

Kingston MRI Unit







Quality Report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Not sufficient evidence to rate	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

Overall summary

Kingston MRI Unit is operated by InHealth Limited. The MRI Unit at Kingston Hospital NHS Foundation Trust is a joint venture between Kingston Hospital NHS Trust and InHealth Limited. The unit was registered with CQC in March 2011. The unit provides a wide range of magnetic resonance imaging (MRI) scans examinations to the NHS, Clinical Commissioning Groups, GPs and private patients. It provided approximately 10,000 MRI examinations per year to patients.

We inspected diagnostic imaging services using our comprehensive inspection methodology. We carried out the inspection unannounced on 8 October 2018.

The service has two MRI scanners providing diagnostic imaging services in two different areas of the hospital. The static unit is situated between the cardiac unit and the hospital main outpatient reception area, behind the

Summary of findings

Sir William Rous Unit. Internal access is achieved on level 3 of the hospital main building, and the modular unit is located adjacent to the car park opposite the Royal Eye Unit of the hospital.

The unit provides diagnostic imaging services for adults, children and young people.

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.

The main service provided by this unit was MRI scanning.

Services we rate

We rated this service as good overall because:

- There were adequate systems to keep people safe and to learn from critical incidents.

- The unit was visibly clean and well maintained and there were measures to prevent the spread of infection.
- There were adequate numbers of suitably qualified, skilled and experienced radiology and administrative staff to meet patients' needs.
- There were arrangements to ensure staff had and maintained the skills required to do their jobs.
- There were arrangements to ensure people received adequate hydration that met their needs and preferences.
- Care was delivered in line with national guidance and the outcomes for patients were good when benchmarked with other InHealth locations.
- Robust arrangements for obtaining consent ensured legal requirements and national guidance were met.
- The individual needs of patients were met, including those in vulnerable circumstances, such as those living with learning disability or dementia.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating Summary of each main service

Good



Staff had a good understanding of how to report incidents, and learning from incidents was shared locally and across the organisation. There was a clear management structure and clear lines of accountability. Service and organisational leaders were described as visible and approachable. The culture of the service drove improvement and delivery of high quality care. All patients gave consent prior to their procedure and staff were aware of their responsibilities under the Mental Capacity Act 2005. The service followed InHealth complaints procedure. Complaints were discussed at governance meetings and learning from complaints were shared with staff during team meetings. Equipment was well maintained and tested annually or in accordance with manufacturers' guidelines. Radiology staff were qualified, registered with their professional bodies and had the appropriate skills to carry out their roles effectively and in line with best practice. Services were planned and delivered in a way which met the needs of the local population. Waiting times and cancellations were minimal and managed appropriately.

Summary of findings

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Good 

Kingston MRI Unit

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Kingston MRI Unit

InHealth Limited became responsible for the MRI service at Kingston Hospitals NHS Foundation Trust in October 2009 following a trust led procurement exercise.

The MRI service is provided from two units within the main hospital. A static MRI unit within the main hospital building utilising a one MRI scanner providing services to both in-patients and outpatients and a modular unit located near to the hospital car park provides bespoke outpatient capacity using another MRI scanner for adults.

The unit is registered with the CQC to undertake regulated activities of diagnostic and screening services. The service has been registered with the CQC in 2009. The unit is operational from Monday to Sunday 7.30am to 7.30pm. Patients with suspected malignant cord compression are scanned within 24 hours, in accordance with National Institute for Health and Care Excellence (NICE) guidelines.

Emergencies requiring possible MRI scans out of hours are managed by the on-call radiologist, whereby the patient will be referred for appropriate alternative

imaging, or offered the first MRI in-patient appointment slot the following day. Patients requiring specialist neurological care are transferred to an appropriate centre.

The reporting of NHS MRI scans remains the responsibility of the Kingston Hospital NHS Foundation Trust and is managed by the radiology leads. InHealth provides support when requested by the radiology manager by outsourcing scan reporting to an external provider.

