

# Warwick Nuffield MRI

## 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?		Not sufficient evidence to rate	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Requires improvement	

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Warwick Nuffield MRI is operated by Alliance Medical Limited. The service provides diagnostic imaging through magnetic resonance imaging (MRI) scanning only.

Warwick Nuffield MRI registered with the CQC in 2010. It was last inspected in October 2012 under the previous CQC methodology, and at the time, the service met the standards it was measured against.

We inspected this service under our independent single speciality diagnostic framework and using our comprehensive inspection methodology. We carried out an unannounced inspection on 2 April 2019.

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

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

### Services we rate

We have not previously rated this service. At this inspection, we rated the service as good overall.

We found the following areas of good practice:

- Most staff understood how to protect patients from abuse. They had received training on how to recognise and report abuse, and generally knew how to apply it.
- The service controlled infection risk well. We observed well-presented staff who kept the equipment and premises clean. They used control measures to prevent the spread of infection.
- The service had appropriate arrangements in place to manage risks to patients and visitors.
- While there had been recent challenges with staff sickness, the service had sufficient staff of an appropriate skill mix, to enable the effective delivery of safe care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- All staff were aware of the importance for gaining consent from patients before conducting any procedures. They understood how and when to assess whether a patient had capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. While waiting times from referral to scanning did not meet the service's contractual requirements, they were still in line with good practice.
- The service engaged well with patients to plan and manage appropriate services.

However, we found areas of practice that the service needed to improve:

- The service did not have an effective process to monitor the quality of their scan images, which was representative of the service they provided.
- The local governance framework was limited, and staff were not always informed about performance, complaints, incidents, patient feedback and audit results in a timely manner.

# Summary of findings

- The service did not have full oversight of the competencies, skills, and capabilities of staff. There were no processes in place to enable staff to undergo clinical supervision, and there were no opportunities for staff to complete continued professional development.
- There were not effective arrangements in place for managing risks, and there was limited evidence that risks, and their mitigating actions were discussed with the local team.
- Staff engagement was limited, and staff felt disconnected from the organisation. Staff meetings did not take place regularly. Corporate senior managers also did not always provide adequate support or oversight to the unit.
- There were limited provisions made for children and young people in the service's waiting area.
- Staff did not receive training on how to communicate and care for patients living with dementia, learning difficulties and mental ill health.
- There was a variable understanding of the duty of candour regulation.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notices. Details are at the end of the report.

**Amanda Stanford**  
**Deputy Chief Inspector of Hospitals (Central)**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

The provision of Magnetic Resonance Imaging (MRI) scanning, which is classified under the diagnostic imaging core service, was the only service provided at this service.

We rated this service as good because it was safe, caring, and responsive to people's needs. However, it requires improvement for being well-led. We do not currently collect sufficient evidence to enable us to rate the effective key question.

# Summary of findings

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Good 

# Warwick Nuffield MRI

**Services we looked at**

Diagnostic imaging.

# Summary of this inspection

## Background to Warwick Nuffield MRI

Warwick Nuffield MRI is operated by Alliance Medical Limited. The service first opened in 1999 and became a static service in 2012. It primarily serves the communities of Leamington Spa, Coventry, Stratford, Kenilworth, and the surrounding areas.

The service provides magnetic resonance imaging (MRI) scanning to adults and children on an outpatient basis. The age group of children who undergo these scans range from four years and above.

Warwick Nuffield MRI was previously inspected in February and October 2012 and was compliant in all the areas inspected against.

## Our inspection team

The inspection team was comprised of a CQC lead inspector and a specialist advisor with expertise in radiological services. The inspection team was overseen by Phil Terry, Inspection Manager, and Bernadette Hanney, Head of Hospital inspection.

## Information about Warwick Nuffield MRI

Warwick Nuffield MRI provided diagnostic imaging through MRI scanning only. It was registered to provide the following regulated activity: and was registered to provide the following regulated activity:

- Diagnostic and screening procedures.

The service was located within the radiology department of a host hospital, which was operated by a different provider who we did not inspect at this time. Warwick Nuffield MRI had a service level agreement with the host hospital to perform MRI scans. The host hospital managed the premises; however, the fixed MRI scanner and associated equipment belonged to Alliance Medical Limited.

At the time of our inspection, Warwick Nuffield MRI employed seven members of staff, including a unit manager, a lead radiographer, two senior radiographers and three administrators.

Standard operational hours were Monday to Friday from 8am to 6pm.

During the inspection, we visited the MRI unit, which was located on the first floor of the host hospital. We spoke

with five staff members, including the unit manager, an administrator, radiographers, and the radiology manager for the host hospital. We also spoke with five patients and reviewed five patient records.

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

Activity (April 2018 to March 2019)

- Warwick Nuffield MRI performed a total of 3,278 MRI scans for this reporting period. Of these scans, 146 (4.5%) were performed on patients under the age of 18. The youngest patient seen was six years old.
- All patients were privately funded.
- For this reporting period, Warwick Nuffield MRI cancelled 280 appointments for non-clinical reasons. The most common reason for cancellation was at the request of the patient (79%).

Track record on safety

- The service reported zero never events from April 2018 to March 2019.

# Summary of this inspection

- The service had recorded six incidents from April 2018 to March 2019, all graded as no harm.
- The service reported zero serious injuries reported from April 2018 to March 2019.
- The service received one complaint from April 2018 to March 2019, which was upheld.
- Warwick Nuffield MRI reported zero incidents of health associated MRSA, Methicillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile and Escherichia coli (E-Coli).

Services accredited by a national body:

- The Royal College of Radiologists and College of Radiographers 'Imaging Services Accreditation Scheme', July 2018, due for renewal July 2021.

- ISO 27001 – Information Security Management Accreditation, June 2018, due for renewal June 2021.
- Investors in People (IIP) Accreditation, March 2017, due for renewal March 2020.

Services provided at the service under service level agreement:

- Use and maintenance of premises
- Medical physics expert provision
- Maintenance of medical equipment
- Resident medical officer provision
- Clinical and non-clinical waste removal



# 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	Requires improvement	Good
Overall	Good	Not rated	Good	Good	Requires improvement	Good

### Notes

We currently do not collect enough evidence to rate the effective key question.

