified as one of the main causes of incidents in diagnostic radiology, attributed to 24.2% of the incidents reported to the CQC in 2014. The six-point check had been recommended to help combat these errors. Pause and Check consisted of the three-point demographic checks to correctly identify

Diagnostic imaging

the patient, as well as checking with the patient the site/ side to be imaged, the existence of previous imaging and for the operator to ensure the correct imaging modality is used.

Are diagnostic imaging services effective?

Not sufficient evidence to rate 

We do not have sufficient information to rate the effectiveness of the service.

Evidence-based care and treatment

- Services, care and treatment were delivered and clinical outcomes monitored in line with and against the National Institute for Health and Care Excellence (NICE) and the referring NHS trust's requirements. NICE guidance is followed for diagnostic imaging pathways as part of specific clinical conditions. For example, NICE CG75 Metastatic spinal cord compression in adults.
- Staff assessed patient's needs. Scans were planned and delivered in line with evidence-based, guidance, standards and best practice.

Nutrition and hydration

- There was a water dispenser available for patient use in the waiting area.
- There was a café available for patients to use in the main hospital lobby.

Pain relief

- Patients were informed in the pre- scan letter to continue to use any pain relief medication they usually took. Patients who wore pain relieving patches were advised to bring a new patch with them for use immediately following their scan.
- We observed staff asking patients if they were comfortable during our inspection.

Patient outcomes

- The service recorded the times taken between referral to a scan being booked. They also recorded the time from the scan to when the scan was reported on.
- Staff audited and compared key elements of the referral and scanning pathway.

- Audits of the quality of the images were undertaken at a corporate level and by the referral organisation. Any issues were fed back to local services for learning and improvement.
- Local audits of handwashing and health and safety were carried out monthly in the unit. We saw evidence of these audits and action plans were produced if required.

Competent staff

- Staff had the right skills and training to undertake the MRI scans. This was closely monitored on a corporate level and by the registered manager. Skills were assessed as part of the recruitment process, at induction, through probation, and then ongoing as part of staff performance management and appraisal and personal development processes.
- All radiographers were Health and Care Professions Council (HCPC) registered and met standards to ensure delivery of safe and effective services to patients. We checked registration for a random selection of staff on the HCPC website and found them all to be registered appropriately.
- Local induction for all staff ensured their competency to perform their required role within their specified local area. We reviewed subject areas covered within the local and corporate inductions.
- Staff had the opportunity to attend relevant courses and conferences to enhance their professional development and this was supported by the organisation and managers. The corporate body offered access to both internal and externally funded training programmes to support staff in developing skills and competencies relevant to their career with Alliance Medical.
- Radiographer's scanning performance was monitored through review of scans by trust radiographers and issues were discussed in a supportive environment. The service undertook periodic competency assessments for radiographers. In the event of any aspect of competency falling short, the registered manager clinical lead was responsible for providing necessary support and guidance to enable them to reach the correct standard.
- Staff had regular meetings with their manager and a performance appraisal annually to review objectives and set goals. We reviewed records and found all staff had received their appraisal in the last year.

Multidisciplinary working

Diagnostic imaging

- The unit worked closely with the referring NHS trusts, this provided a smooth pathway for patients.
- The service had good relationships with other external partners and undertook scans for local NHS providers and a clinical commissioning group (CCG). We saw good communication between services and there were opportunities for staff to contact refers for advice and support.
- The team had a good working relationship with the x-ray department and radiographers based in the hospital. They provided support in the event of a cardiac arrest call. The service also had a good relationship with the pharmacist from the hospital.

Seven-day services

- The service operated a 14 hour a day service, seven days per week. The unit was open from 7am to 9pm daily. The mobile unit was open from 7am to 8pm three days per week.
- Appointments were flexible to meet the needs of patients, they were available at short notice and on some occasions on the same day.

Health promotion

- Information leaflets were provided for patients on what the scan would entail and what was expected of them.

Consent and Mental Capacity Act

- Staff demonstrated to us a good understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The referrer was required to provide information regarding patients who lacked mental capacity. In those circumstances those patients were accompanied by a family member or representative.
- A consent policy written in line with national guidance was available to all staff. We reviewed two patient care records and saw both patient records included a consent to treatment record. We observed staff obtaining verbal consent from the patients during their treatment.
- Staff did not receive training on mental capacity. However, they were aware of what to do if they had concerns about a patient and their ability to consent to the scan.
- During the inspection there were no patients who lacked capacity to make decisions in relation to consenting to treatment. Where a patient lacked the

mental capacity to give consent, guidance was available to staff through the corporate consent policy. In addition to this, staff told us they would encourage a patient to be accompanied by a family member, carer or representative for support. If required the unit had access to an external interpreting service for those patients whose understanding was limited due to a language barrier.

