

Alliance Medical Limited

Enfield Alliance MRI Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Insufficient evidence to rate



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was the first time we have rated this location. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff had completed their mandatory training.
- It was not always clear how patients could make complaints or raise concerns to the service.

Summary of findings

Our judgements about each of the main services

Service

**Diagnostic
imaging**

Rating

Good



Summary of each main service

This was the first time we rated this service. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Enfield Alliance MRI Centre

Enfield Alliance MRI Centre is operated by Alliance Medical Limited. It is a diagnostic and screening service in Enfield, London. The service used one static magnetic resonance imaging (MRI) scanner which was located in an NHS trust hospital and had an additional mobile MRI scanner on the NHS trust hospital site. The service primarily served Enfield and the surrounding communities. At the time of our inspection, Enfield Alliance MRI Centre served 98% NHS patients and 2% private patients. The service saw patients from age six and up. The service had been accredited under the United Kingdom Accreditation Service (UKAS) for the Quality Standard for Imaging (QSI).

The service had a registered manager, who had been in post since 2014 and is registered to provide the following registered activity:

- Diagnostic and screening procedures

The service had been inspected once since it registered with CQC in 2010. In that inspection in October 2013 the service was found to have met all the CQC standards. This current inspection was the first time we rated the service.

In the twelve months prior to the inspection, the unit had carried out approximately 13,000 MRI scans.

We carried out an unannounced inspection on 17 February 2022 using our comprehensive inspection methodology.

How we carried out this inspection

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

Areas for improvement

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

Action the service **SHOULD** take to improve:

- The service should ensure staff complete their mandatory training.
- The service should consider offering simulation training to ensure all staff are familiar with removing patients from the MRI scanning room in the event of an emergency.
- The service should consider making it more clear how complaints and concerns can be raised with the service.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Insufficient evidence to rate	Good	Good	Good	Good
Overall	Good	Insufficient evidence to rate	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	Insufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Diagnostic imaging safe?

Good 

This was the first time we rated this service. We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff. However, although managers monitored mandatory training completion, not all staff had completed their training requirements.

Staff received mandatory training which was comprehensive and met the needs of patients and staff. The mandatory training programme included courses on fire safety, duty of candour, safeguarding, infection control and equality and diversity training. Mandatory training was delivered through e-learning and face to face modules. Mandatory training was varied based on staff role.

Staff received email reminders at 60 and 30 day intervals when learning modules were due. Although the unit manager monitored mandatory training, the service was not meeting their target completion rate of 90%. Overall departmental compliance was 86%. The unit manager explained that two additional modules had recently been added, including an e-learning dementia awareness course and a face to face course which all staff were booked on for April 2022.

Staff had read the local rule's and employer's procedures for use of the MRI scanning room.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Clinical staff, such as radiographers, completed level 3 safeguarding of adults and children training and all other staff completed level 2 safeguarding of adults and children training.

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Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff followed safe procedures for children visiting the department. The service worked closely with the host trust for safeguarding matters and followed the trust's safeguarding policy alongside their local policy. Staff knew who to inform if they had any concerns and could access a safeguarding children or adult lead through the host trust. The service had not made any safeguarding referrals in the 12 months prior to our inspection.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The service generally performed well for cleanliness. Patient feedback gathered by the service indicated patients found the clinical area clean. Feedback received from December 2022, showed over 95% of patients were satisfied or very satisfied with the cleanliness and appearance of the facility.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Radiographers were responsible for daily cleaning of the scanning room and records we reviewed showed consistent cleaning was carried out. The MRI room had a deep clean every three months. There was a service level agreement with the host trust of cleaning of all shared areas, including the changing room, scan control room and waiting areas.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff to be bare below the elbow and wearing appropriate PPE for each scan. In response to Covid-19, the service continued to maintain social distancing and encouraged mask use and frequent hand hygiene. The service undertook monthly hand hygiene audits which showed 100% compliance with objectives, such as bare below the elbow, correct hand hygiene technique used, and hand hygiene completed at appropriate times before and after patient contact.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The service undertook a monthly infection prevention control audit. We reviewed the last four IPC audits which showed 100% compliance against 16 objectives, such as availability of PPE, enough soap for hand washing, and cleanliness of clinical areas.