These reports are managed by the imaging services manager and the MRI superintendent radiographer from outsource to downloading of reports onto the trust picture archiving and communication system (PACS). PACS is a computerised means of replacing the roles of conventional radiological film.

The unit is managed by the registered manager who is supported by a superintendent radiographer, and a team of Health and Care Professions Council registered MRI radiographers, and supporting administrative staff. The service provides MRI scanning to both inpatients and outpatient referrals from Kingston Hospitals NHS Foundation Trust, GPs and private referrers.

Our inspection team

The team comprised a CQC lead inspector who had completed the single speciality diagnostic imaging training and a radiographer as a specialist advisor. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

Information about Kingston MRI Unit

The Kingston MRI Static unit is a purpose-built unit with one direct outpatient access entry point at street level, behind the Sir William Rous unit in the front of the hospital. The unit is situated between to the cardiac unit and the hospital main out-patient reception area within the hospital off the main hospital corridor on Level 3.

Entrance to the controlled MRI area accessed via a key card for permitted staff only. The unit also has a separate

back entry point for inpatient access from the main hospital corridor in level three (3). The static MRI unit which can be accessed via a front door which remains open in-hours and locked out of hours, the back entrance is closed during operational hours and can be accessed via a key card for permitted staff. Out of hours the back door is locked and the whole department is alarmed.

Summary of this inspection

The modular unit was located in the car park of the main hospital, its mainly catered for outpatients.

The unit encompasses: -

- Waiting area for patients and their family/friends.
- Reception area for MRI administration staff
- One toilet with facilities for disabled patients
- Staff kitchen
- MRI scanning room
- Radiographers control / working area
- Patient changing rooms
- Staff changing room
- Radiologist reporting / MRI manager office
- Private patient preparation area

During the inspection, we visited the location. We spoke with five staff including, administration staff, radiographers, and senior manager. We observed MRI scans been taken and spoke with 4 patients having their MRI scans taken. We reviewed 12 patient records.

There were no ongoing special reviews or investigations of the service by the CQC during the last year.

The service did not use any controlled medicines and therefore they were not required to have an accountable officer for controlled drugs (CDs).

Activity (August 2017 to August 2018)

InHealth provide an MRI (Magnetic Resonance Imaging) service in the grounds and premises of Kingston Hospital, Kingston-upon-Thames. It provided approximately 10,000 MRI examinations per year to patients. Patients may be referred via their NHS practice, or through private consultants.

Track record on safety

- No never events
- No serious incidents
- No incidences of healthcare acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive Staphylococcus aureus (MSSA), Clostridium difficile (C. difficile) or Escherichia coli (E-Coli).
- The service received seven complaints between September 2017 and September 2018, all of which were upheld.

Services accredited by a national body:

- Investors in People (Gold award), awarded December 2016
- ISO 9001: Quality management systems standards, awarded 2015
- ISO 27001: International Organization for Standardization - information security management awarded 2013

Services provided under service level agreement:

- Clinical and or non-clinical waste removal
- Cleaning services
- Use and maintenance of premises
- Use of hospital facilities
- Laundry
- Maintenance of non- MRI medical equipment

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The service had acted to mitigate risks to patients. MRI safety screening questionnaires were completed and verbally checked before continuing with the procedure.
- Mandatory training compliance was monitored and most staff were up-to-date with this.
- Staff were clear about safeguarding procedures, and knew what actions to take if they had concerns.
- The service promoted a culture of reporting and learning from incidents.
- Staff were familiar with the duty of candour regulation.
- Equipment was checked and cleaned, and all areas we inspected appeared visibly clean.

Good



Are services effective?

