

# Diagnostic Healthcare Limited

## Quality Report

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

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

# Summary of findings

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

## Overall summary

Diagnostic Healthcare Limited in Altrincham is operated by Diagnostic Healthcare Limited.

**Diagnostic Healthcare Ltd** was established in 2004 to provide medical diagnostic imaging services of magnetic resonance imaging (MRI), computerised tomography (CT), ultrasound, dual-energy X-ray absorptiometry (DEXA) bone density scans, and X-ray to both NHS and private patients of 17 years of age or older. The provider delivers diagnostic imaging services across the North West, Midlands and South of England, and has been registered to provide services in Altrincham since 2011. The provider also delivers vascular treatments at the Altrincham clinic under a joint venture with another healthcare provider, trading as Manchester Vein Clinic.

We inspected this service using our comprehensive inspection methodology. We carried out a short-announced inspection starting on 1 April 2019. The inspection included visits to the service's static location in Altrincham, and to a sample of mobile magnetic resonance imaging (MRI) and computerised tomography (CT) units.

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. We rated it as **Good** overall.

- 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 collected safety information and used it to improve the service.

- Staff provided good care and treatment, gave patients advice on food and drink preparation before their scans, and assessed and monitored patients regularly to see if they were in pain. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- 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, took account of patients' individual needs, and made it easy for people to give feedback. 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 its commissioners to plan and manage services and all staff were committed to improving services continually.

We found areas of outstanding practice:

- Staff knowledge of safeguarding, mental capacity act and deprivation of liberty safeguards, including the provider's policies and procedures was assessed annually as part of their appraisal.

# Summary of findings

We found areas of practice that require improvement:

- Transvaginal probes were high-level disinfected following scans only when there was suspicion of soiling or failure of the single-use probe cover. The recently updated joint Guidelines for Professional Ultrasound from Society and College of Radiographers and the British Medical Ultrasound Society Guidelines for Professional Ultrasound Practice recommend high-level disinfection after every transvaginal scan.
- Contrary to health and safety executive recommendations, larger sharps bins were located on the floor in the mobile units, and not all sharps bins were consistently marked with the date of assembly.

- Staff were not always consistent in undertaking positive, rather than passive, patient identification checks.
- The provider did not have any patient information leaflets in languages other than English.
- Diagnostic reference levels being used at the time of the inspection were not displayed within the mobile CT scanning unit.

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

**Ann Ford**

Interim Deputy Chief Inspector of Hospitals (North)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

We rated the services delivered by Diagnostic Healthcare Limited at or from its Altrincham location as good.

This was because services were delivered in a safe and effective way that protected patients from harm. Patients were involved in the care and treatment which was delivered with kindness and compassion. The services delivered at, and managed from, the Altrincham location were designed to meet and be responsive to the needs of the people it served, and as individuals.

The service was led by example by a passionate chief executive and team of directors who promoted a positive culture of success throughout the business.

# Summary of findings

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Good 

# Diagnostic Healthcare Limited

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to Diagnostic Healthcare Limited

Diagnostic Healthcare Limited in Altrincham is operated by Diagnostic Healthcare Limited.

In Altrincham, the provider manages and delivers a range of services including dual-energy X-ray absorptiometry (DEXA) bone density scanning, non-obstetric ultrasound scanning, magnetic resonance imaging (MRI). The provider also delivers vascular treatments at the location under a joint venture with another healthcare provider, trading as Manchester Vein Clinic.

The provider manages a fleet of mobile magnetic resonance imaging (MRI) units with wide bore scanner options and mobile computerised tomography (CT)

across England from its Altrincham location. Services provided by the mobile units were contracted by clinical commissioners through the Any Qualified Provider initiative, or directly by NHS hospital trusts.

The provider's operation team includes 20 patient services administrators, rota coordinators and operational support staff. The team, based at the provider's headquarter, supports the operational radiography and sonography scanning teams across the country and manages patient experience, contact, and appointments.

The provider's registered manager has been in post since 14 July 2011.

## Our inspection team

The team that inspected the location comprised a CQC lead inspector, a CQC assistant inspector, and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

## Why we carried out this inspection

We carried out the inspection of Diagnostic Healthcare Limited as part of our routine inspection programme.

## Information about Diagnostic Healthcare Limited

Diagnostic Healthcare Limited is registered to provide the following regulated activities at the Altrincham location:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

The provider had approximately 180 employees, at four hubs across the country, delivering services at approximately 90 community satellite sites.

During the inspection we visited the provider's scanning and vascular treatment facilities at the location and the

headquarter administration facilities. We inspected a range of fixed and mobile modalities, including dexa, ultrasound, magnetic resonance imaging (MRI), and computerised tomography (CT) scanning facilities.

We spoke with 29 members of staff, including managerial, clinical, and administrative staff. We observed eight patient pathways and spoke with the patients who gave feedback on their experience of using the service. We looked at five patient records.

# Summary of this inspection

The location was last inspected in March 2013, which found that the service was meeting all standards of quality and safety.

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

The provider undertook a combined total of approximately 180,000 diagnostic imaging scans per year.

Track record on safety (1 January 2018 to 31 December 2018)

- No deaths in the service
- No reported never events.
- No serious incidents

- No Ionising Radiation Medical Exposure Regulations [IR(MEOR)]/Ionising Radiation Regulations [IRR] reportable incidents
- No duty of candour notifications.
- No incidences of hospital-acquired infections.
- 36 patient complaints of which 13 were upheld

## **Services accredited by a national body:**

- BSI Accreditation - Environmental management system – ISO 14001:2015
- BSI Accreditation – Quality management system – ISO 9001:2015
- Department of Health – Information Governance Statement of Compliance (Data Security and Protection Toolkit).



# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We have not previously rated this service. We rated the safe domain as **Good** because:

Good



We found the following areas of good practice:

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

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

- Transvaginal probes were high-level disinfected following scans only when there was suspicion of soiling or failure of the single-use probe cover. The recently updated joint Guidelines

# Summary of this inspection

for Professional Ultrasound from the Society and College of Radiographers and the British Medical Ultrasound Society Guidelines for Professional Ultrasound Practice recommend high-level disinfection after every transvaginal scan.

- Contrary to health and safety executive recommendations, larger sharps bins were located on the floor in the mobile units, and not all sharps bins were consistently marked with the date of assembly.
- Staff were not always consistent in undertaking positive, rather than passive, patient identification checks.

## Are services effective?

We do not currently rate the effective key question for diagnostic imaging services.

We found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients advice on food and drink preparation before their scans.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. All healthcare professional and administrative staff supported each other to provide good care.
- The provider delivered services seven days a week, and in the early evenings to meet the needs of their patients.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent, and supported patients to make decisions about their care.

However,

- Diagnostic reference levels being used at the time of the inspection were not displayed within the mobile CT scanning unit.

# Summary of this inspection

## Are services caring?

We have not previously rated this service. We rated caring as **Good** because:

We found the following areas of good practice:

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

**Good**



## Are services responsive?

We have not previously rated this service. We rated responsive as **Good** because:

We found the following areas of good practice:

- The provider planned and provided services in a way that met the needs of local people.
- The provider took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

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

- The provider did not have any patient information leaflets in languages other than English.

**Good**



## Are services well-led?

We have not previously rated this service. We rated it as **Good** because:

We found the following areas of good practice:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

**Good**



# Summary of this inspection

- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- The provider had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The provider collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The provider engaged well with patients and staff to plan and manage appropriate services.
- The provider was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.





# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

We have not previously rated this service. We rated it as **good**.

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Managers and leaders monitored completion rates through the online training system. All staff were encouraged to attend a dedicated, paid, weekend training day to complete their mandatory training, which reduced any potential impact on operational duties.
- At the time of the inspection, 97% of staff had completed mandatory training. The remaining staff were on long term absence. The provider expected these staff would complete any outstanding courses on their return.
- Mandatory training was delivered online with some face to face training dependent on the needs of the course. Subjects included, but were not limited to, basic life support levels one and two, infection control levels one and two, safeguarding vulnerable groups (including awareness of mental capacity and the deprivation of liberty safeguards) level one and two, safeguarding children levels one and two, information governance, and moving and handling level two.