Environment and equipment

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

The design of the environment followed national guidance. Managers ensured the design of the service was in line with health building notes (HBN 6) on designing facilities for diagnostic imaging. Staff ensured keys to access the MRI room were safely locked away and only made available to magnetic resonance (MR) authorised personnel.

The service had suitable facilities to meet the needs of patients. There were enough changing facilities which were equipped with lockers. The service had emergency call bells in changing rooms and toileting areas. Staff ensured patients had an MRI safe call bell during their scans to use if they became anxious or had questions. The service had enough waiting areas for patients and their family or carers.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment. Records we reviewed showed staff carried out daily checks of the MRI call bell and the call bell in the changing areas. Staff carried out weekly MRI machine quality assurance testing, checks of the host trust's

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resuscitation trolley and MRI machine helium levels. Records reviewed showed checks on the emergency response equipment were done regularly and in line with the service's policy. Radiographers completed daily checks to ensure the security seals on the emergency response equipment were intact. The lead radiographer checked the contents of the emergency response equipment for expiry date monthly.

Staff disposed of clinical waste safely. There was a service level agreement with the host trust for disposal of clinical waste. We observed sharps and clinical waste were segregated into appropriate bins and that they were not overfull.

The service had suitable equipment to carry out diagnostic imaging. There was a clear process for reporting faults, and we saw records where the contracted maintenance company acted quickly to fix equipment. We saw evidence there was regular preventative maintenance of the MRI scanner carried out in line with the manufacturer's guidance.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff completed risk assessments for each patient prior to their scan, using a recognised tool, and reviewed this regularly, including after any incident. All patients had an MRI patient safety consent form completed prior to their scan to ensure there were no contraindications to scanning, ensure the scan was justified and to ensure the correct scan was done. Staff completed a renal function test and hypersensitivity assessment for any patients who underwent scanning with contrast which considered patient medical history, medications and any allergies. Records showed these forms were always completed prior to scanning.

Shift changes and handovers included all necessary key information to keep patients safe. Staff recorded information to pass on to staff for the next day's shift in a huddle book which we saw was completed daily.

The service had local rules for the MRI scanning room and equipment which described safe operating procedures in line with national guidance. The service had an appointed MR responsible person and their contact details were clearly displayed. The service displayed safety information on the door to the MRI room of who to contact for problems with the scanner out of hours.

There was an agreement with the host trust to call the hospital's rapid response team if there were signs of patient deterioration. The service maintained a bag of emergency medicines and equipment for initial response to an emergency. The service had an agreement with the host trust for use of their resuscitation trolley. Staff checked the trust's resuscitation trolley on a weekly basis to ensure there was enough equipment to keep patients safe.

The service had an MRI safe trolley in the scanning room for use if there were any emergent needs to remove the patient quickly from the room. However, staff told us they had not undertaken any simulation training to practice safe removal of patients from the scanning room. This meant staff were not familiar with processes on safely removing patients from the MRI room and where they would take them to begin life supporting measures.

Staffing

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

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The service had enough staff to keep patients safe. At the time of our inspection, the service had six permanent radiographers in post and had no radiographer vacancies. Managers accurately calculated and reviewed the number of radiographers and healthcare assistants needed for each shift to keep patients safe.

Managers limited their use of bank and agency staff. There were several bank staff that regularly worked at the location and were familiar with the service. If agency staff were needed, managers requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service.

The service did not directly employ any radiologists and instead, this was contracted out on a corporate level by the provider, Alliance Medical Limited. Staff told us they were able to contact medical staff to urgently report on scans if necessary.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely on the service's electronic record system. Additionally, for NHS patients referred from the host trust, staff ensured records were also available on the hospital's electronic record system. When patients transferred to a new team, there were no delays in staff accessing their records.

Staff documented patient data, including risk assessments. Radiographers screened referrals and double checked to make sure patients did not have repeat scans. We observed radiographers made sure scanned images were available on the picture archiving and communication system (PACS).

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The service used patient group directives (PGDs) for administration of contrast media. All PGDs used for contrast media were in date with clear processes and procedures for their use.

Staff reviewed each patient's medicines prior to the scan and use of contrast media to ensure there were no contraindications. Staff completed medicines records accurately and kept them up to date. The service had an agreement with the host NHS trust for ordering and storing medications and regularly met with the trust's imaging lead to ensure there was enough contrast available.

