

# InHealth Waterloo

## Quality Report

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 

### Overall summary

InHealth Waterloo is operated by InHealth Limited. The service provides MRI (Magnetic Resonance Imaging) diagnostic imaging facilities for children aged 14 and above and adults.

We inspected the areas covered by the warning notice issued following our comprehensive inspection in November 2018. We carried out an unannounced follow up inspection on 10 July 2019.

The main service provided by this service was MRI diagnostic imaging.

#### Services we rate

When we inspected the service in November 2019 it had been the first time we had rated this service and we rated the service it as requires Improvement overall.

We found areas of practice that required improvement in this service.

- Effective systems were not in place to keep people protected from avoidable harm.

# Summary of findings

- Infection prevention and control measures were not fully established. The environment in the scanning room was not visibly clean. There was no cleaning schedule or checklist for the scanning rooms. Staff were not always bare below the elbow, which was their policy.
- Stock control was poorly managed, and multiple items of out of date single use equipment were found.
- Medicines were not always stored in a locked cupboard, which was a risk to patients and the public.
- The oxygen cylinder from the resuscitation trolley was empty, which had not been identified by staff in the daily checks.
- The staff were not aware of the fringe field area around the MRI scanner which contact with could cause harm to some patients.
- The service was not safeguarding patients from the risk of falls by using wooden steps to get on to and off the scanning table. The wooden steps did not have a handrail.
- Processes were not sufficiently in place to ensure the correct patient received the correct scan on the correct area of the body.
- Staff did not always feel supported or listened to. The service did not always engage well with staff.
- There was not a positive culture that supported and valued staff. Staff morale was low.

During the follow up inspection which took place on the 10 July 2019 we found all the areas for improvement had been addressed.

- We found system had been set up to ensure staff followed expected infection prevention and control practices, and compliance with these were monitored. Cleanliness of the service had improved because of this.
- Stock control had improved and was managed well. Medicines management including oxygen cylinders monitoring had improved and was monitored adequately.
- The MRI fringe fields had been defined and staff were aware of them.
- The wooden steps had been replaced with metal steps with a handrail, which were safer for patients who were unsteady on their feet.
- Processes were now in place which ensured patients were given the correct scan on the correct part of their body.
- Staff morale had improved; staff felt listened to and they now had access to development opportunities which they had not had access to before.
- Over all we found the service had made a marked improvement since the last inspection.

## **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

Diagnostics was the only activity the service provided. We rated this service as requires improvement because there were areas of concern in safe and well led.

# Summary of findings

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Good 

# Location name here

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to InHealth Waterloo

InHealth Waterloo is operated by InHealth Limited. The service opened in 2006. It is a private service in London. The service primarily serves the communities of the London or people who commute into London for work.

The service had a registered manager at the time of inspection, they had been registered since November 2018.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

## Information about InHealth Waterloo

The InHealth Waterloo service has two magnetic resonance imaging (MRI) scanners. The service has five clinical rooms where ultrasound investigations are performed. We did not inspect these services. All services other than MRI at InHealth Waterloo are provided on an ad-hoc basis by InHealth Limited and are registered separately with the CQC and managed by a separate operations manager employed by InHealth Limited.

InHealth Waterloo is registered to provide the following regulated activities:

- Diagnostics and screening procedures.

During the follow up inspection, we spoke with eight members of staff including: clinical assistants, radiographers, a superintendent and the operations coordinator.

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

We had rated this domain as requires improvement. Safe was now rated as **good**.

### Mandatory training

Please see the main inspection report for this section

### Safeguarding

Please see the main inspection report for this section

### Cleanliness, infection control and hygiene

**During our previous inspection on 15 November 2018, we found the following areas of concern: (for all other areas please refer to the full inspection report).**

- **The service did not control infection risks well.**

The MRI scanning room was not visibly clean. We found dirt on the floors and a dirty duster behind a bin. There was a build-up of dirt and debris underneath wooden steps used to assist patients onto the scanning table. The cleaning of the MRI scanning room was the responsibility of the radiographers. The service was unable to show us a cleaning schedule or completed checklist which would demonstrate when the scanning room had been cleaned last. The rest of the premises was visibly clean.