# Diagnostic imaging

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

## Are diagnostic imaging services safe?

Good 

We have not previously rated this service. At this inspection, we rated safe as **good**.

### Mandatory training

- **The service provided mandatory training in key skills to all staff and generally made sure everyone completed it.**
- Mandatory training was a mixture of 'face-to-face' and 'e-learning' training modules. These included: basic life support, complaints handling, conflict resolution, equality and diversity, infection control, information governance, fire safety at work, health and safety, safeguarding adults, and safeguarding children training.
- Clinical staff were also required to complete additional mandatory training, including: immediate life support, medicines management in imaging and patient handling.
- Staff reported that it was sometimes difficult for them to complete their mandatory training due to clinical pressures, and they often completed the training in their own time at home. It was not clear whether staff were reimbursed for this.
- Compliance was recorded using Alliance Medical Limited's mandatory training tracking system and was reviewed at the corporate level. At the time of our inspection, the service reported a compliance rate of

89% for their mandatory training, which was slightly below the organisational target of 90%. However, this figure was due to long-term staff sickness within the unit.

- We found some discrepancies with Alliance Medical Limited's 'Permanent staff training needs analysis' (September 2018) and what training permanent staff at Warwick Nuffield MRI had completed. For example, no staff member had completed dementia training despite this being a mandatory requirement for all staff groups. Similarly, no clinical staff had completed level three safeguarding children's training, and no administrators had completed customer care training. This was not in line with the training needs analysis.
- According to Alliance Medical Limited's training needs analysis, paediatric intermediate life support (PILS) training was also a requirement for clinical staff at this location because they provided care for children and young people. Local training records showed only two of the three clinical staff had completed either PILS training or paediatric basic life support (PBLS) training in the unit. However, the service ensured that at least one of these staff members were on duty when children and young people were present in the unit.
- The unit manager informed us they would address the discrepancies in training. Following our inspection, we were told that the lead radiographer was due to complete level three safeguarding children's training, all staff had been advised to complete their dementia training, all radiographers would be trained in PBLS as a minimum.

# Diagnostic imaging

- Bank staff were monitored for their mandatory training compliance and had to complete training provided by Alliance Medical Limited before they could be booked for shifts.

## Safeguarding

- **Most staff understood how to protect patients from abuse. They had received training on how to recognise and report abuse, and generally knew how to apply it.**
- All staff were required to undertake vulnerable adults safeguarding training and level one safeguarding children training. Local training data showed 86% compliance with both training requirements, which was below the organisation target of 90%. One non-clinical staff member had not completed any safeguarding training. We raised this as a concern during our inspection and were told the staff member would complete the training as soon as possible.
- All clinical staff had also completed level two safeguarding children training, which was the level appropriate to their role. This met the intercollegiate guidance 'Safeguarding Children and Young People: roles and Competencies for Healthcare Staff' (March 2014).
- While there was a corporate safeguarding lead, who was available to provide support to staff and had completed safeguarding level four training, staff were unable to name this individual. However, all staff told us they would access the host hospital's safeguarding team for support and advice, if required. The contact details for this safeguarding team were displayed in the control room.
- The service had up-to-date safeguarding adults and children's policies in place. Both policies reflected relevant legislation and provided staff with information about what constitutes abuse, and advice on what to do in the event of a concern. The unit was in the process of producing a dual safeguarding policy with the host hospital, and at the time of our inspection, the policy was waiting to be signed off for use.

- Staff had access to a children's nurse through the host hospital provider. When any young child was due for a scan, staff liaised with the children's nurse to determine whether the child needed support from the nurse.
- Staff we spoke with had not made any safeguarding referrals; however, most staff were able to confidently tell us how they would identify a safeguarding issue and what action they would take.
- Staff were aware of the concerns around female genital mutilation (FGM) and had access to a flow chart for escalating concerns. If staff were concerned about any patients, they would refer to the safeguarding team at the host hospital.

## Cleanliness, infection control and hygiene

- **The service controlled infection risk well. We observed well-presented staff who kept the equipment and premises clean. They used control measures to prevent the spread of infection.**
- Alliance Medical Limited had infection prevention and control (IPC) policies and procedures in place, which provided staff with guidance on appropriate IPC practice. There was also a corporate lead for IPC, who was responsible for ensuring standards were maintained and provided IPC support.
- A supply of personal protective equipment (PPE), which included latex-free gloves and aprons, were available and accessible in the MRI unit. We observed staff using the PPE appropriately when interacting with patients, and all staff had their 'arms bare below the elbows' in clinical areas.
- Handwashing facilities were available within the clinical environment, and staff had access to hand sanitiser gels at the point of care. We observed staff washing their hands using the correct hand hygiene techniques before, during and after patient contact. The World Health Organisation's (WHO) 'Five moments for Hand Hygiene' posters were displayed above handwashing basins.
- Hand hygiene audits were undertaken to measure the radiographers' compliance with the WHO hand hygiene guidance. From May 2018 to April 2019, the service achieved an average compliance rate of 99%.

# Diagnostic imaging

- The host hospital was responsible for the cleaning of the environment. Staff told us that it was extremely rare for there to be problems with the cleanliness of the MRI unit. However, if they identified any concerns they would escalate them to the host provider, who would take immediate action to rectify the concerns. Cleaning schedules were in place in the unit, and we saw that these were consistently completed.
- An annual IPC audit was undertaken, with the last completed for Warwick Nuffield MRI in August 2018. The service scored a compliance rate of 94%, which met the organisation's target of 90%.
- Staff who inserted intravenous access devices to patients had received training on the safe insertion and maintenance of the device and its removal. Monthly peripheral vascular device (PVD) audits were completed for all clinical staff who inserted PVDs. From January to December 2018, the unit achieved a consistent compliance rate of 100%.
- There had been no instances of healthcare acquired infections from January to December 2018.
- All equipment belonging to the service was labelled in line with MHRA recommendations, for example, 'MR safe', 'MR conditional' and 'MR unsafe'. This ensured all staff knew which items could and could not be safely taken into the scanning room. Staff we spoke with understood their responsibilities relating to the use of equipment in an MRI environment.
- Resuscitation equipment, for use in an emergency, was easily accessible. The resuscitation trolley was owned and maintained by the host hospital; however, Alliance Medical Limited staff knew where the trolley was located. Staff also had access to an MR safe stretcher which they could use to transfer a patient out of the scanner during a medical emergency.
- An external company completed the servicing of the MRI scanner. Service records confirmed the scanner had been serviced every three months, the last completed in February 2019. Where faults arose outside of the planned services, staff called out engineers to assess and perform repairs. Staff also completed daily quality assurance checks for the MRI scanner to ensure it was safe to operate.

## Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- Facilities included a waiting area, two patient changing rooms, an accessible toilet, an MRI scanning room, and a control room where staff could observe scans taking place and operate the scanners.
- Patient changing rooms contained patient lockers, which were used while the patient underwent their scan. The key for these lockers were made of materials (non-ferromagnetic) which could be taken into the scanning room with the patient.
- The waiting area was clear of clutter and contained a suitable number of chairs to meet patient needs.
- Staff accessed the MRI scanner via a key-code entry, which prevented unauthorised access.
- There were appropriate warning notices to advise people about the risks of the MRI scanner and its strong magnetic field. This was in line with the Medicines and Healthcare Products Regulatory Agency (MHRA) national guidance.
- At the time of our inspection, there were no plans to replace the MRI scanner. This was because the contract with the host hospital was due for review in September 2019. Staff told us that if their contract was renewed then the seven-year old scanner would be replaced.
- Electrical equipment was regularly serviced, and safety tested to ensure it was safe for patient use. All the equipment we reviewed had been serviced within the date indicated.
- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort clinical and non-clinical waste, which was disposed of by the host hospital as part of their service level agreement.
- Sharp bins were clean, dated, not overfilled, and had temporary closures in place to prevent accidental spillage of sharps.

## Assessing and responding to patient risk

- **The service had appropriate arrangements in place to manage risks to patients and visitors.**

# Diagnostic imaging

- The radiographers screened all referrals against set criteria and determined whether there were any reasons why the scan could not be undertaken. If they had any concerns, they referred them to a radiologist for a review before offering the patient an appointment.
- All patients were required to complete an MRI safety checklist prior to receiving a scan. Questions on the checklist included asking whether the patient (or visitor) had a pacemaker, a prosthesis, if they were pregnant or if they had any shrapnel injuries. During our inspection, we were asked to complete a form before progressing beyond the reception area.
- All patients who required intravenous contrast during their scan underwent a specific blood test to check their kidney function. The radiologists or the resident medical officer (RMO) from the host hospital were responsible for reviewing blood test results prior to prescribing contrast medium for a patient. Contrast media is a substance administered into a part of the body to improve the visibility of internal structures during radiography.
- There was a defined pathway to guide staff on what actions to take if unexpected or abnormal findings were found on a scan. The pathway included the contact numbers for radiologists at the host provider, as well as the local NHS trusts. Reports for such findings were completed urgently to ensure further investigations or treatment was provided promptly.
- There was a policy in place to transfer patients to the nearest acute hospital in the event of a medical emergency. All staff were trained in basic life support or immediate life support and would put their training to use until an ambulance arrived. In addition, staff had access to an emergency resuscitation team who attended all medical emergencies. The team worked for the host hospital.
- In the event of a patient expressing they felt unwell, staff had access to the RMO who would attend to review the patient. For paediatric patients, if the children's nurse was not already present, staff would contact them to review the patient.
- Emergency pull cords were available in areas where patients were left alone, such as toilets and changing areas. Call bells were available within the scanner which patients could press if they wanted the scan to stop.
- There was an emergency 'quench' switch located in the unit, which staff could activate if they needed to urgently stop the magnets in the scanner from working. The radiographers could confidently describe the process to quench the magnet.
- Staff used the 'paused and checked' checklist devised by the Society and College of Radiographers. These checks ensured the right patient received the right scan of the right anatomical area. We observed staff completing these checks during our inspection.

## Staffing

- **While there had been recent challenges with staff sickness, the service had sufficient staff of an appropriate skill mix, to enable the effective delivery of safe care and treatment.**
- The service followed Alliance Medical Limited's safe staffing requirement pathway to ensure staffing levels in the unit were safe. Usual daily staffing consisted of two radiographers, one administrator and a unit manager. However, due to staff sickness, the unit manager had sometimes needed to complete administrative duties.
- The service employed two full time radiographers, one part-time radiographer, two full-time administrators, a part-time administrator and a full-time unit manager. However, at the time of our inspection, the unit manager was on a phased-return and one administrator was on long-term sick leave. In their absence, temporary administrative staff and a unit manager from another Alliance Medical Limited service had supported the unit.
- From April 2018 to March 2019, the service reported a sickness rate of 0% for clinical staff. If a radiographer reported in sick, the unit had access to bank and mobile staff from the organisation.
- From April 2018 to March 2019, bank or mobile staff covered 35 shifts.

# Diagnostic imaging

- The service ensured there were always two staff members in the scanning room during working hours to support the needs of patients and maintain staff safety.

## Medical staffing

- The service did not directly employ any medical staff. However, staff did have access to onsite radiologists and a resident medical officer (RMO) who worked for the host hospital. They were available for the core working hours of the service.
- We saw that a rota for the radiologists was displayed in the control room and the reception area.

## Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.**
- Staff stored and updated individual patient care records in a way that maintained their confidentiality. Staff received training on information governance as part of their mandatory training programme. At the time of our inspection, the service reported an 100% compliance rate with this training.
- The service received referrals by email, fax or in person. Administrators scanned the referral forms onto the electronic patient system, and then shredded the information. Completed MRI safety consent forms were also scanned onto the electronic system in the same way.
- The service had a recognised picture archiving and communication system (PACS) for storing completed images and the associated reports.
- Scan reports were completed by the reporting radiologists and were sent electronically to the referring clinician. If urgent medical attention was required, this was immediately reported, and a copy of the report was sent with the patient to the local acute hospital. All other reports aimed to be sent within three working days of the patient's scan. For March 2019, the service produced reports within two days of the patient's scan.
- During our inspection, we reviewed five reports and MRI scans. We found all scans and reports were clear

and of acceptable quality. Each report included patient identification, reason for the scan, clinical information, as well as a description of findings, conclusions, and recommendations.