Staff learned from safety alerts and incidents to improve practice.

Incidents

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

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Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses through the electronic reporting system in line with the service's policy. The service had not had any serious incidents or never events in the 12 months prior to our inspection.

Staff discussed incidents as part of their daily huddle as well as regularly at monthly staff meetings. Managers shared learning with their staff about incidents from their location and other Alliance Medical Limited locations. Managers investigated incidents thoroughly and staff received feedback from investigations, both internal and external to the service, for example with the host trust.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Are Diagnostic imaging effective?

Insufficient evidence to rate 

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidelines produced by the service. These were based on current legislation, national guidance and best practice, these included policies and guidance from professional organisations, such as the Royal College of Radiologists and the Society and College of Radiographers (SCoR). We saw that the local rules were up to date and reflected the equipment, staff and practices at the centre.

The unit manager received emails and alerts from the corporate clinical governance committee when there were changes to practice and policies. The unit manager highlighted these changes by email and in monthly team meetings and we saw this was a standing agenda item in the meeting minutes.

Staff protected the rights of patients subject to the Mental Health Act 1983 and followed the Code of Practice.

Nutrition and hydration

Staff gave patients food and drink when needed.

Due to the nature of service provided, food was not routinely offered to patients. Patients had access to water while waiting for their scan. Staff acknowledged that some patients who used the service also came to the host hospital for other diagnostic tests and may have had to spend a large amount of time in the department. Staff could request a light meal from the host trust's catering for patients who spent a long time in the department or for those waited a long time for transportation. Staff considered a patient's dietary needs when requesting food or drink.

Pain relief

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

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Staff regularly assessed patients for pain and assisted patients into comfortable positions for imaging whenever possible. The service did not store or administer any pain medications.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under the United Kingdom Accreditation Service (UKAS) for the Quality Standard for Imaging (QSI).

The service was most recently accredited in November 2021 by the United Kingdom Accreditation Service (UKAS) for the quality standard for imaging (QSI). The Royal College of Radiologists and the College of Radiographers developed QSI to set out the criteria that defines a quality imaging service. This meant the service met a set of standards ensuring they consistently provided high quality services delivered by competent staff who worked in safe environments.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service had an audit programme which monitored patients' outcomes and the effectiveness of the scanning. The service audited the image quality for knee and spine MRI scans and outcomes were positive. Images were assessed for their diagnostic quality on a scale of one to five, with five being the highest quality. Records showed that between November 2021 to February 2022, all scans audited were graded either a four or five.

Managers shared and made sure staff understood information from the audits. Records showed that staff discussed the outcome of the image quality audits.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The process for employing staff was robust and included several stages of assurance before interviews were given, including reference and certificate checks. All radiographers were registered with the relevant professional body, Health and Care Professions Council (HCPC), which helped ensure staff met standards of proficiency and the standards relevant to their scope of practice to continue to stay registered as a radiographer. Managers gave all new staff a full induction tailored to their role.

Managers supported staff to develop through yearly, constructive appraisals of their work. The unit manager met with staff for a six-month and yearly appraisal and to review objectives. Staff found appraisals constructive and felt supported by their manager. The unit manager offered developmental opportunities to staff, however they said there was not much uptake from staff to upskill outside of their normal job description. Staff told us they were happy in their roles and felt they received as much developmental training as they wanted. Managers made sure staff received any specialist training for their role.

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

Multidisciplinary working

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

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Due to the nature of the service, there was little opportunity for multidisciplinary working. When there was need for involvement, radiographers could access a radiologist to discuss urgent findings and develop a plan for the patient. Staff worked with the host hospital diagnostic imaging department to ensure patients could have their MRI scan in the same appointment as other NHS scans, for example with a computed tomography (CT) scan or ultrasound.

Seven-day services

Key services were available to support timely patient care.

The service was open 7am to 9pm Monday through Friday and 7am to 7pm Saturday and Sunday. The provider supported the host hospital trust to ensure local and timely access to scans. For any urgent results, staff could call for support from doctors and other disciplines, including radiologists and safeguarding support.