- Radiographers told us the MRI scanning equipment was cleaned daily by the radiographers, although this was not routinely recorded or evidenced by a cleaning checklist.

- The service did not adhere to infection control policies. They did not always use control measures to prevent the spread of infection. We saw dust and dirt on the floor in the scanning room.
- We watched staff going about their work and we did not see staff using hand gel or washing their hands between patients. Hand hygiene audits were undertaken by the operations manager monthly 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. Although the hand hygiene audits showed 100% compliance, we did not observe staff washing or using gels to clean their hands.
- There was access to a hand washing sink directly opposite to the door of the scanning room, though we did not see staff using the sink to wash their hands during our observations.
- Two of the four radiography staff members in the service at the time of our inspection were not following to the bare below the elbow policy. Staff had access to a supply of personal protective equipment (PPE), including gloves and aprons. We saw staff using PPE appropriately.

### During our follow up inspection on 10 July 2019 we found

- The MRI scanner rooms were visibly clean and free of clutter. There was a marked improvement in the cleanliness of the rooms, with no evidence of dirt or dust on the floors or surfaces. The wooden steps had

# Diagnostic imaging

been replaced with MRI safe metal steps which were easy to move and clean. The service had introduced a daily cleaning schedule and radiographers had to complete a daily cleaning checklist. We saw the daily cleaning logs for the last three months had found all days had been completed.

- Since the last inspection the service had recruited a new superintendent, who had taken responsibility for the supervision of cleaning, infection prevention and control, stock control, medicines management and hand hygiene. The superintendent conducted weekly spot checks on all of the above and completed monthly audits. We reviewed the weekly spot checks which included bare below the elbow checks, hand hygiene compliance, stock checks and medicines management.
- We reviewed the weekly spot check records and found that compliance with bare below the elbow had improved and that hand hygiene practices had improved in line with guidance. During our follow up inspection, we saw the use of hand hygiene gels and hand washing follow all contacts with patients. This was a marked improvement from the previous inspection. All staff in clinical areas were bare elbow during the follow up inspection.

## Environment and equipment

**During our previous inspection on 15 November 2018, we found the following areas of concern, for all other areas please refer to the full inspection report.**

- The fringe fields around the MRI scanner were not clearly displayed and staff we spoke with were not aware of the fringe field, (The fringe field is the outer magnetic field outside of the magnet core. Depending on the design of the magnet and the room, a quite large fringe field may extend for several meters around the MRI scanner). This means that some patients may be at risk if they ventured too close to the scanner.
  - The service used a set of wooden steps to get patients on to and off the scanning table. The scanning table does move up and down. The steps did not have a handrail for patients to hold to support them with climbing the steps. This posed a risk of falls for patients who may be unsteady on their feet or who were extremely anxious about the scanning process.
- No risk assessment had been undertaken by the service with regards to the use of the wood steps. We asked staff why they used the steps and did not move the scanning table up and down to get patients in place for scans and we were told that moving the scanning table took too long and it was quicker to get patients to climb the three steps up to the scanning table.
- We checked the resuscitation equipment on the MRI unit. This appeared to be visibly clean and emergency equipment had been serviced. However, we found over 40 single-use items for example syringes and needles in the resuscitation trolley, scanning room and recovery area which were sealed but were out of date. They were removed as soon as we pointed them out to staff. This did not leave the resuscitation trolley without the necessary equipment required as in date stock was available