We do not rate effective, however we found the service effective because:

- Practice was evidence-based and complied with recommendations from the National Institute for Health and Care Excellence (NICE) and other national guidelines according to MRI speciality.
- Policies and procedures incorporated national guidance and were available to all staff. Staff knew where to access guidance and policies.
- Patients received care from competent staff who had received the necessary training to undertake their respective roles.
- Consent to care was discussed and obtained in line with legislation and guidance.
- Staff followed correct consent procedures as outlined in their consent policy.
- Regular audits were carried out to monitor performance against corporate outcomes and to maintain standards.

Not sufficient evidence to rate



Are services caring?

We rated caring as good because:

- Patient feedback about the service was positive. In the InHealth patient satisfaction survey 98% of patients said they were 'extremely likely to recommend the service'.
- Chaperones were available on request.

Good



Summary of this inspection

- Staff communicated with patients to reduce their anxieties and kept them informed of what was happening during the scan.
- Staff treated patients with compassion and kindness.
- Relatives were encouraged to be involved in the patients care. They were able to ask questions and raise concerns.

Are services responsive?

We rated responsive as good because:

- Patients were well informed about their procedure and what to expect during the MRI scan and after their scan.
- Patients had timely access to MRI services. Extended opening hours meant patients could be seen after work or over the weekend.
- Interpreting services were available and there were information leaflets available in English.
- Staff were aware of the complaints process and information was available for patients. Complaints were discussed at the governance and staff meetings.

Good



Are services well-led?

We rated well-led as good because:

- Leadership at the unit was visible. Staff felt listened to and had confidence in their managers.
- There was staff and patient engagement, with managers responding to feedback.
- There was a local risk register which was up to date with actions to mitigate risks.
- There were sound governance processes with monthly meetings, where the quality and safety of care was discussed and actions taken.
- Staff described an open culture and they felt comfortable raising concerns.

Good








Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Good 

Mandatory training

- Mandatory training topics included areas such as fire safety, health and safety, manual handling, infection prevention, information governance and basic life support.
- Staff we spoke with all confirmed they were up to date with their mandatory training. Staff said training was accessible and most of training was completed via e-learning. Practical training sessions such as moving and handling were face to face. Data submitted by the provider showed the completion rate for mandatory training was 96%.
- Staff undertook most of the mandatory training subjects through e-learning modules. Staff could either complete the training at home and be paid for their time or complete the training during work time.
- Bank staff used within the department were required to undertake the same mandatory training as substantive InHealth staff members. This could be provided by evidence from another source, for example through evidence of up to date training from their main employer, or they were able to enrol for a mandatory training course run by InHealth.

Safeguarding

- The InHealth safeguarding policy provided a framework for all staff when identifying, responding to and reporting any aspects of safeguarding. The manager

took overall responsibility for overseeing adult and children safeguarding. Staff we spoke to were clear about how to recognise a safeguarding concern and knew how to escalate them. All staff knew how to make a safeguarding referral or who to contact if they needed further advice.

- Staff had access to the organisation's safeguarding policy and procedures on the intranet. Safeguarding training was part of the unit's mandatory training programme.
- Staff demonstrated a good knowledge of their role with regards to protecting patients from harm or abuse and reporting any safeguarding concerns. Staff were clear about who the safeguarding leads were and how to escalate their concerns in line with the safeguarding policy. Staff we spoke with had not made any safeguarding referrals within the reporting period of July 2017 to July 2018. There were no safeguarding concerns reported to CQC in the same reporting period.
- Safeguarding training met national guidance. We reviewed training records provided by the unit and found all staff had completed safeguarding vulnerable adults level 2 training and safeguarding children level 2 training. InHealth staff would normally access the InHealth safeguarding lead or the deputy who were both trained to level 4 for safeguarding advice when needed.
- InHealth had guidance for child sexual exploitation (CSE) and a standard operating procedure for female genital mutilation (FGM). The guidance was for recognising and protecting patients from FGM or similar abuse.
- The service had completed relevant checks against the Disclosure and Barring Service (DBS) for all staff working at the unit.