Health promotion

The service did not routinely provide additional information promoting healthy lifestyles.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff gained written consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. Staff made sure patients consented to treatment based on all the information available, for example in regard to receiving contrast media. Staff understood Gillick Competence and supported children who wished to make decisions about their treatment. Records reviewed showed consent was completed in line with the service's policy.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Clinical staff received and kept up to date with training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as part of the mandatory training programme. Staff could describe and knew how to access policy on the MCA and DoLS. Staff told us they would refer patients to another diagnostic imaging centre using the host trust system if patients were unable to consent and it was in their best interest.

Are Diagnostic imaging caring?

This was the first time we rated this service. We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Patients said staff were warm and welcoming, kind, polite, and friendly.

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Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff respected patient wishes by offering chaperones or offered female staff to help position patients, especially for intimate scans, such as for a breast MRI. When female staff were not available, staff offered to reschedule appointments. The service shared the control room with the host trust staff and we observed staff used privacy blinds to maintain patient dignity when intimate scans were performed.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients said staff were comforting, reassuring and made them feel at ease. Staff demonstrated empathy when caring for patients. We observed staff helped minimise patients' distress, especially those who suffered from claustrophobia, by explaining the process of the scan and how patients could communicate with staff at any time during the scan.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff considered the reasons patients were having exams, for example for cancer screening, and supported patients who were nervous.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Prior to their scan, the radiographer asked patients what scan they were having and if they understood why they were having it. Staff invited patients to bring a family member or carer with them to their scan for support.

Staff talked with patients, families and carers in a way they could understand. Patients said staff explained everything in a helpful way and understood what would happen. Staff and patients could communicate during the scan and we observed staff regularly updated patients on progress of the scan and how much longer they had during the scan.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff requested patients' permission to email a feedback survey. Patients gave positive feedback about the service. The patient satisfaction survey from January 2022 was overwhelmingly positive with all patients feeding back that they were satisfied or very satisfied with the service. The survey also showed that all patients were either likely or extremely likely to recommend the service to friends or family.

Are Diagnostic imaging responsive?

This was the first time we rated this service. We rated responsive as good.

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Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. The service coordinated with the host NHS trust to ensure patients could receive their MRI alongside other scans, for example CT or ultrasound, during the same hospital visit.

Facilities and premises were appropriate for the services being delivered. Access to the service was step free and accessible to people with mobility difficulties. Patients said they appreciated the designated MRI parking spaces in the host hospital parking garage.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted and the appointment was rebooked in a timely manner.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff allowed for patients who needed additional support to have a carer or family member to stay in the scanning room with them, following completion of a safety risk assessment.

Meeting people's individual needs

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

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory needs. Patients could access a hearing loop while in the diagnostic imaging department.

Managers made sure staff and patients could get help from interpreters or signers when needed. If staff were made aware of the need for an interpreter prior to the appointment, they could book an interpreter through the host trust to be present at the scan. Staff could access a telephone interpreting service. However, staff said that more often patients used family members for interpreting. Staff could obtain information leaflets in languages other than English as needed.

The service offered several exams of a more intimate nature, such as an MRI proctogram and MRI of the prostate. Staff considered patients' cultural and religious needs and after safety assessing, allowed family members or carers to stay with the patient during their scan.

Staff supported patients living with dementia and learning disabilities. The service coordinated with a local dementia service and coordinated appointments to ensure patients could be seen at times best for them. Staff took account of patients' individual needs, they ensured there were quiet waiting areas.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had agreed timescales with the host trust to prioritise

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referrals, for example six weeks for non-urgent scans, two weeks for urgent scans, and one week for scans on the cancer referral pathway. The service was consistently meeting their referral targets. The average time between the service receiving a referral and completing a scan was around 17 days between July 2021 to January 2022. The time from referral to scan had improved between November 2021 to January 2022 and was about 14 days.

Radiographers prioritised referrals based on clinical need. For example, the service had agreements with the host trust on prioritising referrals for patients with suspected cancer.

Managers monitored the average time it takes from the scan being completed to the referring clinician receiving the report. The service was meeting their target of one-week reporting time for private patients between July 2021 to January 2022. Diagnostic imaging scans completed for the host NHS trust were reported on by NHS radiologists and therefore there was no need for the service to monitor these reporting times.

Managers worked to keep the number of cancelled appointments to a minimum. The service had processes in place with the host trust to ensure that when a scan was cancelled, the referral remained on the rebooking list or it was sent back to the consultant if the scan was no longer required. Managers made sure they were rearranged as soon as possible and within national targets and guidance.