## Medicines

- **The service followed best practice when prescribing, administering, recording, and storing medicines.**
- Medicines were stored in lockable cupboards which were temperature controlled, this included contrast media, which was stored in a locked cabinet in the control room. The pharmacy department of the host provider remotely monitored the storage temperature. The service did not store or administer controlled drugs.
- Patient specific directions (instructions to administer medicines to individually named patients who have been assessed by a prescriber) were required for all patients needing intravenous contrast enhanced MRI imaging.
- All clinical staff had completed a 'medicines management in imaging' module to increase their awareness of the correct processes and procedures.
- Allergies were clearly documented on the referral forms and on the electronic patient records. Staff verbally checked allergies during the patient safety questionnaire.
- Staff had access to a pharmacy advisor for medicine management support. A corporate medicines management policy was also available to staff. This was in date and followed national guidance.

## Incidents

- **The service generally managed patient safety incidents well, and staff recognised and reported them appropriately. However, there was a variable understanding of the duty of candour regulation.**
- Staff reported incidents on their electronic incident reporting system, which would then be reviewed and investigated by the unit manager. After their review, the incident was sent to the corporate quality and risk team for their approval.



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- From April 2018 to March 2019, the service reported six incidents, which were all graded as no harm. There were no trends or themes within these incidents; however, the last incident involved a patient fainting during their appointment. We saw that this incident was investigated by the unit manager, who confirmed that staff took the appropriate action.
- Warwick Nuffield MRI did not report any never events in the 12 months prior to our inspection. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- In accordance with the Serious Incident Framework 2015, the service did not report any serious incidents in the 12 months prior to our inspection.
- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.
- The clinical staff we spoke with understood the duty of candour process and the need for being open and honest with patients when errors occur. However, the unit manager was unable to explain the process they would undertake if they needed to implement the duty of candour following an incident which met the requirements. At the time of our inspection, they had not reported any incidents that met the threshold for the duty of candour regulation.
- Alliance Medical Limited had implemented an incident newsletter called 'Risky Business'. The monthly newsletter provided staff across the organisation the opportunity to discuss relevant incidents which had occurred and learn from them.

## Are diagnostic imaging services effective?

Not sufficient evidence to rate 

We do not rate effective for diagnostic services.

### Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- Staff we spoke with demonstrated a good understanding of the national legislation that affected their practice, including guidance produced by the National Institute for Health and Care Excellence (NICE) and the Society and College of Radiographers (SCoR). For example, in line with NICE guidance, staff ensured all patients who required contrast media received a blood test to check their kidney function before proceeding with the scan.
- Radiographers followed evidence-based protocols for the scanning of individual areas or parts of the body. They also had access to radiologist advice by email, telephone, or face to face if they had any concerns.
- Staff adhered to the 'Paused and Checked' checklist, which is designed as a ready reminder of the checks that need to be made when any MRI scan is undertaken. This was in line with national standards outlined by SCoR.
- Guidelines and policies were in line with current legislation and national evidence-based guidance from professional organisations, such as the Medicines and Healthcare Products Regulatory Agency (MHRA) 'Safety guidelines for magnetic resonance imaging equipment in clinical use' (2005).
- Staff told us they were kept up-to-date with changes in policies through the unit manager and in the monthly newsletter.
- A corporately developed audit schedule was in place, which Warwick Nuffield MRI participated in. This

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included hand hygiene, patient satisfaction surveys and image quality. However, there was limited evidence that audit findings were discussed and disseminated with staff.

- We saw no evidence of any discrimination, including on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief, and sexual orientation when making care and treatment decisions.

## Nutrition and hydration

- **Patients had access to enough hydration services to meet their needs.**
- All patients were offered complimentary drinks when they attended for their MRI scan. This included a selection of hot drinks and cold water.

## Pain relief

- **Staff asked patients if they were comfortable during their MRI scans, however no formal pain level monitoring was undertaken as the procedures were pain free.**
- Patients with known long-term pain management concerns were encouraged to continue taking their analgesia as normal.

## Patient outcomes

- **The service did not always have processes in place to monitor the effectiveness of care and treatment in the unit.**
- There were limited audits completed to review the quality of the MRI scan images. The service did not complete peer review audits, and the host's radiologists only reviewed a very small percentage of the scans completed for another private provider. Therefore, we could not be assured that the audit results were a true representation of the service provided. Staff also reported that they did not receive feedback from the audits, which meant that areas for learning and improvement would not be addressed.
- We requested the results from the last six image quality audits. We were informed that the results were sent directly to the private provider by the host hospital. However, staff told us no quality issues had been raised from these audits in the last six months.

- The service completed a monthly quality score card which contained performance measures on referral to scan time, scan to report time, did not attend rates, and patient engagement and satisfaction information. Information for March 2019 showed the service was currently scanning patients eight days from referral, and reports were completed within two days of the scan.

## Competent staff

- **The service did not always make sure staff were competent for their roles.**
- There were no processes in place to enable staff to undergo clinical supervision, and staff reported not having the opportunity to complete continuous professional development due to staffing challenges and clinical pressures. This did not meet national guidance from SCoR, who recommend that radiographers must ensure their knowledge and competencies are regularly updated to keep in line with MRI advances. We raised this as a concern to the unit manager during our inspection, who told us that clinical staff have access to additional training courses, which are funded by Alliance Medical Limited. However, they could not provide evidence of any courses attended.
- Administrators also reported there was limited progression and development opportunities available for them.
- While we were told that staff appraisals had been completed within the last 12 months, we did not see evidence of this. Some staff files indicated that their last appraisals were completed in 2017.
- Similarly, MRI competency assessments for the radiographers had not been reviewed or updated since 2015. When these assessments had been completed, they relied on the radiographers outlining what activities they were experienced and competent to complete and did not involve an assessment of their skills.
- Appraisals and clinical competencies provide evidence that individuals hold the necessary skills and capabilities to undertake their role safely and effectively. Therefore, we could not be assured that staff were suitable and competent for their role. We



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raised this as a concern during our inspection and were told that formal appraisals would take place within the next month. Following our inspection, we were informed that the radiographers' competency assessments had been updated. However, we were not provided with any evidence of this, and therefore, we could not determine who was responsible for completing the assessments.