### 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.
- The provider's safeguarding policy referred to relevant legislation and professional guidance including the Common Core Skills and Knowledge Framework for the Children's Workforce Intercollegiate Document: Roles and Competencies for Health Care Staff 2015 and the government's Prevent Duty Guidance. The Prevent Duty is placed on specified authorities to have due regard to the need to prevent people from being drawn into terrorism.
- The policy described the various forms of abuse, including female genital mutilation and child sexual exploitation. It clearly outlined the risks of staff overlooking potential abuse associated with assuming a patient's capacity to consent. It referenced the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- Safeguarding vulnerable adults and vulnerable children level one and level two training was included in the provider's mandatory training programme. All staff that had completed their mandatory training had completed the safeguarding training.
- Children aged 17 were accepted for scans. The provider's safeguarding lead had received safeguarding vulnerable children training level three. Staff we asked knew how to contact the safeguarding lead, and their contact details were displayed on a contact list at the location and on the mobile units.
- Staff we asked were able to describe the types of concerns they would seek further advice on, with most stating they would contact the safeguarding lead or their manager for advice. Sonographers, who undertook

# Diagnostic imaging

transvaginal scans, were aware of their responsibility to identify and report any potential cases of female genital mutilation; however, staff we spoke with told us they had not had a case so far.

- Staff knowledge of safeguarding policies and processes was assessed annually as part of their yearly appraisal.
- The provider had a lead for matters relating to the government's anti-radicalisation Prevent Strategy. Information on how to contact the lead were included in the general contacts list provided at the Altrincham location and on all the mobile scanning units.
- The provider had a robust recruitment process, which included obtaining Disclosure and Barring Service (DBS) checks for all new staff. Enhanced DBS checks were obtained for staff scanning or treating patients, while standard DBS checks were obtained for administration staff. The provider held a log of when each staff member last completed a DBS check. DBS checks were renewed on a three year cycle.

## Cleanliness, infection control and hygiene

### • **The service mostly controlled infection risk well.**

- Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The facilities, scanning and treatment rooms at the provider's Altrincham location were visibly clean and tidy. There were enough antibacterial gel dispensers and handwash basins located throughout the premises, and we observed staff using these between patients. Posters displaying correct hand-washing technique were displayed throughout the clinic, and in all the other locations we visited.
- Staff adhered to the 'arms bare below the elbow' protocol and wore personal protective equipment such as disposable gloves and aprons.
- The landlord of the Altrincham building regularly tested the water supplies for the presence of any bacterial load, such as legionella or pseudomonas. We reviewed the testing log which showed no areas of concern.
- At a satellite clinic, we observed sonographers and diagnostic imaging assistants following infection control processes. Bed mattresses, wedges and ultrasound equipment were cleaned after each patient in line with the provider's infection prevention and control policy. Environmental cleaning of the rooms remained the responsibility of the clinic's landlord; however, the rooms were visibly clean, and enough handwashing facilities were available.

- The provider's infection prevention and control policy referred to relevant legislation and regulations and was in line with the National Institute of Health and Care Excellence's Infection prevention and control Quality Standard (QS61) statements two and three.
- The policy detailed the process for reducing the potential infection risk associated with transvaginal probes. A single-use protective cover was used for every transvaginal scan; non-latex covers were available for any patient who may have a latex allergy. The probes were cleaned on every occasion using universal antimicrobial products designed for surface disinfection and cleaning of non-invasive medical devices. Where sonographers suspected or identified any contamination of the probe, or where the protective sheath had split, the probe was also cleaned using a sporicidal product.
- Staff were able to describe the cleaning process for transvaginal probes. However, recent guidance indicates that probes which come into contact with mucous membranes should be high-level disinfected after every use irrespective of whether or not there was visible soiling and even if the sheath was intact. We raised this with the registered manager during the inspection who told us the provider had carried out a risk assessment of its transvaginal cleaning process and had assured itself that its process mitigated any potential infection prevention and control risk.
- We reviewed the risk assessment. It was not clear from the assessment if the provider's process was equivalent to, or better than, guidance detailed within the recently updated Guidelines For Professional Ultrasound Practice issued jointly by The Society and College of Radiographers and The British Medical Ultrasound Society.
- The mobile MRI and CT units we inspected were visibly clean. As the mobile units were not directly connected to a water supply, portable handwashing units were available for staff to use along with sufficient supplies of antibacterial gel. Where the mobile units were undertaking scans on behalf of hospital trusts, staff were expected to follow the relevant trust's infection prevention and control policy.
- The provider employed dedicated cleaners for the mobile units. This ensured that cleaning staff had received appropriate training and vetting to clean within

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restricted areas and had the appropriate skills to identify and use MRI safe cleaning equipment. We reviewed the cleaning logs held on each unit; these were fully completed for each day each unit was in use.

- Clinical waste was segregated; however, we observed that the orange clinical waste bag on the MRI scanner were stored on the floor rather than in a holder.
- The provider had an infection prevention and control lead, and staff were aware of how to contact the lead for advice.
- Compliance with infection prevention and control measures such as hand hygiene, staff following the 'arms bare below the elbow protocol, and cleaning of equipment between patients was audited by the provider through monthly 'spot checks'. We reviewed a range of spot check audits for the Altrincham location and for the mobile units; all indicated high level of compliance by staff with all elements in the check.

## Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The Altrincham clinic was located in a shared-use building with a spacious waiting area; a dexta scanning room; a vascular treatment suite; two consultation rooms and storage for consumables; an ultrasound room; a plain-film X-ray room that was not yet in use; a dental imaging room used by another registered provider; and various staff-only rooms and offices.
- All rooms had key-coded locks to prevent unauthorised access.
- The dexta, X-ray and dental imaging rooms had appropriate warning signage posted on the doors, including signs to remind patients to tell staff if they thought they may be pregnant. However, we did not observe any warning signs about pregnancy on the CT scanner.
- The size of the dexta room meant that radiology staff remained in the room with the patient during scans. A protective screen was used to shield staff while operating the equipment.
- At the time of the inspection, there was no separate patient changing area for the dexta room. We observed that patients were left unaccompanied in the dexta room to change before and after their scan. Although any risks to the patients were low, patients should not be left

unaccompanied within a controlled area. The provider's local rules for the dexta room did not clearly define the controlled area within the room. In effect, this meant that the full room constituted the controlled area.

- We raised both points with the clinic manager and the registered manager. Immediate action was taken to update the local rules to define the controlled/supervised area and to source a privacy screen for the room and the provider subsequently installed a retractable privacy curtain. This enabled staff members to remain within the room with the patient as they were getting changed.
- The provider used two different types of dexta scanner in its locations. One of these was an older type that did not automatically record the 'exposure factors' on patient scan records. Exposure factors detail information such as the dose level received. However, the provider told us these older machines were due to be replaced in 2020 and, in the meantime, daily checks were undertaken to ensure radiation doses provided were within recommended levels.
- Although not yet in use, the X-ray room had been designed with lead-lined walls and had been appropriately assessed for safety.
- We checked a range of portable electrical equipment throughout the Altrincham location, and the other sites we visited. All of the equipment we checked had been safety tested.
- The provider held an ultrasound equipment purchase, maintenance and repair log. This recorded the location of each ultrasound machine, the manufacturer, purchase date, warranty date, warranty provider, last and next service dates. The provider contracted warranty services either with the equipment manufacturer or with a third party warranty provider. All machines had been serviced, and next service dates had been scheduled.
- The Altrincham clinic was able to host an MRI scanner unit. This was located on the site car park at the back of the building. Patients accessed the unit through the clinic and were escorted by staff to and from the scanner.
- MRI and CT scanner set-up monitoring checks and tests were carried out on a daily basis. Confirmation of completion of the checks was included in the daily end



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of day reports. A process was in place for staff to photograph the results of the tests and checks and send these, as evidence of completion, to the provider's logistic and operation lead.

- Equipment for use on the MRI scanner, including patient trolleys, were labelled as MR Safe, MR Conditional, or MR Unsafe in line with the Medicines and Healthcare products Regulatory Agency (MHRA) recommendations. We observed one fire extinguisher that was marked with a non-standard label on the handle stating 'anti-magnetic'.
- We observed that, in one location, the public had been able to park cars next to the mobile MRI unit. Large metal objects such as cars located close to the unit can pose a potential risk to the quality of images; however, as this was on another healthcare provider's site, this was outside the control of the staff on the unit.
- Sharps bins were not consistently marked with the date of assembly. We observed the majority of bins throughout the locations and mobile units were part-closed. However, the larger bins on the CT unit and in the Manchester Vein Clinic were stored on the floor. The Health and Safety Executive, as part of its guidance on biosafety and blood borne viruses provides the following recommendation: "Do not place sharps containers on the floor, window sills or above shoulder level. They should be stored above knee level and below shoulder level."
- Radiation risk assessments, carried out by the radiation protection advisor, were in place and were specific to each location where dexta or CT scans were carried out.
- All staff undertaking dexta and CT scans had been issued with radiation exposure monitors and holders. We observed dexta scan staff wearing their monitors. The CT staff we met on the day of the inspection were not wearing their exposure monitors; however, they showed us the monitors when asked for them. We raised this with the provider's registered manager who took immediate action to ensure all staff wore their badges visibly on their uniform.
- A process was in place to send the monitors for checking dexta monitors every month and CT monitors every three months. As the mobile CT unit had been only been operating for approximately two months at the time of the inspection, no test results were available to view.
- We noted that, although X-ray services had not yet commenced, lead-lined aprons were available in the unit to provide protection to staff.

## Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.
- Referrals for scans were triaged on receipt by the provider's administration teams to ensure the requests met the provider's referral criteria. Referrals for patients with more complex needs, or who may present with higher levels of risk, were unlikely to be accepted. Patients, or referrals, that did not meet the criteria were returned to the referrer.
- Staff operating the dexta or CT scanners acted within the provider's medical radiation policy by ensuring justification for exposure to radiation was clearly recorded on the referral form. Staff told us of an example where they were unable to justify carrying out the requested scan as the patient's last scan was very recent and staff could not justify exposing the patient at that time.
- Staff called patients, who were referred for an MRI scan, two days prior to their appointment to complete an MRI safety checklist to ensure the patient was suitable to undergo the scan. Referrals for patients who were subsequently deemed unsuitable were returned to the referrer.
- We observed staff asking patients to verify their identity prior to their scans. This reduced the risk of incorrect patients being scanned. However, although identity verification was carried out on every occasion we observed, the quality of the checks we observed varied between the modalities.
- For example, we observed ultrasound staff undertaking three point positive checks (where staff asked patients to provide the relevant information), which were confirmed by both members of staff in the room. We also observed dexta staff undertaking positive identification checks. This also included checking with the patient if they had any implants or scans in the previous six weeks. However, on the mobile units identity checks were less consistent. We observed staff providing information, such as name and address to the patient and then asking the patient if the information was correct. This increased the potential risk of a patient mishearing and therefore being misidentified, particularly if two similarly named patients were in attendance at the same time.

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- If patients had a known allergy, this was recorded on the patient record system. Sonography and radiography staff asked patients to reconfirm if they had any known allergies prior to commencing any scans.
- We observed a 'pause and check' poster beside the operator's panel in the dexta room, and we observed staff following this protocol.
- An end of day reporting tool was used for all scanning modalities. This detailed the scans that were carried out and any urgent or abnormal findings. It enabled staff to highlight scans or images that required further review or second opinion by the consultant radiologist.
- Second opinions on scan images were provided within 24 hours by the provider's medical director, who was a consultant radiologist.
- The provider's basic life support policy detailed responsibilities for managers and staff in caring for patients who had developed cardio or respiratory arrest. The policy included algorithm flowcharts for basic life support and anaphylaxis and was in line with guidance from the Resuscitation Council UK.
- All staff in the organisation had received basic life (BLS) support training as part of the provider's mandatory training programme. Staff we asked were able to describe how they would respond in the event of a patient's deterioration. In the Altrincham clinic, and other satellite clinics, staff called the emergency services for assistance on every occasion; however, depending on the facilities at satellite units, other healthcare professionals at these units could be asked to support if necessary.
- A resuscitation trolley was located within the Altrincham clinic to support patients receiving vascular treatment provided by the Manchester Vein Centre. An automated electrical defibrillator (AED) was held on the trolley. The weekly check logs for the trolley were fully completed and we observed that a random selection of equipment held on the trolley was within the manufacturer's recommended expiry dates.
- Fifty per cent of radiography staff had received immediate life support (ILS) training. There were sufficient staff trained in ILS to ensure that at least one ILS trained member of staff worked on every shift on any mobile unit where contrast media was administered.
- Management of deteriorating patients on mobile units varied depending on the services the unit was contracted to provide. For example, staff on mobile units delivering scanning services as part of an any qualified provider contract would immediately contact the emergency services. Whereas where mobile scanning services were being delivered at an NHS trust, staff 'bleeped' the emergency 'crash' teams at the trusts. Where contrast media was used, the provider had agreements in place with the trusts to provide 8am to 8pm medical cover for emergencies.
- The provider had an MRI cardiac arrest policy, which detailed the actions and responsibilities of staff in the event of a patient having a cardiac arrest. The policy was also designed to ensure the safety of the patient and any external staff entering the unit. Training scenarios were held at each new location where mobile MRI or CT scanning was to be undertaken. This ensured the effectiveness of the response to such emergency situations by staff from the provider and from the host healthcare provider. The provider last carried out a training scenario in February 2019 prior to the commencement of CT scanning.
- The provider had a radiation protection supervisor (RPS) to provide advice to staff. The supervisor's contact details were included in a contact list clearly displayed in the Altrincham location, the satellite unit we visited and the mobile unit's we visited. Staff were aware of how to contact the supervisor.
- The provider's operations and technical manager for MRI had been identified to act as a second radiation protection supervisor. We received confirmation after the inspection that the manager had completed the course.
- The provider contracted radiation protection adviser (RPA) and medical physics expert (MPE) services from an external radiation protection provider. Contact details for the RPA and MPE were available to staff.
- Patients self-referred to the Manchester Vein Clinic for assessment and treatment of vascular conditions, such as varicose, spider and thread veins. Previous medical history, allergies, and expectations were checked as part of the referral acceptance process. Patients with previous deep-vein thrombosis were not accepted for treatment.
- Surgical and vascular scientist staff reviewed the treatment list prior to commencement of treatment procedures. This included reviewing the details using a version of the World Health Organisation safe surgery checklist. Pre and post treatment equipment counts were carried out.

# Diagnostic imaging

## Staffing

- **The service had enough staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.**
- The provider reported its staffing figures for the north region.
- The provider employed two whole time equivalent (WTE) operations managers; two superintendent radiographers; 24 radiographers; four superintendent sonographers; 42 sonographers; 17 diagnostic imaging assistants and one nurse.
- At the Altrincham location, the provider employed one full-time clinic manager and three receptionists.
- At the time of the inspection, the provider had one whole-time equivalent sonographer vacancy and 0.5 whole-time equivalent radiographer vacancy.
- Between 1 November 2018 and 31 January 2019, there were no staff sickness absences for sonographer or radiographer staff.
- The provider had three radiologist leads; the medical director, who was the MRI/CT lead; a reporting radiologist dexta lead; and, an ultrasound lead.
- The radiology leads provided advice to staff; undertook second opinion review of scan images and reports; and, quality sampled five per cent of images per sonographer/radiographer per month of audit purposes.
- The Manchester Vein Centre had two consultant vascular surgeons who were supported by eight clinical vascular scientists.

## 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 managed records in line with the provider's record keeping policy.
- The provider had an electronic patient management and record system, which was password protected, and securely maintained patients' records. This enabled staff at all sites to access each patient's information and details of the referral request irrespective of the modality of scanning being undertaken.
- Scan images were automatically saved to the provider's picture archiving and communication system.

- All scan images (dexta, ultrasound, MRI and CT) were shared directly with commissioning hospital trusts through an image exchange portal. This meant that scan images were readily accessible for review by the referring clinicians.
- The provider had implemented standardised report templates, sentences, advice to referrers and follow-up guidance and timescales. This reduced the risk of inaccurate information being provided to referrers.
- Ultrasound scan reports were created in real time by the diagnostic imaging assistant using templates as each scan progressed. Full clinical details were then completed by the sonographer after the scan, who double-checked the report before sending to the provider's customer services team.
- Any amendments to the scanning protocol or to the type of scan undertaken were clearly detailed on the report, including the rationale and justification for the amendment.
- To reduce the risk of unnecessary exposure of duplicate scans (for non-clinical reasons), reports were automatically populated with the following: 'In the event this patient is referred to secondary care, please send this report with the referral. Secondary care provider: images can be requested via the IEP'
- Staff completed an end of day tool which highlighted any specific anomalies or errors with patient details, information or abnormal findings to the provider's customer service administration team.
- All scan reports were reviewed by the customer services team before being sent to the referrer by secure email or by post. This was a non-clinical review which checked for grammatical accuracy, that the correct patient's details were included, and that the report was relevant to the type of scan requested.
- We viewed two dexta scan patient records. The records were detailed, clear and provided evidence that results were compared with previous scans where appropriate. Clear recommendations and follow-up advice were provided and referenced to relevant national guidance.
- We viewed a further three patient records for the mobile scanner units. These clearly recorded a management plan, were clear, legible, signed and dated.
- Records we viewed demonstrated that staff had managed records in line with the provider's record keeping policy, which took account of the General Data Protection Regulation.