## During our follow up inspection on 10 July 2019 we found

- The MRI fringe fields were clearly designated and displayed on the viewing rooms for both MRI scanners. Staff were aware of the fringe fields and where to view them. This was an improvement from the last inspection.
- The wooden steps had been replaced by a set of metal steps that were MRI safe and had a hand rail attached to support patients who were unsteady of their feet when ascending and descending the steps on to and off the MRI table. The steps were lightweight which enabled them to be moved for cleaning. We viewed the underneath of the steps and the floor and found them both to be visibly clean and free of dirt and debris. This was a vast improvement from the previous inspection.
- We reviewed all the single use items, which were now stored tidily in a locked cupboard in the recovery room and in the resuscitation grab bag. All single use items were in date. An effective stock control and rotation system had been implemented. This was checked on a weekly basis by radiographers and by the superintendent. We saw the logs that had been

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completed by the radiographers and superintendent and found them to be fully completed with no missed dates. This was an improvement from the last inspection.

## Assessing and responding to patient risk

**During our previous inspection on 15 November 2018, we found the following areas of concern, for all other areas please refer to the full inspection report.**

- Processes were not in place to ensure the correct patient received the correct radiological scan at the right time. The service did not have a Society of Radiographers (SoR) 'pause and check' poster within the unit. The posters were used as reminding them to carry out checks on patients.
- We saw staff checking two out of three-point demographic checks to correctly identify the patient. The two checks we saw staff routinely complete were the identity of the patient and the site of the scan. Completing the 'pause and check' would provide assurance that the MRI operator was using the correct imaging modality, and the correct patient and correct part of the body was scanned. Using the 'pause and check' would also decrease the number of wrong site scans.

**During our follow up inspection on 10 July 2019 we found**

- 'Pause and check' posters were displayed on the notice boards outside both scanning rooms.
- The superintendent had introduced spot checks of radiographers use of the 'pause and check'. This was documented in the weekly spot-check checklist completed by the superintendent. We saw that the understanding of the staff had increased as the weekly checks had gone on and the recent checks show staff had full understanding of the requirements of 'pause and check' and how to undertake them.
- We reviewed four patient referrals and patient safety questionnaires during our follow up inspection and found that all four patients had been asked their name, date of birth and first line of their address by the administration staff on arrival and by the radiographer when they first met them. The

radiographer also checked who the patient was, the correct imaging modality (type of scan) the patient had been referred for and correct part of the body referred for scanning. This was cross checked against the referral information. An MRI safety questionnaire was completed by each patient and reviewed by the radiographer and the patient prior to the patient entering the MRI room. This was a marked improvement from the previous inspection.

## Radiography staffing

Please see main inspection report for this section

## Records

Please see main inspection report for this section

## Medicines

**During our previous inspection on 15 November 2018, we found the following areas of concern, for all other areas please refer to the full inspection report.**

- **The vast majority of medicines were stored securely.** However, we found two vials, one of a local anaesthetic and one of an anti-inflammatory loose in the recovery room. Both were highlighted to staff and removed immediately. 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.
- We found the oxygen cylinder was empty, although the daily checklist was completed by staff on the day of inspection and each day to the beginning of the month preceding the inspection. A new cylinder was ordered immediately.

**During our follow up inspection on 10 July 2019 we found**

- We found all drugs were stored in a locked cupboard in the recovery room. The key was held by the radiographer in charge if the superintendent was not on duty. All medicines were stored in line with manufacturers recommendations and there was a robust stock checking process had been put in place following our previous inspection. We reviewed the

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checks for the last three months and found them all to be completed. The number of medicines in the cupboard matched the number on the count sheet. This was a marked improvement from the last inspection.

- We checked the oxygen cylinder in the resuscitation grab bag and found it to be full. We saw records which showed the resuscitation grab bag was checked daily along with the oxygen cylinder. This was an improvement from the previous inspection.

## Incidents

Please see main inspection report for this section

## Are diagnostic imaging services effective?

We do not currently rate effective for diagnostic imaging.