Are diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

- During this inspection we saw all staff treating patients with dignity, kindness, compassion, courtesy and respect. Staff introduced themselves prior to the start of a patient's treatment, interacted well and included patients during general conversation.
- 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 ensured that patients privacy and dignity was maintained during their time in the facility and MRI scanner.
- Staff talked to patients who were anxious and discussed the process thoroughly. The service performed scans feet first into the scanner for patients who were claustrophobic.

Emotional support

- Patients told us staff were professional and supported them well. They considered their privacy and dignity had been maintained throughout their time in the unit.
- Staff had good awareness of patients with complex needs and gave examples of how they would deal with anxious or challenging behaviour.
- Staff talked to patients who were anxious and discussed the process thoroughly. The service performed scans feet first into the scanner for patients who were claustrophobic. Staff stopped scanning immediately if

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requested. They discussed with the patient how they wished to process and would arrange for the patient to come back other day to complete the scan if the patient felt unable to carry on.

- We observed that the staff provided ongoing reassurance throughout the scan, they updated the patient on how long they had been in the scanner and how long was left.
- The service allowed family members or carers to accompany patients that required support into the scanning area.
- The service arranged for children to attend the scanner prior to their appointment time to have a look at the scanner and to be talked through the process. They allowed children to take scanner appropriate toys in with them, to help relieve any anxiety they may have.
- Patients could bring their own CDs with them to listen to music of their choice. This helped with disguising the noise the scanners made which would cause anxiety for some patients.
- The staff we spoke with described how important providing emotional support for patients was. Staff saw recognising and providing support to patients as an important part of their job. They recognised that scan-related anxiety could impact on diagnosis for patients and a possible delay in further treatment.

Understanding and involvement of patients and those close to them

- We spoke with one patient and their relative who said they were well informed about their care including the scan they had just received. It was a fast track referral and they were happy with the process to date.
- Staff communicated with patients so that they understood the reason for attending the unit. All patients were welcomed into the area and reassured about the procedure.
- Staff recognised when patients and those close to them needed additional support to help them understand and be involved in their care and treatment and enabled them to access this. This included for example, access to interpreting and translation services. The service had access to scanning instruction in braille.
- Patients and those close to them could find further information or ask questions about their scan. A wide range of MRI specific leaflets were also available to patients and patients we spoke with confirmed they had accessed the leaflets.

- The service allowed for a parent or family member or carer to remain with the patient for their scan if this was necessary.

Are diagnostic imaging services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

- The service was planned and designed to meet the needs of the patients. Information about the needs of the local population and the planning and delivery of services was agreed collaboratively with the referring NHS trusts and Clinical Commissioning Group (CCG) and the service. The unit provided services through a contractual agreement with the referring trusts and CCG and did not have direct communication with the commissioners.
- Progress in delivering services against the contractual agreement was monitored by the referring NHS trusts and CCG and the service through key performance indicators, regular contract review meetings, and measurement of quality outcomes including patient experience. Performance was reviewed and service improvements agreed at these meetings.
- The service provided evening and weekend appointments to accommodate the needs of patients who were unable to attend during the day time on week days.
- The unit was accessible to all patients. The hospital was easily accessible to the local community by bus, which stopped just outside the hospital entrance. Patients were also able to use the car park for the hospital.
- The environment within the unit was appropriate and patient centred. There was comfortable seating, toilets, magazines and a water machine.

Meeting people's individual needs

- Patients were contact by phone if possible to arrange an appointment that was convenient to them. This was followed up by an appointment letter or email, which provided details of how to prepare for the scan and were encouraged to contacted the unit if they had any concerns or questions about their examination.