- The radiographers who inserted intravenous access devices to patients had all completed and passed cannulation training and competency assessments. We reviewed these during our inspection and saw they were all in date.
- The human resources (HR) department for Alliance Medical Limited were responsible for ensuring staff had the right qualifications and experience to do their job when they started their employment. HR also monitored and held information about the radiographers' professional registration.
- Each staff member completed a corporate and local induction, which included role-specific training. Newly employed staff worked closely with another staff member for as long as they needed.

## Multidisciplinary working

- **Staff of different disciplines and from different providers worked together as a team to benefit patients.**
- During our inspection, we observed positive examples of the radiographers and administrators working well together. Their professional working relationship promoted a relaxed environment for patients and helped to put the patients at ease. All staff commented on how well they worked as a team.
- The service had a good relationship with the host hospital, and feedback we gathered from the staff at the host hospital also confirmed this. The unit manager met monthly with the radiology manager to review and discuss performance.
- Staff worked closely with referrers to enable patients to have a prompt diagnosis.

## Seven-day services

- As the service did not provide emergency scanning, it did not provide a seven-day service. However, there was generally flexibility within each list to accommodate patients requiring an urgent scan.
- Warwick Nuffield MRI was open Monday to Friday from 8am to 6pm. Patients who required an urgent scan outside of these hours were transferred to a local NHS hospital.

## Consent and Mental Capacity Act

- **All staff were aware of the importance for gaining consent from patients before conducting any procedures. They understood how and when to assess whether a patient had capacity to make decisions about their care.**
- There were processes to ensure patients consented to procedures. Patients completed a safety questionnaire before scanning, and by signing the form, the patients were giving consent to the scan. The radiographers checked the details of the form before they took patients to the scanning room and would verbally check the patient was still happy to go ahead with the scan.
- Patients were provided with information prior to their appointments and were given opportunities to ask questions when they arrived. This ensured their consent was informed.
- There was a consent policy in place, which provided staff with information about adults and young people who may lack capacity and guidance on what action they should take. It was the responsibility of the referrer to inform the service about whether there were any concerns about a patient's mental capacity.
- Staff told us they received support from the host site's medical staff to manage patients who lacked capacity.
- Staff had a general awareness of Gillick competencies for patients under the age of 18. To be Gillick competent, a young person (aged 16 or 17) can consent to their own treatments if they are believed to have enough intelligence, competence and understanding to fully appreciate what is involved in their procedure.

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- Mental Capacity Act (MCA) 2005 training was completed as part of the mandatory safeguarding vulnerable adults training. At the time of our inspection, all staff, except one, had completed this training.

## Are diagnostic imaging services caring?

Good 

We have not previously rated this service. At this inspection, we rated caring as **good**.

### Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- All staff we spoke with were very passionate about their roles and were dedicated to making sure patients received patient-centred care. We observed staff treating and assisting patients in a compassionate manner.
- During our inspection, we spoke with five patients about various aspects of their care. Without exception, feedback was consistently positive about the kindness and care they received from staff. One patient described staff as “lovely and caring people”. Another patient told us their experience was “very good” and they were “very happy with the service”.
- We observed staff introducing themselves to patients at the start of the appointments; they also explained their role, and fully described what would happen during the scan. They made sure patients were comfortable and were reassured if they felt nervous.
- Staff maintained patients’ privacy and dignity during their time in the unit and MRI scanner. The service provided changing rooms for patients, and ensured they were covered as much as possible during their scan.
- The service obtained patient feedback through a patient satisfaction survey. The survey allowed

patients to give their feedback, rate their experience from ‘dissatisfied’ to ‘very satisfied’, and answer whether they would recommend the service to their friends and family.

- We reviewed the results from March 2019 and found that all patients reported they were ‘very satisfied’ (82.65%) or ‘satisfied’ (17.4%) with their experience. Similarly, 96% of the patients who completed the survey would recommend the service to their friends and family.

### Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff supported patients through their investigations, ensuring they were well informed and knew what to expect. They updated patients regularly about how long they had been in the scanner and how long they had left.
- Patients could communicate directly with the radiographer during their scan through an intercom system. They could press an emergency button if they needed to come out of the scanner.
- Staff were aware that patients attending the service often felt nervous and anxious so provided additional reassurance and support to these patients. We observed staff providing ongoing reassurance to a nervous patient throughout their MRI scan in a calming and reassuring demeanour.
- Comments from the March 2019 patient satisfaction survey confirmed that staff provided patients with emotional support. For example, one comment read, “staff were polite and reassuring throughout the whole process”.

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

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Staff took the time to explain the procedure and the precautions to patients and their relatives. Patients were encouraged to ask questions, which staff ensured they answered before commencing the scan.

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- Staff adapted the language and terminology they used when discussing the procedure with the patient. The service provided MRI scans to a range of patients. Therefore, it was important for staff to use appropriate language, which the patient understood.
- Patients we spoke with told us they were involved with decisions about their care and treatment and were aware of what the next steps in their treatment were.
- The service allowed for a parent, family member or carer to remain with the patient for their scan if they were anxious. Staff ensured they completed an MRI safety questionnaire and provided them with headphones to reduce the noise.
- Staff recognised when patients needed additional support to help them understand and be involved in their care and treatment and enabled them to access this. For example, the service used a telephone translation service and face-to-face interpreters for patients who did not speak English.
- There were appropriate discussions about the cost of their MRI scan. Paying patients were advised of the cost of their scan when they booked their appointment. This information was also available on the corporate website and at reception.
- The premises were appropriate for the services delivered. The MRI unit was a static modular unit located on the first floor of the building and was accessible to all patients and visitors.
- The unit offered a wide range of standard, complex and contrast-based scans for muscular skeletal, urology, gynaecology, abdominal, neurological and ear, nose, and throat patients. The unit provided an MRI service for patients over four years of age.
- Patients reported to a large, comfortable waiting area, where refreshments and toilets were available. However, there were no provisions made for children and young people. For example, there were no toys or books for children and young people in the waiting room. Staff told us this had not caused any concerns previously; appointments were not often delayed, which mean children were not kept waiting. Staff also verbally encouraged parents when they booked the appointment to bring their own items to occupy their child.
- The corporate website provided useful information about the service, including downloadable safety questionnaires for patients to complete before their appointment.
- Signage throughout the radiology department was clear, visible, and easy to follow. Patients were given information on how to find the unit and parking arrangements at the time of booking.
- Warwick Nuffield MRI was located near established routes, with a bus stop and a train station a short distance away. Patients were also able to use free and accessible car parking.
- All patients were informed of when and how they could expect to receive the results from their scans.