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- Within the Altrincham location, all scan reports were checked by the administration team before being transmitted to the referrers. Similarly, the team reviewed scan reports, recommendations for treatment, and price quotes from the Manchester Vein Clinic for grammatical accuracy before providing these to the patient.
- Manchester Vein Centre records were primarily paper-based. These were stored securely within the clinic's administration office.

## Medicines

- **Appropriate systems were in place for prescribing, administering, recording and storing medicines.**
- The provider did not hold any controlled drugs or medicines. However, where the mobile CT or MRI units were requested by the hospital trust to undertake images with contrast, the contrast media was 'gifted' by the relevant trust and administered under agreed and signed patient group directions. Patient group directions allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription.
- We reviewed the patient group directions held on each of the mobile units we inspected. The documents were developed, issued and authorised by the respective trusts for each of the contrast media that could be used. Staff had signed the directions and were authorised to administer the contrast media; however, two direction forms had not been countersigned by managers on the final page.
- Contrast media was administered on the CT unit using an injector pump. For patient safety reasons, the provider did not undertake scans with contrast after 5pm. We observed one contrast media checklist being completed; however, staff did not ask the patient to sign the form.
- The unit did not have a warming cabinet for the contrast media. The injector pump had the facility to warm the media as part of the injection process, although this would only have minimal warming effect to reduce the viscosity of the media. However, the provider purchased and installed a warming cabinet immediately after the inspection.
- The Manchester Vein Clinic held a number of non-controlled medicines. These were securely stored

in a locked cabinet, and a process was in place to ensure the oldest stock was used first. We checked a random sample of medicines held and these were all within the manufacturer's recommended expiry date.

## Incidents

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Between 1 January 2018 and 31 December 2018, there were no serious incidents, radiation protection and control incidents, or deaths recorded for services provided at or from the Altrincham location. There were 17 'low risk' incidents recorded by the provider in the same period.
- There were no never events reported in services managed from the Altrincham location between January 2018 and December 2018. 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.
- Staff were able to describe how they would report incidents. This included radiation incidents, which staff reported to the compliance manager and the logistics and operations lead for radiography. The lead, who has since completed a radiation protection supervisor course, was aware that incidents needed to be reported to the provider's medical physics expert.
- Staff told us they received feedback from incidents they had been involved in and learning that had been identified from them. Learning from incidents was discussed in and cascaded from the provider's manager's meeting.
- Manchester Vein Clinic incidents were reported and managed in the same way through the provider's compliance officer. There had been no incidents since the service commenced.

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- The provider used sample incident scenarios as a training tool for staff. This enabled staff to reflect on the incident, what should have happened, and what the outcomes were.

## Are diagnostic imaging services effective?

We do not currently rate the effective domain for diagnostic imaging services.

### Evidence-based care and treatment

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

Managers checked to make sure staff followed guidance.

- Staff used a comprehensive and wide range of evidence-based policies, and protocols based on national guidelines from organisations such as the National Institute for Health and Care Excellence (NICE), and the Resuscitation Council (UK), and from professional bodies such as the Royal College of Radiologists, the Society and College of Radiographers, and the British Medical Ultrasound Society.
- The provider had a process to review and amend policies and protocols with updates to evidence-based guidance which were then agreed, ratified and signed-off by the clinical governance committee and lead radiologist.
- Staff knew how to access the policies and protocols they needed through the provider's intranet system, which was accessible at all clinics, and on the mobile units. The system highlighted policies that had been amended, and recorded when staff accessed the new documents to read them. This enabled managers to check that staff had read the updated versions and could remind staff that had yet to read them.
- We saw that dexta scan reports referenced relevant national and professional guidance, such as the National Institute of Health and Care Excellence clinical guidance CG146 Osteoporosis: assessing the risk of fragility fracture.
- Although the majority of the provider's policies and protocols were up-to-date and incorporated evidence-based guidance, during the inspection we

identified a number of policies relating to dexta, MRI and CT scanning and safety that were not in line with best practice guidance. This was addressed during and immediately following our onsite inspection.

- Where mobile MRI and CT scans were being provided under contract to hospital trusts, staff worked to the individual trust's protocols. Copies of these were held on each mobile unit.
- We observed local diagnostic reference levels displayed in the dexta room but not on the CT scanner. Diagnostic reference levels are established radiation exposure dose levels that average patients should expect to receive when undergoing diagnostic imaging procedures. They will vary depending on the type and modality of the scan being undertaken.
- However, as the provider had only commissioned their CT scanner in February 2019 staff had not yet performed sufficient numbers of scans, at the time of the inspection, to produce local diagnostic reference levels. The provider was working to national diagnostic reference levels. Since the inspection, the provider has obtained advice from the medical physics expert who has recommended the provider should use the national reference levels for 12 months while sufficient local reference data is collected. There had been no instances of exposures greater than the national levels that would require the provider to report an incident to the relevant statutory and regulatory bodies.
- Following the inspection the provider completed, and provided evidence, of the display of national diagnostic reference levels for the CT scanner.

### Nutrition and hydration

- **Staff gave patients advice on food and drink preparation before their scans.**
- Patients were informed of any preparation required prior to a scan. This included, for certain types of ultrasound scan, drinking enough fluid to ensure their bladder was full.
- Water dispensers were available in the waiting area of the Altrincham location, and one other clinic we visited during the inspection.
- We observed staff discussing patients' hydrational intake at the start of the scan. This included setting any expectations that the scan may not be successful if the patient had not drunk sufficient quantities of fluid.

### Pain relief



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- **Staff assessed and monitored patients regularly to see if they were in pain.**
- The provider did not hold any pain relief medicines in relation to the diagnostic imaging procedures it undertook. However, patients were continually assessed for comfort during scans.
- We observed sonography staff asking patients to inform them immediately if they were uncomfortable at any time, and continuously monitoring this during the scan. Similarly, we observed radiology staff checking on patient's comfort before and during scans.
- In the Manchester Vein Clinic, local anaesthesia injections could be provided if the patient experienced pain during the procedure. Staff advised patients to self-medicate with 'over-the-counter' analgesia or anti-inflammatory medicines if they experienced pain following their procedures.
- The provider undertook a clinical audit of a minimum of five per cent of scan images and reports for each sonographer and radiographer. All audit results were reviewed and monitored by the relevant clinical lead and were discussed within the provider's clinical governance committee. A process was in place to address any deficiencies with the individual staff member. The outcome of audits was discussed at meetings with the commissioners as part of the monitoring process.
- The Manchester Vein Clinic monitored the success rates of the vascular treatment procedures carried out. Between April 2018 and April 2019, of the three different treatment procedures that fall within the scope of registration, the provider reported 100%, 98% and 80% success rates. (Note, the procedure with 80% success was carried out on very small numbers of patients).

## Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**
- The nature of the diagnostic imaging services provider meant the provider was limited in its ability to track patient outcomes and relied on patient feedback rather than clinical outcomes. However, the patient satisfaction survey indicated very high levels of patient satisfaction with the service and staff.
- The provider monitored and reported on a number of key performance indicators by modality to each of its contracting clinical commissioning groups. This included a range of measures that had the potential to impact on patient outcomes, such as the number of urgent referrals received, the triage of referrals, the time taken to send scan reports to the referrers, and the number of additional scans undertaken other than those requested.
- Between 1 January 2019 and 31 March 2019, for all modalities, the provider triaged 100% of referrals within one working day (target 95%), uploaded 100% of scan images to the picture archiving and communication system within 24 hours (target 100%), and sent 100% of scan reports within five working days (target 95%). No patient underwent additional scanning beyond the request within the referral.
- In the same period, of the total number of referrals received, 6.7% of ultrasound referrals were urgent; 0.6% of MRI scans were urgent; and 0.12% of dexta scans were urgent.

## Competent staff

- **The service made sure staff were competent for their roles.** Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The provider had a comprehensive process for clinical competency assessment for all modalities.
- Applicants to clinical roles were required, as part of the pre-employment checks, to self-assess their skills, competencies and areas where further training or support may be needed. They were required to demonstrate their competency in undertaking a full range of scanning types and positions on ten patients under the supervision of a clinical lead. Competency was assessed again at the end of the probationary period.
- Newly employed staff were supported through a preceptorship programme and were only allowed to work autonomously when they had been assessed as meeting the provider's required standards.
- New bank and agency staff undertook a similar competency assessment as part of their induction and prior to undertaking shifts.
- In line with the provider's performance management policy, competency assessment was undertaken yearly as part of the appraisal process. This identified any areas of an individual's performance that required further support or training. Action plans were developed as part of this, which included discussion with the

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individual involved, or the provision of further training or period of mentorship. Where the assessments identified that major or immediate action was required, the staff member was not permitted to continue scanning until a full investigation was undertaken.