Diagnostic imaging

Cleanliness, infection control and hygiene

- The MRI environments we visited were visibly clean. Cleaning was undertaken by staff of the host trust.
- The service had an infection prevention and control (IPC) lead and had access to the host trust's IPC lead. InHealth Limited staff liaised with the trust's infection IPC team to decide when it was safe to undertake an MRI scan for infectious patients.
- There were effective systems for segregation and disposal of waste materials such as domestic and clinical waste that reflected national guidance. Clinical and domestic waste was correctly segregated and disposed of appropriately.
- There were alcohol hand gel dispensers available for use in all clinical areas. We saw staff decontaminating their hands with gel before and after providing care. There were dedicated handwashing sinks for each clinical room available for staff to use. The hand hygiene audit score was 98% in 2018.
- We observed all staff were 'bare below the elbows' in clinical areas. This reduced the risk of infections to staff and patients, and was in line with good practice
- Personal protective equipment including aprons, face mask and gloves were available in all clinical areas. We saw staff using gloves when dealing with patients.
- The unit used single use equipment including eye masks and ear plugs which were disposed of in the domestic waste bins. We observed staff wiping reusable equipment such as immobilisation forms and radiofrequency coils (radiofrequency coils are essential for producing high quality images) using disinfectant wipes after every use.

Environment and equipment

- There were two MRI scanning machines. There was one static MRI unit with its own facilities including waiting area, toilets and changing room. The second was a modular MRI unit was located in the car park. This unit had a small patient waiting area, a reception desk, a changing cubicle, one bay and a toilet.
- Emergency equipment was available to staff in both the static and the modular unit. We checked the resuscitation equipment and consumables on both units, and found the equipment in the top drawer had been checked daily. The rest of the drawers were checked once a month in accordance with the resuscitation policy.

- Weekly quality assurance tests on the MRI machines were routinely completed and documented by the radiographers. The tests assured staff that the MRI equipment was in good working order, safe to use and ensured that MRI images were of good quality.
- There was an effective system for recording faulty equipment. All machine faults were recorded by the manager, servicing of faulty MRI machines was done by the under the service level agreement by the manufacturer.
- Equipment such as the fire extinguishers were kept out of the scanning room and clearly labelled as MRI unsafe.
- Access to restricted areas was controlled. Staff had access to the static MRI unit using a keycode, this restricted unauthorised access.

Assessing and responding to patient risk

- The MRI Unit had a service level agreement with the host trust for transfer of patients in the event of an emergency, or if a deteriorating patient required an increased level of care. The unit would alert the trust cardiac arrest team via the 2222 emergency dialling system if required. InHealth staff were able to describe the process they would follow if they were concerned that a patient was deteriorating. Deteriorating patients were transferred to Kingston Hospital emergency department for further treatment and management.
- The service had to ensure the service identified women who may be pregnant. Radiographers checked the status of all women of childbearing age prior to examination. There was also clear signage within the department waiting areas to ask patients to let staff know if there was a possibility that they were pregnant.
- Appropriate environmental measures and signage in place to identify areas where exposure to magnetic fields is possible in line with MHRA regulations. This ensured that staff and visitors did not accidentally enter a controlled zone.
- We saw appropriate safety checks were completed in the unit. The unit implemented a pause and check process, and staff completed an 'three-point ID check' to confirm patient details against the original referral.

Radiology staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and treatment.

Diagnostic imaging

- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. The service used InHealth staffing matrix to determine the daily staffing levels of the unit. Any staff shortages were responded to quickly. The service also had its own group of bank staff, most of whom had worked through the bank for many years.
- Radiology staff worked flexibly between the static and modular site in order to make sure there were sufficient staff with appropriate skills and experience.
- All consultant radiologists were not on site at the same time, there was a process for cover and contact in order to access support and advice of radiologist. A radiologist with practicing privileges would always attend at least once daily to view and report imaging and scan results.
- Staff in the unit consisted of one-unit manager, one superintendent radiographer, six senior radiographers, one administration manager and four administration staff.
- There was minimum of two radiographers and one administrative staff in the modular unit and three administrative staff and two radiographers in the static unit. All staff we spoke with felt the staffing was managed appropriately.
- Patients personal data and information were kept secure and only authorised staff had access to the information. Staff received training on information governance and records management as part of their mandatory training programme.
- Staff completing the scan updated the electronic records and submitted the scan images for reporting to an external organisation contracted for reporting of the scans.