## Are diagnostic imaging services responsive?

Good 

We have not previously rated this service. At this inspection, we rated responsive as **good**.

### Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- The host provider monitored Warwick Nuffield MRI's progress in delivering their service against its contractual agreement through monthly performance meetings. To meet contractual requirements the service was expected to scan patients within three working days from their referral. At the time of our inspection, the service was currently scanning patients eight days from referral.

### Meeting people's individual needs

- **The service was generally accessible to all who needed it and took account of patients' individual needs.**
- The MRI unit was located on the first floor of the host hospital and was accessible to all patients. There was

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sufficient space for wheelchair users, and an accessible toilet was located within the unit. An MRI compatible wheelchair was available for patients, if required.

- Staff told us they rarely saw patients with complex needs. However, when they did, appointment times would be extended to ensure patients were not rushed. Staff also ensured reasonable adjustments were made before the patient's appointment to meet their individual needs. However, staff had not received any additional training for meeting the needs of patients with a learning disability and did not have access to a learning disability specialist.
- While staff had not undergone dementia awareness training, they were aware of the individual needs of patients living with dementia. We raised this at the inspection, and the provider informed us that training would be provided for staff. Staff told us they encouraged carers or relatives to stay with the patient whilst they underwent the scan.
- There was access to a hearing loop system fitted in the waiting area for patients with hearing difficulties. For non-English speaking patients, the service provided patients with an interpreting service. Staff also had access to a telephone interpreting service.
- Patient information leaflets were available in larger font size or braille for patients with a visual impairment. These could also be translated into other languages, if required.
- Staff tried to ensure the needs of children and young people were met during their MRI scan. Staff encouraged parents to remain in the scanning room whilst their child underwent the scan, as long as this was safe to do so. Children were also supported by a paediatric nurse from the host hospital.
- The service had bariatric provisions in place for patients who had a raised body mass index. This included having larger chairs in the waiting area, as well as manual handling equipment and a wide-bore scanner which could accommodate larger weights.
- Nervous, anxious, or claustrophobic patients were invited to have a tour of the unit prior to their appointment so they could familiarise themselves

with the room and the scanner. Staff also encouraged patients to bring in their own music for relaxation and to bring someone with them for support, who could be present in the scan room, if necessary.

## Access and flow

- **People could access the service when they needed it. While waiting times from referral to scanning did not meet the service's contractual requirements, they were still in line with good practice.**
- The service recorded the time taken from referral to undertaking the MRI scan. The target set by the host provider was three working days. Data from September 2018 to March 2019, showed the service was scanning patients within five days of receiving the referral. While this did not meet the target, it was still in line with good practice and urgent referrals were accommodated within days of referral. Patient feedback during our inspection also confirmed patients had received their appointment in a timely manner.
- We discussed the service's performance with the unit manager and lead radiographer. They told us their performance had been affected by a sudden increase in referrals for patients who required an MRI scan on more than area. Data from February and March 2019 indicated the average waiting time was eight days.
- To improve their waiting time performance, additional clinics were sometimes arranged for Saturday mornings. From April 2018 to March 2019, 12 weekend clinics were provided to reduce appointment backlogs.
- Scan reports were generally completed by radiologists from the host provider. Therefore, staff tried to book appointments in accordance with the radiologists' availability, so images would be ready for reporting at the earliest point. From September 2018 to March 2019, the turnaround from scanning to reporting was four days. This met the key performance indicator of five working days.
- There was a process in place to ensure patients who did not attend (DNA) appointments were followed up.

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The administrator telephoned all patients who missed their MRI scan and offered them a new appointment. If a patient did not attend two consecutive appointments, staff contacted the referrer.

- Staff reported a low DNA rate as the service was provided at times that were convenient to the patient. From September 2018 to March 2019, ten patients did not attend their appointment. In March 2019, the service reported a DNA rate of 0.4%.
- From April 2018 to March 2019, 280 appointments were cancelled due to non-clinical reasons, 18 (6%) of which were due to equipment failures. The most common reason for cancellation was at the request of the patient (79%). The service responded by offering patients the next available appointment and added in additional clinics at the weekends to compensate.
- Patient feedback confirmed that patients were kept informed about appointment delays and received an apology from staff for their delay. During our inspection, we observed that appointments at Warwick Nuffield MRI ran on time. However, the service did not formally monitor appointment delays.

## Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and shared any learning with staff.**
- Alliance Medical Limited had a complaints policy in place, which outlined the process for recording and investigating complaints. The unit manager was responsible for investigating and responding to complaints. The staff we spoke with were aware of the complaints process and policy and where possible, they tried to resolve informal complaints immediately before they developed into more significant complaints.
- The complaints' policy stated that the complainant would receive the full complaint response within 20 working days, unless a different timescale was agreed with the complainant.
- From April 2018 to March 2019, Warwick Nuffield MRI received one complaint, which was upheld by the

service. The complaint was regarding the mishandling of a patient's personal data. The complainant received the full complaint response within the timeframes set out in the service's complaint policy.

- Complaints and their outcomes were discussed and shared with staff during their team meetings. Trend analysis of complaints were also completed across the organisation to help identify similar areas of concerns. Any learning was disseminated through the monthly 'risky business' newsletter. For example, in the March 2019 newsletter, staff were reminded about the importance of maintaining patients' privacy, dignity and storage of valuables.
- Patient information leaflets, explaining how patients and those close to them could raise concerns or complaints, were displayed in the waiting area. Details of how to make a complaint was also published on the Alliance Medical Limited website.

## Are diagnostic imaging services well-led?

Requires improvement 

We have not previously rated this service. At this inspection, we rated well-led as **requires improvement**.