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- During scan, staff aimed to make patients as comfortable as possible with padding aids, ear plugs and ear defenders to reduce noise. They ensured the patient was in control throughout the scan and gave them an emergency call buzzer to allow them to communicate with staff should they wish. Microphones were built into the scanner to enable two-way conversation.
 - Patients were advised should they wish to stop their examination, staff would assist them and discuss choices for further imaging or different techniques and coping mechanisms to complete the procedure. Explanations were given post examination on any aftercare of cannulation sites, hydration needs and how and where to get results of the scan.
 - The service provided imaging for outpatients and inpatients for the hospital and welcomed service users with any level of mobility. Lifts were provided if required.
 - An MRI compatible wheelchair and trolley were available should the patient be unable to weight-bare. A hoist was available for the service to use in the local x-ray department belonging to the hospital if needed, assistance using this equipment was provided by the hospital staff.
 - An interpreting service was available through a telephone line service and were arranged for patients requiring it. The service also arranged for British sign language (BSL) interpreters to be provided for deaf or deafened patients. Information was available for visually impaired patients in braille.
 - Children and nervous, anxious or phobic patients could be invited to have a look around the unit prior to their appointments, so they could familiarise themselves with the room and the scanner to decrease apprehension.
 - Staff we spoke with told us how they adapted the service for a patient living with autism. They were encouraged to bring a CD of their choice to sing along to. This helped relieve their anxieties.
 - Staff told they would support patients with a learning disability who was very anxious. Carers could stay with them during the scan, so they could remain as relaxed as possible. Patients living with dementia were seen by the service, they were supported by the team and a relative or carer as necessary.
- booked appointments directly for their patients, all other patient appointments were booked by the service directly with the patient to enable a time that was convenient for them. Appointment made by the service were usually made by telephone.
- Referrals were made in a timely manner, and the services waiting times were short. The service detailed situations where they received the referral very late within the six-week referral pathway and had difficulty at times fitting patients in at a time that was convenient for them within the timeframe. Evidence showed there were very few delays and appointment times were closely adhered to.
 - The service reported 18 cancelled scans for non-clinical reasons during the period July 2017 to June 2018. One of these was due to a machine breakdown. The majority of the remaining 17 were because of patient's cancelling to reschedule for another time.
 - Staff told us if an urgent referral was made when no appointments were available, the unit would assess appointments filled by routine patients, and either rebook patients to make room for the clinical urgent case or ask the patient if they were happy to wait whilst an urgent scan took place. The rebooked patient would be given the next available appointment to suit the patient.
 - Referrals were prioritised by clinical urgency. If patient symptoms could be due to a clinical urgency, these patients were often given an appointment on the same day or within 48 hours.
 - During the inspection we saw patients that were able to be booked for their scan on the same they as they presented their referral requesting an appointment.

Learning from complaints and concerns

- Alliance Medical had a complaints handling policy and complaints management was part of mandatory training.
- The service reported they had received one complaint during the period July 2017 to June 2018. The complaint was managed through the services formal complaints procedure. The complaint was upheld.
- Within the unit, the complaints procedure was displayed in leaflet format for all patients and relatives to read and follow should they wish. If they needed further information, staff told us they would explain the procedure to them and write any contact information required to issue the formal complaint.

Access and flow

- Patients were referred to the service by a three local NHS trusts and one local CCG. One of the NHS trust

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- The registered manager encouraged all staff to resolve complaints and concerns locally, which was reflected in the low numbers of formal complaints made against the service.
- Learning from complaints was communicated to staff through the staff meeting.

Are diagnostic imaging services well-led?

Good 

We rated it as **good**.

Leadership

- The management structure within the unit consisted of one full time equivalent (FTE) registered manager, one FTE superintendent radiographer who assisted with clinical issues and scans. They were supported by a regional operations manager.
- The registered manager was an experienced and competent senior radiographer. They were capable and knowledgeable in leading the service. They were enthusiastic and were keen to improve the quality and service provided.
- The registered manager was visible and approachable. They worked alongside other staff within the MRI facility and was clearly proud of their team and the service they provided for patients.
- Staff we spoke with found the manager and the superintendent to be approachable, supportive, and effective in their roles. They all spoke positively about the management of the service.

Vision and strategy

- Alliance Medical had four clear values: learning, excellence, efficiency and collaboration. These values were central to the day to day work carried out in the service.
- All staff were introduced to the core values at their corporate induction and when we spoke with them about the values during the inspection they were familiar with them. The appraisal process for staff was aligned to these values and all personal objectives discussed at appraisal were linked to the company's values.

- We found the staff to be invested in and committed to this vision. They understood the part they played in achieving the aims of the service and how their actions impacted on achieving the vision.