## Evidence-based care and treatment

Please see the main inspection report for this section

## Nutrition and hydration

Please see the main inspection report for this section

## Pain relief

Please see the main inspection report for this section

## Patient outcomes

Please see the main inspection report for this section

## Competent staff

Please see the main inspection report for this section

## Multidisciplinary working

Please see the main inspection report for this section

## Seven-day services

Please see the main inspection report for this section

## Health promotion

Please see the main inspection report for this section

## Consent and Mental Capacity Act

**During our previous inspection on 15 November 2018, we found the following areas of concern, for all other areas please refer to the full inspection report.**

- Staff we spoke with in the service had limited knowledge of the requirements of the Mental Capacity Act 2005 (MCA). We asked the operations manager about staff training in the MCA. The operations manager told us this was part of the safeguarding e-learning module. We reviewed the InHealth Limited's safeguarding e-learning and found the MCA was referred to, but the module did not provide staff with sufficient detail in regard to the requirement of the Act or deprivation of liberty safeguards (DoLS). We were told InHealth Limited had purchased an e-learning programme for the Mental Capacity Act 2005 and InHealth Limited were considering which staff the module would be relevant to. However, at the time of inspection we were not assured all staff had an appropriate level of knowledge to support people who may lack capacity to consent.

**During our follow up inspection on 10 July 2019 we found**

- All three members of staff we spoke with had a clear understanding of the MCA and how they would gain consent from a patient who lacked capacity. They clearly explained the process they would undertake with the patient who would always be accompanied by a carer or relative to the scan. Additional time was allotted to patients who lacked capacity so that time could be taken to explain fully the procedure and to ensure the carer or relative understood the process. This was an improvement from the previous inspection.

## Are diagnostic imaging services caring?

Good 

This rating remained the same. We rated it as **good**.

## Compassionate care

Please see the main inspection report for this section

## Emotional support

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Please see the main inspection report for this section

## Understanding and involvement of patients and those close to them

Please see the main inspection report for this section

### Are diagnostic imaging services responsive?

Good 

This rating remained the same. We rated it as **good**.

## Service delivery to meet the needs of local people

Please see the main inspection report for this section

## Meeting people's individual needs

Please see the main inspection report for this section

## Access and flow

Please see the main inspection report for this section

## Learning from complaints and concerns

Please see the main inspection report for this section

### Are diagnostic imaging services well-led?

Good 

We had rated this domain as requires improvement. Well led was now rated as **good**.

## Leadership

Please see the main inspection report for this section

## Vision and strategy

Please see the main inspection report for this section

## Culture

**During our previous inspection on 15 November 2018, we found the following areas of concern, for all other areas please refer to the full inspection report.**

- Most of the staff we spoke with were not overly positive in their role. The staff survey showed that only

11% of nine responders were proud to work for InHealth Limited. Staff felt morale was low. There had been a lot of change within the service with regards to losing the patient administrators when the patient booking service was taken from the individual services to the patient referral centre. The operations managers acknowledged that low morale was an issue they were addressing when the issue was discussed with them.

- Most staff we spoke with told us they did not feel valued. They felt their opinion was not sought or respected when given, the staff survey supported this finding which showed that 89% of nine responders felt their opinion did not count at work. Staff felt they were not actively encouraged to make suggestions about changes and improvements to the services provided. This issue was part of the action plan developed by the operations manager.
- We did not see a workforce who were actively showing pride in their role. The staff survey showed the 22% of the nine responders felt that working at the service made them want to do the best work they could.
- InHealth Limited had an initiative called 'The Deal.' This was an initiative to support staff in taking responsibility for their own career and professional development. For example, junior and middle managers were encouraged to gain an NVQ qualification in leadership. There was a leadership development programme that would lead to a recognised level 5 qualification for senior managers in leadership and management at the time of this inspection. Staff told us 'The Deal' was linked to the InHealth Limited corporate values. However, staff told us there were opportunities for continuing professional development (CPD) and personal development in the organisation but they felt their progression and development was not a priority. This was an area of concern that was included in the operations managers action plan.