- At the time of the inspection the provider was undertaking its annual quarter one appraisal review programme. At that point, 50% of radiography staff had received an appraisal; 83% of diagnostic assistant staff had received an appraisal; and all sonography staff had received an appraisal. Following the inspection, the provider completed its appraisal programme; all staff, except those on long term absence, had received an appraisal.
- We checked four clinical staff files. Competency checklists and assessments were in place for all four clinical staff, and copies of the staff members' qualifications were held alongside references.
- All the provider's radiographer staff were registered with Health and Care Professional Council (HCPC), and were expected to maintain personal continuing professional development portfolios. All clinical staff were required to re-register with HCPC every two years. The provider undertook monthly checks of sonography and radiography staff professional registration. This was demonstrated in all four clinical staff files. Enhanced disclosure and barring service checks had been carried out for all staff.
- The provider supported staff to maintain their professional registration and continual professional development through a range of study days. Staff spoke positively about the learning opportunities and support provided.
- Vascular scientists working within the Manchester Vein Clinic were members of the Society for Vascular Technology for Great Britain and Ireland. They accessed monthly supervision sessions with a vascular surgeon, and were expected to maintain a continuing professional development portfolio.

## Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients.** All healthcare professional and administrative staff supported each other to provide good care.

- We observed sonography, diagnostic assistant, radiography and reception staff working together effectively in the locations we visited to ensure the safety of patients and to ensure the smooth running of clinic lists.
- The provider had an effective process for staff to receive advice and feedback from clinical leads, and from the medical director.
- Mobile unit staff undertaking scans on behalf of hospital trusts had an effective relationship with the trusts' clinical teams, which enabled staff to work safely in line with the host trusts' processes and procedures.

## Seven-day services

- The provider's patient services team were available Monday to Friday between 8am and 5.30pm. An out-of-hours answering service, from 5.30pm to 8am, provided basic information about clinics, directions and preparation for scans. Any clinically urgent calls received out of hours were forwarded to designated managers, dependent on the nature of the call and the service modality, who were available to take calls from the answering service.
- The Altrincham location was open five days a week between 9am and 5pm with between one to two Saturdays available per month. However, for satellite clinics, the opening days and times varied dependent on the level of demand for services in each area, and the contract agreements with the host health centre or GP surgery.
- The operating hours of the mobile MRI and CT units were dependent on the contract agreed with the relevant commissioning organisations. However, typically MRI scans were undertaken between 8am and 10pm seven days a week, and CT scans between 8am and 10pm.
- The Manchester Vein Clinic provided two clinics per week between 5pm and 9pm, and between 9am and 5pm on two Saturdays per month. The provider was responsive to scheduling additional clinics where necessary depending on demand.

## Health promotion

- Due to the nature of the provider's services, there were limited opportunities for staff to promote healthy choices and lifestyles. However, we observed staff asking patients about alcohol consumption and smoking during their appointments.

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- Leaflets were available within the dexe room from the osteoporosis society, and posters reminded patients of the importance of vitamin D.
- Staff were clear in their instructions to patients following scans to ensure they contacted their referring clinician for their results and any follow-up advice.

## Consent and Mental Capacity Act

- **Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.** They followed the service policy and procedures when a patient could not give consent, and supported patients to make decisions about their care.
- The provider had a mental capacity and deprivation of liberty lead, who was able to provide advice to staff.
- The provider's obtaining consent for examination policy took into account relevant legislation, and guidance from the department of health and various professional bodies. It set out staff responsibilities to obtain valid and informed consent from patients. Written consent was required for dexe, MRI/CT, or obstetric ultrasound scans.
- Staff received mental capacity act awareness training as part of their mandatory training. Staff knowledge of their roles and responsibilities in relation to the mental capacity act were assessed yearly as part of the appraisal process. Staff had an awareness of Gillick competency in relation to the services provided to 17 year old patients.
- Staff we asked were able to describe how they would obtain verbal or written consent in line with the provider's policy. We observed ultrasound staff seeking verbal consent from patients prior to and during their scans. Staff told us they would send a patient back to their referrer if they had any concerns about a patient's capacity to provide informed consent. This was in line with the provider's mental capacity policy, which included a decision flowchart and capacity assessment and decision pro-forma.

## Are diagnostic imaging services caring?

Good 

We have not previously rated this service. We rated it as **good**.

## Compassionate care

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- We observed three patients undergoing a dexe scan at the Altrincham location.
- We observed eight patients undergoing ultrasound scans at a satellite clinic.
- We observed four patients undergoing magnetic resonance imaging scans and computerised tomography scans on mobile scanning units.
- Without exception, in our observations and irrespective of the modality, staff were polite and friendly towards patients. Staff treated patients with kindness and respect and staff ensured patients' dignity was maintained before, during and after their scanning procedures. This was compliant with the NICE QS15 Quality Standard statement one.
- In compliance with NICE Quality Standard statement three, all staff introduced themselves to patients and explained their roles after entering the scanning areas.
- Sonographers and radiographers were accompanied throughout procedures by another member of staff; either a diagnostic imaging assistant or another healthcare professional. This meant that chaperones were always available for patients if requested by patients.
- Patients could request an appointment with a specific gender of healthcare professional if required.
- Privacy curtains were drawn while patients undressed and during all ultrasound scanning procedures, including intimate procedures to protect patient dignity. Paper sheets were also provided to patients to cover intimate areas during scans.
- The waiting area in the Altrincham clinic was sufficiently large for patients to have conversations with reception staff without being overheard. There were sufficient consultation rooms available for staff to have private conversations with patients if required.
- In the satellite clinic, confidential discussions were held with patients in the scanning room. Similarly, for the mobile MRI and CT scanners, confidential discussions were held with patients on board the scanning unit. Although one of the units we visited had two changing areas (which would enable two patients to get changed at the same time) staff told us it was rare to have two patients on the unit at the same time.



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- In all the procedures we observed, staff continually checked with patients on their comfort levels and made adjustments as necessary.
- Before leaving the scan room, patients were invited to complete an electronic patient satisfaction survey following their scan, using an electronic tablet. This enabled real-time feedback and collation of data.
- For the first three months of 2019, the average patient satisfaction across all the provider's north-west services was 98% out of a total of 4011 responses. This included ultrasound scans, dexta scans, MRI scans and CT scans.
- Using the provider's own scoring system with zero being lowest satisfaction and five being highest satisfaction, patients scored satisfaction with clinical staff as 4.9; satisfaction with ease of getting care as 4.7; satisfaction with the facilities as 4.6; and, satisfaction with the meet and greet and waiting times as 4.8. The survey also showed that 99% of patients would recommend the provider's services to their friends and family.
- In the Manchester Vein Clinic, we observed two patients undergoing a consultation ultrasound scan. Both patients had received treatment at the clinic previously and were returning for assessment for further treatment, and were treated with compassion. Staff sensitively addressed one patient's concerns about their expected outcomes which were not related to the previous treatment.
- Where a patient was referred for, or where during the course of another scan it may be found necessary to undertake, a transvaginal scan, sonography staff explained this clearly and sensitively to patients. Patients were given the full reasons for undertaking the transvaginal scan, and their written consent was obtained to proceed.
- All the sites we visited included private areas or rooms that could be used by staff to deliver bad news. Staff explained to us that in being open and honest with patients, they managed such situations on an individual patient by patient basis. Staff weighed up the risks of breaking bad news with the levels of support available to each patient and, where necessary, advised the patient to contact their referrer to obtain the results of the scan.
- In all cases, staff ensured that any significant abnormal findings were highlighted immediately by telephone to the provider's administration team, and direct to the referring clinician, and on the end of day report. This meant that urgent findings could be sent as soon as possible to the referring clinician, who could then plan appropriate and urgent follow-up for the patient.
- Staff we spoke with were able to describe the actions they would take. Staff also told us of examples where ectopic pregnancies had been identified during ultrasound scans. In these cases, staff had immediately copied the images to disc for the patient to take with them on emergency transport to hospital.
- A staff member in the Manchester Vein Clinic told us of an example of a patient who was extremely needle-phobic. Staff recognised this would increase the patient's anxiety, and the time needed to undertake the treatment. Staff facilitated regular breaks in the treatment to let the patient walk around and reduce their anxiety. As a result of the care taken, the patient subsequently returned to the clinic to undergo treatment on their other leg.

## Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Opportunities to provide emotional support to patients were limited by the nature of the scans being carried out by the provider. However, staff understood the emotional impact that patients' conditions, care and treatment had on patients' well-being.
- In all the sites we visited, we observed staff sensitively discussing with each patient the reasons behind the patient's referral, including any relevant past medical history.
- Prior to their scan, patients were provided with written information on how to prepare for their scans; for example, to drink adequate amounts of fluid if they were due to undergo a bladder scan. Patients were encouraged to ask any questions they had throughout the procedure, and staff continuously checked for patients' comfort, including when repositioning the patient.

## 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.**
- Throughout our observations, the provider's staff were compliant with NICE QS15 Quality Standard Statements two, four and five. These statements focused on

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effective interactions with patients, that provide patients with the opportunity and appropriate support to discuss the benefits and risks of the proposed procedure, their concerns, and personal preferences.

- Information on how to prepare for different kinds of scans was provided to patients on their appointment letters. This included information such as drinking sufficient water before attending for scans that required a full-bladder.
- We observed sonography staff asking patients if they understood why they were attending for a scan, any relevant past medical history, the type of scan to be undertaken, and any additional procedure that may be needed. For example, female patients were sensitively informed of the potential need to undertake a transvaginal scan if suitable images could not be obtained from external abdominal or bladder scans.
- For ultrasound scans, all patients were informed of any initial findings by the sonographer and were given advice on when to seek further information or support from their referrer, usually their GP. For MRI and CT scans, patients were informed the report would be sent to their referring clinician.
- In all the scans we observed, staff carefully explained the scan procedures before commencing them, so patients knew what to expect. Initial findings of scans were shared sensitively with patients, and staff explained how and when full reports would be shared with the patient's GP.
- Similarly, we observed dexta, MRI and CT staff checking patients understanding of the reasons for their referral, their past medical history and any contraindications for the scan (such as implants or pacemakers). We observed staff informing patients of how and when their results would be available to their referrer.
- Patients were given sufficient time and opportunities to ask questions before, during and after their scans, and staff ensured patients were aware to contact their GP or hospital care team if they were worried about their condition after the scan.
- We observed two consultations at the Manchester Vein Clinic. Both patients, who had previously received treatment at the clinic, were returning for advice and discussion of potential further treatment. Vascular scientist staff asked the patients to detail the reasons for their return visit, undertook diagnostic scans and included patients in discussion about their expectations. Each patient was then reviewed by the

vascular consultant, the scan findings were discussed, and both patients were given options for further treatment. This ensured that the patients were aware of and understood any limitations in treatment options available, including any areas that could not be treated.

## Are diagnostic imaging services responsive?

Good 

We have not previously rated this service. We rated it 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 provider's director of development and innovation maintained relationships with existing clinical commissioning groups, satellite clinic hosts, and commissioning trusts. This relationship management included identifying and negotiating with commissioning services about new locations, sites, facilities and services that the provider could deliver.
- The Altringham clinic was based on the ground floor of a shared-use building. Reserved parking was available at the building for patients. The main entrance to the building was via a revolving door; however, wheelchair accessible doors were also available. Toilets were located in the main building reception area and, as such, were not for the exclusive use of the clinic; however, they were clean.
- The Altringham clinic was appropriately designed for the services provided. The waiting room had sufficient seating for patients, was tastefully decorated and had a water dispenser. Children's books were available for any patients that were accompanied by children.
- When on-site, the mobile MRI or CT units were located to the rear of the building and were accessed via the clinic's accessible ground floor rear exit. Patients were accompanied from the clinic's waiting room to the units by staff.
- Ultrasound services were delivered at a large range of satellite sites across the country; usually in GP practices or shared-use health centres. We visited one site where

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sonography staff had use of two scanning rooms. Again, these were accessible on the ground floor of a shared-use building, with an appropriate waiting area, and shared-use toilet facilities.

- The provider's mobile MRI and CT units operated throughout England and were sited depending on the contracted and commissioning requirements. Sites and dates of operation were agreed at least one month in advance. For example, at the time of our inspection a mobile MRI unit and a mobile CT unit were based at an acute hospital trust, while another MRI unit was based at a shared-use health centre.
- The provider offered appointments at clinics with extended opening hours, including early morning, late evening and weekend appointments to meet the needs of people who usually worked during weekday hours.
- Scan images were uploaded to the providers picture archiving and communication system. Images could be shared with secondary care providers through the provider's image exchange portal.
- The provider operated a 24-hour contact service during office hours through its administration centre and out-of-hours through an answering service. Out-of-hours calls were screened by the service and those that were deemed to be routine were offered a call-back; however, calls that were deemed to be of an urgent clinical nature were transferred to the relevant manager irrespective of the time of the call. We discussed this with one of the clinic managers who acknowledged that the benefit of this to patients outweighed any personal inconvenience and enabled the manager to either give advice and reassurance to the patient or to direct them to an appropriate emergency service.
- The provider had invested in a wide-bore MRI scanner. This meant it was able to accommodate referrals for patients with a larger body mass or patients who suffer from claustrophobia.
- The Manchester Vein Clinic operated within the provider's Altrincham location and, as such, the patient experience and facilities were the same. The clinic had access to a scanning room, with a patient examination bed; a pre-treatment consultation room; and, a treatment room where vascular procedures were carried out.
- Referral forms requested information about any language or communication needs for the patient. These were checked again when staff were confirming appointments and information was included on the appointment letter for patients to contact the service if they had any specific needs.
- Appointment reminders were made to patients by telephone call or text message 24 to 48 hours prior to their appointment.
- Translation services were available by telephone for patients whose first language was not English. Where the risk was low, staff supported family or carers to translate for the patient; however, staff were aware of the importance to ensure accurate understanding of their instructions and what was being discussed.
- British sign language interpretation was available for patients who required this through an on-line system. This enabled patients to watch an interpreter signing on an electronic tablet.
- At the time of the inspection, the provider did not have any information leaflets in languages other than English. We discussed this with the registered manager who agreed to review the language needs of the predominant demographic of patients across the areas in which it operated.
- All sites we visited were accessible for patients with mobility problems and those who required wheelchair access. This included the mobile MRI and CT units, which all included lifts; however, patients were always given the choice of using the lift or the steps into the unit.
- The provider accommodated patient requests for a specific gender of clinician providing their scan. Where this could not be accommodated at the patients preferred location or appointment time, the patient was offered an alternative appointment. Chaperones were always available if requested.
- The provider had the ability to offer 'out of area' appointments to patients, where a patient may find it more convenient to attend a clinic that was not close to home.
- Accessible toilets for patients living with disabilities were located within the shared-use building at Altrincham. Although these were on the first floor, a lift was located close to the entrance of the provider's offices.
- Following assessment and acceptance of the referral, the provider made reasonable adjustments for patients

## Meeting people's individual needs

- **The service took account of patients' individual needs.**

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who were living with dementia or learning disabilities. Staff described actions they would take to assist patients and to ensure they were given sufficient time to understand the procedure they were referred for.

## Access and flow

- **People could access the service when they needed it.** Waiting times from referral to treatment and arrangements to scan patients were in line with good practice.
- NHS referrals were accepted from GPs and secondary care in line with the provider's referral guidelines. Private and self-funded patients were also able to self-refer for scans.
- All referrals were triaged, on receipt, by the provider's administration team. Any referrals that did not meet the guidelines or the contract specifications were returned to the referring clinician within one working day with an accompanying explanation. Between 1 January 2019 and 31 March 2019, the provider triaged 100% of its referrals for ultrasound, dexta and MRI scans within one working day. This exceeded the provider's 95% target.
- Appointments were directly bookable through the e-referral system or by telephone through the provider's administration team who contacted the patient within five working days of receipt of the referral. Between 1 January 2019 and 31 March 2019, the provider contacted 100% of its patients for ultrasound, dexta and MRI scans within five working days. This exceeded the provider's 95% target.
- Some patients we spoke with told us their GPs had made the appointment on their behalf and, as such, they were not offered a choice of appointments. However, the provider was able to accommodate patient requests to change appointments and contact details for the provider's appointments helpline were included on the appointment letter.
- The chief executive held weekly capacity and demand meetings with departmental leads. There was no waiting list at the time of the inspection, and the provider was able to offer a choice of appointment location, dates and times depending on the type of scan being requested. Similarly, with mobile MRI scans, there was no waiting list at the time of the inspection. However, where the provider supported hospital trusts with MRI or CT scanning through the mobile units, appointment scheduling was undertaken by the trust involved.
- Standard scans were usually performed within 10 to 20 working days. This was not a required metric within the provider's key performance indicators, so we are unable to comment on performance against this. However, the data indicated that between 1 January 2019 and 31 March 2019, the provider reported 100% of its for ultrasound, dexta and MRI scans within five working days after the scan. This exceeded the provider's 95% target.
- CT scans were uploaded direct to the relevant NHS trust's systems for reporting by the trust's radiology teams. These were not therefore included in the provider's key performance indicators.
- The provider had a clear pathway for scanning and reporting on urgent cases. Daily clinic/scanning lists included built-in "urgent request/catch-up" slots. These slots, which were not directly bookable by patients or referrers, provided flexibility for staff to spend more time with a previous, more complex, patient if needed, or to accommodate an urgent, unplanned scan request.
- Between 1 January 2018 and 31 December 2019, no planned scans or examinations were delayed or cancelled for a non-clinical reason.
- In the 12 months prior to inspection, for services managed from the Altrincham location, patients did not attend an average of 7% of appointments for dexta scans, 3% of appointments for MRI scans, and 5% of appointments for ultrasound scans. The service had a follow-up system to contact and rebook patients who did not attend their appointment, or to send the patient back to their referrer if they failed to attend twice.

## Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- The provider's complaints and compliments policy and procedure was up-to-date and was compliant with the National Health Service (Complaints) Regulations 2009 and the NHS Constitution. The policy included detailed information and timescales on how a complaint is received and responded to. It provided clear information for patients on how to pursue a complaint.
- The provider's compliance officer co-ordinated and logged all formal complaints, including their outcomes. This information was reviewed monthly in the senior managers meeting, and quarterly in the clinical governance committee meeting and the provider's board meeting.

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- Complaints were investigated by the most relevant senior manager within the organisation, and progress of investigations were reviewed weekly by the chief executive and the compliance officer. Staff involved in a complaint were required to write a statement and reflection on it as part of their continuing professional development.
- All staff we asked were able to describe what to do if a patient complained directly to them, and where to get further information and advice if the staff member was unable to resolve the complaint there and then. Staff told us that informal concerns, and how they were resolved, were logged on the patient's records.
- Between 1 January 2018 and 31 December 2018, the service received 36 patient complaints, of which 13 were upheld following investigation. Themes for upheld patient complaints included staff attitude, delays and cancellation of appointments. A further 20 complaints were received from referrers, of which five were upheld.
- We reviewed two complaints during the inspection, which demonstrated evidence of statements obtained from the staff involved, actions in place for improvements, and appropriate responses including explanations provided to the complainants.
- There were no complaints received about the Manchester Vein Clinic.
- In the same period the provider logged four formal compliments about its diagnostic imaging services, and one compliment for the Manchester Vein Clinic.
- The location had a clear management and escalation structure in place, which reported into the heads of service and the chief executive, who was also the registered manager. The chief executive, who was one of the founding members of the company, reported to the board. The board met quarterly to review the provider's activity and progress towards its strategy.
- The chief executive was supported by an operations team with managerial leads for each of the scanning modalities and clinics. Clinical oversight was provided by the medical director, and clinical leads for each of the modalities, all of whom were clinical radiologists.
- Support was also provided by finance and human resource; marketing and innovation; IT and information; and, quality and compliance managerial leads.
- The board of directors included a chairman, the chief executive, the chief finance officer, the medical director, and two non-executive directors.
- Without exception, all staff we spoke with told us they felt supported by the location and the provider's leadership and senior management teams, and particularly by the chief executive who was described as being very approachable, proactive, and dedicated. Heads of service and leaders were visible and visited the location and satellite sites regularly.
- This continued to reflect the positive response in the provider's last staff attitude survey, completed in November 2015, which indicated that 88% of staff strongly agreed or agreed with the statement that "DHC [Diagnostic Healthcare] has a strong management team". For the same question only 1.7% of staff strongly disagreed with this statement. For the statement, "I see my manager as a role model", 92% of staff strongly agreed or agreed, while only 1.7% disagreed.

## Are diagnostic imaging services well-led?

Good 

We have not previously rated this service. We rated it as **good**.

### Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- The provider had achieved ISO 9001:2015 Quality Management System Standard accreditation, which meant it had demonstrated the ability to monitor and manage quality across the organisation in accordance with those standards.

### Vision and strategy

- **The provider had a vision for what it wanted to achieve and workable plans to turn it into action.**
- The provider's vision was "To provide first class diagnostic imaging that exceeds our service commitments and customer expectations. To put the patient first, to understand the benefits our efforts make to patients' lives and the responsibility we have for their care and recovery. To provide the resources to support every member of our team to provide healthcare that makes a difference."
- The provider's mission was "to become a leading UK independent service provider in advanced diagnostics."



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This was through providing “high-end diagnostic services on a national basis through public and private channels” and by offering “competitive pricing, top quality and service standards with fast turnaround...”

- We reviewed the provider’s written strategy during the inspection. The chief executive had a clear understanding of the strategy and was able to describe the company’s plans for achieving it. The chief executive worked closely with the director of marketing and innovation to identify new markets and opportunities to deliver and grow services across all modalities.
- In the provider’s last staff attitude survey 86% of staff strongly agreed or agreed with the statement that “DHC [Diagnostic Healthcare] has a clear vision for the future”. For the same question only 1.7% of staff disagreed with this statement.

## Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- An extremely and consistently positive culture was encouraged by the chief executive, senior management team, and the leaders of the service. Staff spoke highly of the culture, which promoted openness, honesty and integrity.
- Staff knew how to raise concerns and felt able to do so. The provider had a Freedom to Speak Up Guardian. Information on how to contact the guardian were included in the contact list held at the Altrincham location and in all the mobile scanning units. The positive and open culture was reflected by the Freedom to Speak Up Guardian who told us they had not received any significant concerns from staff.
- The duty of candour confers on the organisation a duty that, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred, a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology
- The provider had a separate duty of candour policy. The policy set out responsibilities for various groups of staff. This included notifying, supporting and apologising to

the patient, and keeping the patient informed of progress of the investigation and outcomes. This was in line with the regulatory requirements of the duty of candour.

- Staff we asked were aware of the need to be open and honest. Managers were able to describe their responsibilities under the duty of candour.
- The provider had an equality and diversity policy. Training on equality and diversity, and the requirements of the Equality Act, was included in mandatory training for all new staff, and repeated annually by all staff. Managers had completed external equality and diversity online training developed by a national arbitration organisation experienced in workplace relations and employment law.
- The provider reported against the NHS Workforce Race Equality Standard (WRES). All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality.
- The latest report available at the time of inspection covered the period April 2017 to March 2018. An action plan had been developed, and the provider was progressing with addressing the areas of concern highlighted in the report, including how to embed the WRES standards within all organisational and recruitment policies.
- This continued to reflect the positive response in the provider’s last staff attitude survey, completed in 2015, which indicated that 88% of staff strongly agreed or agreed with the statement that “DHC [Diagnostic Healthcare] has a strong management team”. For the same question only 1.7% of staff strongly disagreed with this statement.
- In the last staff attitude survey 85% of staff strongly agreed or agreed with the statement that “DHC [Diagnostic Healthcare] cares for its employees”. For the same question 8.5% of staff disagreed with this statement.
- One staff member told us it was a “great place to work” and that it was the first job they had which they “felt comfortable with”.

## Governance

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

- The provider had a clinical governance director, who was a consultant radiologist, and a non-clinical governance lead.
- The quality and clinical governance policy set out a framework for governance in the organisation. This took account of risk management and incidents, clinical audit, staffing, education and professional development, evidence based care and effectiveness, and patient experience and involvement. The policy detailed the clinical governance committee's terms of reference.
- The clinical governance committee met once a quarter and was chaired by the clinical director. We reviewed the minutes of the latest two meetings. The meeting reviewed clinical performance and quality issues, guidance, and reporting for all modalities. Serious incidents, complaints and audit results were also reviewed at each meeting. Case examples were discussed in the meeting and learning was cascaded to the operational teams from these.
- We reviewed a range of general policy documents during the inspection. All policies were in date and had been agreed and signed-off by the chief executive following consideration by the board.
- We noted there were some elements of the MRI and CT policies that were not in line with guidance. We raised this with the chief executive and the operations and technical manager who agreed to act. We were provided with a draft version of updated policies by the following day; however, we noted the updated policies still contained a number of minor errors. After the inspection, we received a copy of the final version of the policies that had been fully reviewed and signed-off by the provider and by the provider's radiation protection advisor and medical physics expert.
- Governance for the Manchester Vein Clinic was shared between the two providers. Diagnostic Healthcare Limited had responsibility for all non-clinical governance matters within the clinic, while clinical governance remained the responsibility of the other provider. The clinical lead was a professor of surgery

and consultant surgeon. We discussed this with staff who had a clear understanding of the structure and were able to describe how and to whom they would escalate governance matters.