### Leadership

- **While there was a unit manager in post at the time of our inspection, there had not been a stable local management team for the last two years. Corporate senior managers also did not provide adequate support or oversight to the unit.**
- The unit manager had been in post since September 2018; however, at the time of our inspection, they were on a phased-return. Due to their period of absence, it was too early to assess them as a leader.
- Prior to their appointment, there was several interim managers. However, because of this, staff reported they had not received appropriate support or leadership. They were hopeful that once the unit manager returned to work full-time, this would improve.



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- Staff said the unit manager was friendly and approachable, and they felt confident to discuss any concerns they had with them. They told us that the unit manager frequently supported the team when administrators were absent from work.
- We were not assured that the unit was provided with adequate support and oversight from senior managers within Alliance Medical Limited. For example, the unit risks were inputted onto the risk reporting system in September 2018, and these were still awaiting approval from senior managers at the time of our inspection. After the inspection, the provider informed us that this was being addressed.
- Staff also reported that they felt disconnected from the organisation. They told us that senior managers were not visible and did not provide adequate support to the unit manager.
- The service had a registered manager registered with the Care Quality Commission; however, they were not currently working at Warwick Nuffield MRI at the time of our inspection. During our inspection, we found there was some confusion within the service about who the current registered manager. The information submitted by the service prior to our inspection named a different individual to who was registered on our internal system. The unit manager was under the impression that they were to become the registered manager and reported that they had started an application prior to their absence. Following our inspection, the service confirmed the unit manager would take over the responsibilities and position of the registered manager.

## Vision and strategy

- **Although the service did not have a local vision for what it wanted to achieve, it had embedded the corporate vision and values into their work.**
- Alliance Medical Limited had three goals for what they wanted to achieve, this included:
  - The provision of safe, effective, and timely services.
  - Ensuring measured, responsible outcomes from services.
  - The provision of an experience that meets stakeholders' expectations.

- There was also a set of corporate values, which included: collaboration, excellence, efficiency, and learning.
- The staff we spoke with could articulate the service's values and reported that they felt they reflected how they worked and delivered care. The values were displayed within the unit.

## Culture

- **Despite the challenges with local management, staff felt happy and valued by the unit manager, and this was evident during our inspection.**
- We spoke with seven members of staff who all spoke positively about the culture of the service and described it as 'supportive' and 'caring'. There was a sense of ownership and pride in the service provided.
- There was a positive approach to reporting incidents. Any incidents or complaints raised would have an open and honest 'no blame' approach to the investigation. However, in circumstances where errors had been made, apologies would always be offered to the patients and staff would ensure steps were taken to rectify any errors.
- During and after our inspection, we informed the unit manager that there were areas of the service that required improvement. They responded positively to this feedback and put some actions in place, demonstrating an open culture of improvement.

## Governance

- **Although the corporate arrangements for governance was clear, the local governance framework was limited. The service did not have full oversight of the competencies, skills, and capabilities of staff.**
- Corporate level governance meetings were held every three months. Meeting minutes confirmed that incidents, complaints, policies, performance, and updates from the sub-committees were discussed.
- At a local level, staff were updated on performance, complaints, incidents, policies, patient feedback and clinical issues through staff meetings and the monthly 'risky business' newsletter. However, staff meetings were not held regularly, and the meeting minutes did

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not provide evidence that all aspects of governance were discussed. In addition, the meeting minutes from the February 2019 staff meeting lacked detail. This meant that unless staff had attended the meeting, they would find it difficult to fully understand what was discussed.

- We requested copies of the last three 'risky business' newsletters and found that the newsletters were not issued monthly. For example, we received copies of the newsletter from November 2018, December 2018, and March 2019. This meant we could not be assured that staff were updated and informed about changes in a timely manner.
- All staff personnel files were managed by the corporate human resources (HR) department. Local managers held files on staff development, such as appraisals, continuous professional development, local competencies, and training data. However, there was not a robust process in place to review and update these. For example, MRI competency assessments had not been reviewed since 2015, and there was no evidence that staff appraisals had been completed within the last 12 months. Therefore, we could not be assured that the service had oversight of the competencies, skills and capabilities of staff working for their service. Following our inspection, we were informed that the radiographers' competency assessments had been updated. However, we were not provided with any evidence of this. We were also told that all appraisals would take place within the next month.
- The service level agreements between the service, host hospital and other external providers, were managed at a corporate level. However, local working arrangements with the host hospital was managed well. For example, the unit manager attended monthly review meetings with the radiology manager to discuss the service provided.
- There was some cross-over in governance processes between the service and the host provider, such as incident reporting and complaints. However, staff told us that this worked well and did not cause any uncertainty or confusion.

- The service did not require individual practitioners to hold their own indemnity insurance. All staff working for the service were covered under the provider's insurance.

## Managing risks, issues and performance

- **There were not effective arrangements in place for managing risks, and there was limited evidence that risks, and their mitigating actions, were discussed with the local team.**
- The unit manager was responsible for recording the unit's risks onto the risk reporting system, which were then sent to the regional director for review and approval. At the time of our inspection, the local risk system comprised of 16 risks, and included a description of each risk, alongside mitigating actions. An assessment of the likelihood of the risk materialising and its possible impact were also recorded.
- All risks, except two, had been graded as 'low risk'. The two moderate graded risks related to the filling of cryogenic gas. We saw appropriate mitigating actions were recorded, such as staff ensuring no unauthorised personnel entered the scanning area during filling time. Other risks included (but not limited to) unauthorised people entering the scan room, lone worker scanning, magnetic quenching, and cardiac arrest.
- At the time of our inspection, all 16 risks were awaiting approval from senior managers even though they were submitted in September 2018. This delay prevented the unit from reviewing and updating their risks. There was also no evidence that risks, and their mitigating actions were discussed in any of the staff meeting minutes we reviewed. Therefore, we could not be assured the service was taking timely and appropriate action to address the risks within the service. After the inspection, the provider informed us that this was being addressed.
- All staff we spoke with could clearly articulate the main risks to the service and what was being done to address them. However, staff felt the biggest risk to the service was staffing, which was not recorded on the risk system.