Culture

- The staff we spoke with were very positive and happy in their role and told us the service was a good place to work.
- Staff reported they felt supported, respected and valued. Staff told us they felt empowered to make suggestions, make changes and improvements and this was actively encouraged.
- We found the staff demonstrated pride and positivity in their work and the service they delivered to patients and their service partners. Staff were happy with the amount of time they had to support patients, and described a positive team work approach.
- There was a positive approach to reporting incidents and the service demonstrated learning outcomes and changes being implemented in response to incidents. Staff told us there as a 'no blame' culture.
- The staff told us they felt there was good communication in the service both from the registered manager and from corporate level. Staff stated they were kept informed in multiple ways including informal chats, team meetings and emails.
- Formal team meetings were held monthly and minutes were taken at these meetings. We saw the minutes from the last three meetings which included; rotas, incident reporting and key performance indicators.
- Informal meetings were held on an adhoc basic due to the small size of the unit staff spoke to each other all the time and information was relayed in an informal way.
- Staff told us there were good opportunities for continuing professional development (CPD) and personal development in the organisation. They also stated they were supported to pursue development opportunities which were relevant to the service.
- Equality and diversity were promoted within the service and was part of mandatory training. Inclusive, non-discriminatory practices were promoted. A whistle blowing policy, duty of candour policy and the appointment of a freedom to speak up guardian supported staff to be open and honest. Staff could describe to us the principles of duty of candour.
- All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually

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obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data, and take action where needed to improve their workforce race equality. A WRES report was produced for this provider which included data for 2017-18.

- There was clear ownership of the WRES report within the provider management and governance arrangements, this included the WRES action plan which was reported to and considered by the Board.

Governance

- There was an effective corporate and local governance framework which oversaw service delivery and quality of care. Staff were supported in incident reporting, complaint handling and developing local policies and protocols as well as implementing corporate policies and procedures. All disciplines were professionally accountable for the service and care that was delivered within the unit.
- Corporate governance meetings were undertaken monthly and minutes were recorded from these meetings. We reviewed minute and meeting notes, there was evidence of discussions regarding incidents, complaints, policies, performance.
- There were service level agreements with the host hospital and the commissioning NHS trusts and organisation.
- The service had local governance processes, which were achieved through team meetings and local analysis of performance, discussion of local incident, where this was applicable. This fed into processes at a corporate level. We saw minutes and meeting notes during our inspection.
- Staff were clear about their roles, what was expected of them and for what and to whom they were accountable.

Managing risks, issues and performance

- There was a vigorous risk assessment system in place locally with a process of escalation onto the corporate risk register. The local risk register was reviewed and updated regularly and new risks added when identified. For example, scanner breakdown was a risk.
- The risk register included quality performance, operations, human resources, health and safety, IT systems, procurement and information governance. An action log was also included identifying timescales and accountability.

- Performance was monitored on a local and corporate level. Information on turnaround times, 'did not attend rates', patient engagement scores, incidents, complaints, mandatory training levels amongst others were charted.

Managing information

- The service had access to both the Alliance Medical and some of the commissioning NHS trust's computer systems. They could access policies and resource material from their organisation.
- There were sufficient computers in the unit for the number of staff to be able to access the system when they needed to.
- All staff we spoke with demonstrated they could locate and access relevant and key records very easily and this enabled them to carry out their day to day roles.
- Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.
- Information from scans could be reviewed remotely by referrers to give timely advice and interpretation of results to determine appropriate patient care.

Engagement

- Patient satisfaction cards were given to all those who had been scanned in the unit to gain feedback on the service received. This feedback was overwhelmingly positive.
- Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions implemented from the feedback received.
- The service engaged regularly with their partners to understand the service they required and how services could be improved. This produced an effective pathway for patients. The service had a good relationship with the host hospital NHS trust.
- Staff who worked in the unit were encouraged to voice their opinions and help drive the direction of the service provided and suggest improvements.
- Alliance Medical provided an Employee Assistance Programme to offer staff support during times of crisis and ill-health.

Learning, continuous improvement and innovation

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- Staff could provide examples of improvements and changes made to processes based on patient feedback, incidents and staff suggestion. Staff were alert to new initiatives and ways of working.
- Alliance Medical had increased opening hours when need had been identified. This reduced waiting times for routine patients and offered urgent non-contrast patient an opportunity to attend in the evenings and weekends at times that were convenient for them.
- There was cross disciplinary working, for example radiographers were trained in booking patients on to the system.
- The service block booked certain types of scans on the same day so they can scan more patients without the need to set up for multiple different types of scans.

Outstanding practice and areas for improvement

Outstanding practice

- The service support anxious patients and children, by providing tours of the scanning unit prior to the patient's appointment. They allowed carers or relatives to support the patient if required. Children were encouraged to bring toys with them to provide them comfort.

Areas for improvement

Action the provider **SHOULD** take to improve

- Record mandatory training in a way that reflects the staff working in the service.