- A monthly governance committee meeting was convened between the two providers. This enabled discussion of any incidents, concerns or performance issues relating to services provided by the Manchester Vein Clinic.

## Managing risks, issues and performance

- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- The risk management policy detailed the key objectives to manage assurances of clinical, professional and organisational controls including accountability, communications, documentation, incident reporting, competence, supervision and policies and procedures.
- The risk register included 29 risks across a range of areas including, although not limited to, patient safety, operations, staffing, equipment, regulation and finance. Each risk had been given a rating based on the impact and probability of the risk occurring and control measures were detailed. The copy of the register provided at the time of the inspection was in draft form and did not include details of any further actions required to mitigate each risk, or the date for review or completion of actions.
- Following the inspection, the provider submitted a copy of the full register which detailed the relevant control measures in place and the policies they were linked to, the further actions required to mitigate and review risks, and the relevant action owners.
- The chief executive chaired weekly meetings with departmental leads to discuss any immediate performance issues or concerns. A departmental head and clinical leads meeting also took place every four to six weeks; this enabled discussion of incidents, complaints, patient satisfaction, clinical audit status, updated policies and procedures, and future plans.
- The provider assured itself that clinical staff had indemnity insurance. We reviewed the log for staff, including those that worked within the Manchester Vein Clinic, which confirmed indemnity insurance was in place.
- The clinical lead undertook a clinical audit of scan images and reports in line with the provider's internal

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audit procedure. This was a monthly audit of five percent of all ultrasound, and MRI scans and a quarterly five per cent audit of MRI reporting and dexta scan reporting. Second opinion reviews of individual images and reports were undertaken on an, as required, basis and were reported on within 24 hours.

- Radiation protection adviser audits were in place for the provider's dexta scanners and mobile CT unit. These had been carried out between November 2018 and May 2019.
- Radiation protection committee meetings were held every six months. The meetings included updates from the medical physics expert, the radiation protection adviser and supervisors and provided a forum to discuss any radiation incidents.

## Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- The provider had assessed itself against, and was compliant with, the requirements of the Department of Health's Information Governance Statement of Compliance (Data Security and Protection Toolkit).
- An information governance committee met quarterly to discuss and review information integrity and security at the Altrincham location and throughout the company. The information governance committee reported to the board.
- At the time of the inspection, the provider was working towards achieving accreditation from the Imaging Services Accreditation Scheme (ISAS). The scheme, which is jointly owned by the Royal College of Radiologists and the Society and College of Radiographers developed the standard to be patient-focused; cover the functions and systems of a whole diagnostic imaging and interventional radiology service; and to address quality in delivery and support quality improvement.
- All information technology equipment used within the Altrincham location, the portable and mobile scanning units was securely password protected. Patient information, scan images and reports were securely uploaded to the provider's servers, which had appropriate remote data back-up systems in line with the provider's business continuity policy.

- The provider had a senior information risk owner and a Caldicott guardian. A Caldicott guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.
- Staff completed mandatory information governance training which included the principles surrounding data protection, freedom of information and the provider's local information governance policies.
- All staff we spoke with confirmed they had access to all the information they needed to undertake the scans requested.
- Image scans and reports for MRI or CT scans undertaken on the mobile units on behalf of NHS trusts were entered directly into the host trust's information technology systems. In these situations, staff worked to the host trust's information governance policies and protocols.
- In line with its quality management system accreditation, the provider had a clear audit programme in place for the year. This was detailed in the provider's internal audit procedure policy which also defined the responsibilities for co-ordinating and undertaking audit and the agreed audit criteria and forms.
- Systems were in place to ensure statutory and regulatory notifications were submitted as required to external bodies. There were no incidents within the last 12 months that required the provider to submit a statutory notification to CQC.

## Engagement

- **The service engaged well with patients and staff to plan and manage appropriate services.**
- Staff at the Altrincham location, and the mobile scanning units, encouraged patients to provide feedback via a patient questionnaire on an electronic tablet at the end of their scan. The survey included questions about the suitability of the appointment time and location, the support patients received from the provider's customer service team, the scan and if the patient felt their questions had been answered adequately by the staff.
- Between 1 January 2019 and 31 March 2019, the provider received 251 questionnaire responses for ultrasound scans delivered in a satellite clinic of the



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Altrincham location. The average satisfaction, of those who responded, was 98% while 99% indicated they would recommend the service to their friends and family.

- The provider had a process to automatically flag any individual low scores or negative feedback from patients on the survey. This enabled the provider to investigate the reasons for any poor experience and make improvement where formal complaints from patients had not been received.
- As a result of feedback from the patient survey the provider had moved disabled car parking spaces closer to the shared-use building entrance, and managed availability of dedicated car parking spaces through a parking permit system.
- In the same period for all scanning services managed from the Altrincham location, including mobile MRI and CT scanning units, the provider received 4011 questionnaire responses. The average patient satisfaction was 96% with 99% agreeing they would recommend the service to their friends and family. A similar level response was recorded for the period between 1 January 2018 and 31 December 2019 where an average 97% of respondents were satisfied and 99% would recommend the service.
- The Manchester Vein Clinic collected patient satisfaction data through a telephone call-back following a consultation or treatment. Between 1 January 2018 and April 2019, 29 responses were recorded. Of those, 90% of patients rated the service provided by the clinic as “Excellent” or “Good”; the remaining 10% of patients rated the service as “OK”. The same response was recorded for a question asking if patients would recommend the service to their friends and family.
- Although the provider had not yet repeated the 2015 staff survey, all staff we spoke with were fully engaged with and supported by the company in the services they provided. The chief executive regularly met with staff in all the regions, usually as part of an evening meal event, to discuss and understand specific concerns to staff in each region.
- Staff we spoke with told us the chief executive knew everyone in the company by name. Staff told us the provider ‘celebrated’ staff birthdays with a personal gift or card.

- The provider published a quarterly staff electronic newsletter which supported communication with the remote teams. The provider supported the use of an encrypted messaging system to enable staff to keep in touch with and obtain support from colleagues around the country

## Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- Learning and continual professional development was embedded within the provider’s culture. Clinical staff were supported, and expected, to maintain continuing professional development portfolio evidence folders, which were subject to random checks by their professional bodies.
- The provider supported clinical placements for students to develop their skills, with a view to joining the provider’s workforce when qualified. In the three years prior to the inspection, the provider trained five new graduate radiographers to become MRI radiographers, four general radiographers to become sonographers, and four general medical sonographers to become musculoskeletal sonographers.
- Staff we spoke with confirmed that the provider supported study days and any external training courses relevant to their roles and that would provide benefit to the provider’s services. We saw evidence of future development plans on staff appraisal documents.
- A clinical staff member, whose first language was not English, told us they had been supported to complete an external course in English Language and was scheduled to attend training on undertaking CT scans. An administration staff member was supported to observe procedures undertaken in the clinic, so they had a clearer understanding of the patient experience.
- Manchester Vein Clinic had introduced a very new to market treatment for varicose veins.
- Manchester Vein Clinic supported the training of vascular scientists through a regional university. It was also developing a training portfolio to enable vascular scientists to carry out a range of procedures previously undertaken by vascular surgeons.

# Outstanding practice and areas for improvement

## Outstanding practice

- Staff knowledge of safeguarding, mental capacity act and deprivation of liberty safeguards, including the provider's policies and procedures was assessed annually as part of their appraisal.

## Areas for improvement

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

- The provider should ensure that, in regard to cleaning transvaginal probes, it reviews its infection prevention and control policy and assures itself that the policy reflects the most recent national and professional guidance and/or provides an equivalent level of infection prevention and protection.
- The provider should consider how it can adhere to Health and Safety Executive guidance on the storage of sharps containers.
- The provider should ensure that patient group direction authorisation forms are countersigned in all relevant areas of the form.
- The provider should consider how it can promote consistency of positive, rather than passive, patient identification confirmatory checks with staff.
- The provider should consider further liaison with hosting organisations to ensure public parking restrictions around mobile units are clearly displayed and adhered to.
- The provider should consider how it can identify the predominant language needs across its patient demographic to ensure that it can provide written information to patients in languages other than English.