Medicines

- We checked the storage of medications in the unit. We found that medications were stored securely in appropriately locked cupboard. No controlled drugs were stored in the unit.
- Medicines, including contrast media and/or muscle relaxant required for MRI examination were administered using a patient group direction (PGD). PGDs provide a legal framework that allow registered health professionals to administer specific medicines to a predefined group of patients without them seeing a prescriber. PGDs were administered in accordance with the health and care professions council (HCPC) standards of proficiency for radiographers. PGDs were for administration only, and they were authorised correctly for use by authorised staff at the unit.
- Allergies were clearly documented on the referral forms and on the electronic patient records. Allergies were verbally checked during the MRI safety checklist.
- There was a clear pathway to replenish consumables and avoid stock depletion. InHealth procured consumables such as injection and contrast media from appropriate wholesale providers. Supplies were replenished every two weeks and staff told us they could request additional supplies if they were low before the next restock.

Incidents

- The unit had a policy for the reporting of incidents, near misses and adverse events. Staff were encouraged to report incidents using the InHealth electronic incident reporting system. The staff we spoke with were able to describe the process of incident reporting and understood their responsibilities to report safety incidents.

Records

- Patients' individual care records were managed in a way that protected patients from avoidable harm. We reviewed seven patient records. All the records we checked were accurate, fully completed, legible, up to date and stored securely. Electronic records were available through the unit's computer system and it is only accessible by authorised staff with a secure password. Paper records such as paper referrals were shredded as per policy, once the information was captured and uploaded into the computer system.
- The Radiology Information System and Picture Archiving and Communication System used by the service was secure and password protected. Each staff member had their own personally identifiable password.
- Patients completed a MRI safety consent checklist form which recorded the patients' consent and answers to the safety screening questions. This was later scanned onto the electronic system and kept with the patients' electronic records.

Diagnostic imaging

- Any lessons learnt from incidents were shared via clinical governance meetings and team meetings. We saw this in the unit's team meeting minutes. Staff said they would receive copies of meeting minutes via emails.
- There were no never events reported in the service between July 2017 and July 2018. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- There were no serious incidents reported between July 2017 to July 2018. Serious incidents are incidents that require reporting and further investigation.
- The unit provided us with a breakdown on the number and types of incidents reported in the service between July 2017 and July 2018. Of these, there were 98 reported incidents graded as no harm, and three incidents were graded as moderate harm. There were no severe harm incidents.
- Staff reported that they knew how and when to report concerns on the electronic incident reporting system, that they had done so in the past, and that there was an open culture which encouraged reporting.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of any unintended or unexpected incident and provide reasonable support to that person. Staff were aware of the duty of candour principles and spoke about being open and honest with patients and their relatives. All staff we spoke to said that they would speak to patients and their families if an incident had occurred.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

Evidence-based care and treatment

- Radiology staff told us they followed national and local guidelines and standards to ensure effective and safe care. They cited National Institute for Health and Care Excellence (NICE) and other guidance.
- The department had a variety of clinical protocols. We observed that guidance from the Royal College of Radiologists was used as a basis to develop local policy. We saw minutes of the clinical governance committee, which reviewed recent NICE guidance on radiology.

Nutrition and hydration

- Patients had access to drinks whilst awaiting their scan. During our inspection we observed staff offering drinks before and after the patient was scanned.

Pain relief

- Patients were not routinely asked about pain, but if patients were in pain, staff told us they would inform the radiologist present in the department. Pharmacy staff also offered support and advice to patients if it was needed.