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- Performance was monitored on a local and corporate level using the quality scorecard, annual corporate audit programme and the annual quality assurance review. Any actions or areas of improvement identified through these methods of monitoring performance required local action plans to be produced.
- The service had their last annual quality review in October 2018. This identified there were 13 major non-conformities, 18 minor non-conformities and eight action points. The service had devised an action plan in response to this audit and had actioned all the major non-conformities, and 15 of the minor conformities. It was not clear why the other actions were still outstanding.
- We identified that findings from audits were not widely shared within the service. We reviewed the last three staff meeting minutes and did not see evidence that audit findings and recommendations were discussed or reviewed. This meant we could not be assured that learning from audits were identified, taken forward and implemented. After the inspection, the provider informed us that this was being addressed.
- A business continuity policy was in place detailing the action the provider would take in the event of a major incident and covered business continuity in the event of information technology disruption, loss of power, scanner breakdown and flooding. The policy had a flow chart and relevant contact numbers to assist staff to correctly escalate incidents.
- The host site had back-up generators, which were tested regularly. This ensured that in the event of a power cut, the service could continue scanning patients with minimal disruption.
- Staff had access to all relevant corporate and local documents within the unit and were also able to access elements of information securely from their own computers at home. This included electronic mandatory training.
- The service used three separate electronic record systems, each with an individual purpose. Electronic patient records were kept secure to prevent unauthorised access to data.
- The service was aware of the requirements of managing a patient's personal information in accordance with relevant legislation and regulations. General Data Protection Regulations (GDPR) had been reviewed to ensure the service was operating within the regulations.
- Information governance training formed part of the mandatory training programme for the service and at the time of our inspection, most staff had completed this training. Staff we spoke with understood their responsibilities regarding information management.

## Engagement

- **The service engaged well with patients to plan and manage appropriate services and collaborated with the host provider effectively. However, staff engagement was limited, and staff felt disconnected from the organisation.**
- Patient satisfaction surveys were sent automatically to patients to give feedback about their experience. The results were analysed every month and recorded on the service's quality scorecard.
- The results from March 2019 was overwhelmingly positive with all patients reporting they were 'very satisfied' (82.6%) or 'satisfied' (17.4%) with their experience. Similarly, 96% of these patients would recommend the service to their friends and family. Comments from the survey included: 'Staff gave clear explanations of the procedures', 'efficient process from booking to appointment', and 'friendly and informative service, made to feel at ease'.
- Alliance Medical Limited set a target response rate of 20%. From September 2018 to March 2019, Warwick Nuffield MRI did not meet this target; they achieved a 17% response rate for March 2019. The unit manager

## Managing information

- **The service collected, analysed, managed, and used information well to support all its activities using secure electronic systems with security safeguards.**
- Alliance Medical limited had achieved the ISO 27001 accreditation, which provides external assurance of the service's approach to information security management. The organisation had maintained compliance in 2018, and recertification was achieved for a further three years.



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felt their performance was due to patients not realising the MRI service and the host hospital were managed by different providers. Therefore, patients often completed the host hospital's feedback forms rather than theirs.

- The administrators received additional training in customer care to ensure patients were provided with the best possible experience during their appointments.
- There was a corporate website for members of the public to use. This held information about the MRI scans and what preparation was required. There was also information about how patients could provide feedback regarding their experience.
- Staff told us senior managers rarely visited the unit. They reported that they felt disconnected from the organisation and were not updated about changes within the organisation in a timely manner. One staff member told us that 'this unit is often forgotten about'.
- Staff meetings were not held regularly, which meant there was limited opportunity for staff to engage in service planning and development. The last three team meetings were held in July 2018, August 2018, and February 2019.
- Staff participated in the corporate annual staff satisfaction survey. The unit manager told us they

were given the results of the survey; however, the results were not broken down into site-specific units. Therefore, it was difficult for managers to understand staff satisfaction at this unit.

- We reviewed the results from the 2018 survey for the staff survey. Two of the lowest scoring areas related to staff wellbeing and development. The unit manager had devised an action plan to help improve these categories. The actions included: ensuring all staff have sufficient breaks; ensuring annual appraisals include development objectives and encouraging staff to attend external training.
- All staff received newsletters called 'Risky Business' by email. The newsletter informed staff of complaints, incidents, and learning.
- Staff had formulated positive relationships with staff at the host hospital. They reported they felt well integrated and supported, which ensured patients received an effective care pathway.

## Learning, continuous improvement and innovation

- **Due to staffing challenges and clinical pressures, the service was unable to undertake any continuous improvement or innovation.**
- Staff reported they did not receive feedback from the audits, which meant that areas for learning and improvement were not actively addressed.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must review their local governance arrangements to ensure the whole team are informed about performance, complaints, incidents, patient feedback, clinical issues, and audit results in a timely manner. HSCA RA Regulations 2014: Regulation 17 Good Governance (1)(2)(a).
- The provider must ensure there is an effective process to monitor the quality of their scan images, which is representative of the service they provide. HSCA RA Regulations 2014: Regulation 17 Good Governance (1)(2)(a).
- The provider must ensure risks to their service are regularly reviewed, and mitigating actions are discussed with the whole team. HSCA RA Regulations 2014: Regulation 17 Good Governance (1)(2)(b).
- The provider must ensure staff appraisals and competency assessments are reviewed, updated regularly and completed by an appropriate individual. HSCA RA Regulations 2014: Regulation 18 Staffing (2)(a).

### Action the provider **SHOULD** take to improve

- The service should ensure all staff can undertake clinical supervision and continuous professional development.
- The provider should ensure there is effective oversight and support from corporate senior managers.
- The provider should ensure staff meetings take place regularly.
- The provider should review their safeguarding procedures to ensure all staff understand how to escalate safeguarding concerns and know how they can receive further advice and support.
- The provider should consider reviewing the provisions made for children and young people in their waiting area.
- The provider should consider providing training for staff on how to communicate and care for patients living with dementia, learning difficulties and mental ill health.
- The provider should review their processes for embedding the understanding of the duty of candour requirement.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The regulation was not being met because:</b></p> <p>The local governance arrangements were not effective in ensuring the whole team were informed about performance, complaints, incidents, patient feedback, clinical issues, and audit results in a timely manner.</p> <p>There was not an effective process to monitor the quality of their scan images, which were representative of the service provided.</p> <p>Risks in the service were not regularly reviewed, and mitigating actions were not discussed with the whole team.</p>
Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>The regulation was not being met because:</b></p> <p>Staff appraisals and competency assessments were not reviewed, updated regularly, or completed by an appropriate individual.</p>