## During our follow up inspection on 10 July 2019 we found

- We spoke with eight members of staff during our follow up inspection these included the superintendent, operations coordinator, two radiographers, two clinical assistants and an

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administrator. All told us they felt the culture had improved greatly since the last inspection. Staff felt the management had worked with them to improve the areas of concern they had. They felt the morale was much higher.

- The service had recently undertaken their annual staff survey, but the result had not yet been published. The superintendent told us that the early indications had showed an improvement in staff satisfaction but was unable to corroborate this with evidence as the report had not been published yet. Following the inspection, the service provided evidence of the improvement in the staff survey.
- The staff we spoke with said they felt valued and that their opinions were now heard, and a discussion was possible. This was a marked improvement since the previous inspection.
- One of the clinical assistants talked to us about the development opportunity that had been made available to them since they started with the service earlier this year. They were being encouraged to train to be a radiographer a career they had not felt open to them before they had received the encouragement from the senior staff they worked with.

## Governance

**During our previous inspection on 15 November 2018, we found the following areas of concern, for all other areas please refer to the full inspection report.**

- The issues identified with regard to the cleanliness of the scanning room, out of date single use stock items, storage of drugs and empty oxygen cylinder, demonstrate a lack of oversight and management of the service. The operations manager provided us an action plan to address the issues post inspection.

**During our follow up inspection on 10 July 2019 we found**

- We found on the follow up inspection that all the areas of concerns we highlighted within the previous inspection report had all been addresses. Systems and processes were now in place to ensure that staff

understood their responsibilities in relation to cleanliness, stock rotation and medicines management and storage. The management could now demonstrate clear oversight of the service.

## Managing risks, issues and performance

**During our previous inspection on 15 November 2018, we found the following areas of concern, for all other areas please refer to the full inspection report.**

- The concerns that had been identified and detailed with the safe section of this report demonstrate the service was not always recognising and acting upon risks. Staff were not being held to account for not cleaning the scanning room. Stock rotation was not being routinely conducted and regular stock control was not being done.

**During our follow up inspection on 10 July 2019 we found**

- As described above there was clear processes in place now which demonstrated staff accountability for cleaning of the scanning room. The radiographer completed the cleaning at the end of each day and completed the checklist which was saved on the system and sent to the registered manager. There were spot checks undertaken by the registered manager and the superintendent to ensure the cleanliness levels were maintained and sufficient. This was an improved from the last inspection.

## Managing information

Please see the main inspection report for this section

## Engagement

**During our previous inspection on 15 November 2018, we found the following areas of concern, for all other areas please refer to the full inspection report.**

- The service did not always engage well with staff, however they appeared to engage well with patients, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

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- Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions were being implemented from the feedback received but the impact had not yet been seen at the time of the inspection.
- We were provided with the staff survey action plan for the survey which was conducted in December 2017. The action plan was developed by the operations manager when they took the role in April 2018. Results from this survey found staff engagement at InHealth Waterloo was very poor at 24% compared to other InHealth Limited services average, which were at 71%.
- Results from the December 2017 survey included only 58% of staff responding positively to the question ‘if one of my friends or family needed care or treatment, I would recommend InHealth Waterloo services to them’, 67% of staff said, ‘patient safety is a key priority

at InHealth Waterloo and 44% said, ‘I have the equipment to do my job properly.’ The service had developed an action plan to address the issue of concern raised in the staff survey which we reviewed,

- Staff who worked in the service did not feel they were encouraged to voice their opinions and help drive the direction of the service provided and suggest improvements.

### **During our follow up inspection on 10 July 2019 we found**

- Further to the information provided within the culture section of this report, we found the morale of staff to be improved and await the staff survey results to provide evidence of staff satisfaction.

### **Learning, continuous improvement and innovation**

Please see the main inspection report for this section