Learning from complaints and concerns

The service had information leaflets on how to provide feedback, including how to make complaints. However, since the start of the Covid-19 pandemic, they stopped displaying the leaflets. During our inspection, we did not see the feedback information leaflets being given out regularly. There was no visible information on how to make a complaint. This meant it was not always clear on how patients, relatives, and their carers could complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints. As there were very few complaints in the year prior to our inspection, no themes were identified from complaints.

Are Diagnostic imaging well-led?

Good 

This was the first time we rated this service. We rated well-led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The unit manager had responsibility for overall management of the clinic. There was a simple management structure with clear lines of responsibility and accountability. Staff told us the unit manager was visible, approachable and supportive. Staff told us the unit manager was aware of the priorities and issues of the service. The unit manager demonstrated a clear understanding of how the service helped to improve capacity of MRI scans and patient outcomes across the local health economy. The unit manager led the monthly staff meeting and staff were able to raise and discuss any issues with them.

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Vision and Strategy

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

The unit manager and leaders of the service had a vision for the service to provide additional capacity of MRI scanning to support the host NHS trust. At the time of our inspection, the service was in the process of renewing their contract with the host trust. The service was working to provide increased MRI screening capacity by using a mobile MRI scanner in addition to their static MRI scanner.

Staff were aware of and able to name the values that aimed to drive service delivery and guide them at work: openness, excellence, efficiency, learning, and collaboration. Staff were focused on providing a caring and sustainable service aligned to support the local community.

Culture

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

All staff we spoke with were happy working in the service. Staff enjoyed the company of their co-workers and the team worked together to put the needs of the patient first. Most staff had worked at the location for a number of years and several staff returned to work as bank staff. The service's manager was supportive for staff to go on additional training courses.

Staff said they could raise concerns without fear and the service manager worked to support them. Staff were open and honest with patients if things went wrong and apologised. Staff could access wellbeing and counselling services through the corporate provider, Alliance Medical Limited.

Governance

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

The unit manager oversaw the service's governance processes. There were clear processes for ensuring safe care and high standards were upheld. At a corporate level, there were quarterly meetings for the clinical governance committee, health and safety committee, and information governance committee. Information from committee meetings was disseminated to the unit manager who would feedback relevant information to staff. Alliance Medical Limited undertook its most recent yearly quality and risk inspection in January 2022, in which there were no outstanding actions for Enfield Alliance MRI Centre.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. Staff were clear about their roles and responsibilities. The unit manager told us learning was circulated to staff. All staff members had a work email account and managers ensured updates were sent to staff via email.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

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

There was a corporate risk register and a local risk register. The local risk register was reviewed on an annual basis and as needed. None of the local risks were identified to be high enough risk to be included on the corporate risk register. Risks on a local level reflected risks identified on inspection, such as risk of machine failure and risk of a strong magnetic field. Managers encouraged staff to discuss risks at the monthly staff meeting as part of the standing agenda.

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

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Managers proactively monitored demand, activity and capacity and made decisions with the host NHS trust to meet key performance indicators.

The service had one data breach in the year prior to our inspection. The manager of the service raised the incident with the corporate data protection officer and information governance lead for investigation of the incident. Leaders shared learning with staff and changed processes in order to prevent future similar incidents.

Engagement

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

Staff were encouraged to participate in the yearly corporate Alliance Medical Limited annual staff survey, with 69% response across the entire company. Alliance Medical Limited put an action plan in place to address any issues raised.

The service emailed patient satisfaction surveys to patients after their scans. The service was working to help improve uptake of feedback by asking for patients' emails prior to their scan. The service received about 10% uptake in patient response to email surveys.

Leaders of the service collaborated with staff and the host NHS trust to help improve services for patients. For example, staff raised concerns about having enough flexibility to help with urgent scans. Managers responded to concerns by working with the host trust to open a mobile scanning unit for greater appointment availability.

Learning, continuous improvement and innovation

All staff were committed to continuous learning and improving services. Leaders encouraged innovation and participation in research.

The service was supporting a graduate radiographer through a two-year programme to become proficient in MRI scanning.

Managers supported involvement in research. Staff participated in an MRI research programme which partnered with orthopaedic consultants. The service was supporting the NHS host trust's physio department on a research programme.