Patient outcomes

- The quality of images was peer reviewed locally and quality assured on a corporate level. Any deficiencies in images were highlighted to the member of staff for their learning. However, this was very rare, and the services re-scanning rate was negligible.
- Information about the outcomes of people's treatment were routinely collected and monitored. Staff audited and compared key elements of the referral and scanning pathway, and these were benchmarked with other InHealth locations. Results of this were shared with all staff at the unit.
- The service had a clinical audit schedule. The clinical audits were aimed to assist in monitoring the service and drive improvement. Audits included hand hygiene, health and safety and patient experience. We saw these audits, and action plans were produced by the registered manager if required.
- Information sent to us by the provider prior to inspection demonstrated there were no incidences of unplanned transfer of a patient to another health care provider in the 12 months prior to our inspection.
- Patient outcomes were monitored continuously and used to improve the performance of the service.

Diagnostic imaging

Outcomes were monitored through patient satisfaction surveys, reporting timeliness, referral to treatment waiting times, “did not attend” (DNA) audits and clinical peer reviews.

Competent staff

- Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities and on a continual basis. Staff had regular meetings with their manager, and a performance appraisal twice a year to set and review goals.
- All new staff completed an induction programme. Staff told us the induction process was comprehensive and enjoyable.
- Data provided by service showed that 100% of staff working at the unit had received an appraisal in the current appraisal year (July 2017 to July 2018).
- Staff described the appraisal process as a valuable experience, and felt that their learning needs were addressed. Staff were also given the opportunity to attend courses to further their development. Staff described being supported in undertaking further learning to develop their skills and knowledge.
- Staff members told us they read professional publications and attended courses to keep up-to-date of changes to guidance, and disseminated this information to other staff members.
- Radiology staff told us their team members were members of the Society of Radiographers. They received regular e-mails and the Society journal, which they shared with other staff.
- Radiographers were registered with the Health and Care Professions Council (HCPC) and met the standards to ensure delivery of safe and effective services to patients. The HCPC is a regulator, set up to protect the public. They keep a register of health and care professionals who meet HCPC standards for their training, professional skills, behaviour and health. All the radiographers at the unit had a current professional registration with the HCPC in the last 12 months. Radiographers completed continued professional development to meet their professional body requirements.
- InHealth had developed a comprehensive internal training programme for MRI, aimed at developing MRI specific competence, following qualification as a radiographer.

- In the event of any aspect of competency falling short of the required standard, the practitioner’s line manager was responsible for providing necessary support and guidance required to attain the relevant standard.

Multidisciplinary working

- We observed close working relations between radiographers and administrative staff in the unit. Staff told us that everyone worked together well as a team.
- We observed radiographers working closely with consultant radiologist from the local NHS Trust. All staff in the unit (static & modular) were seen to be supportive of each other to provide the best care and experience for the patient.
- All staff we spoke with said they had access to medical staff and could discuss patient related concerns with them.

Seven-day services

- The Scanning Centre operated between the hours of 7.30am to 7.30pm, seven days a week.
- Alternate Saturday and Sunday scanning by a mobile unit was available. Administrative staff at the static unit checked in patients and directed them to where the mobile scanner was located.

Consent and Mental Capacity Act

- Staff reported that they were aware of the consent policy and how to access this on the InHealth intranet. Staff appeared to have a broad understanding of issues in relation to consent and capacity. They explained that any concerns in relation to consent or capacity would be escalated to the unit manager for further advice or assistance.
- Consent for MRI patients was taken on the day of the procedure. Part of the consent included asking women for their pregnancy status and checking that the procedure had been justified for women who were past the first trimester in accordance with the Medicines and Healthcare Products Regulatory Agency) safety guidelines for magnetic resonance imaging equipment in clinical use (2015).
- The staff we spoke with were aware of the need for consent and gave patients the option of withdrawing their consent and stopping the scan at any time.

Diagnostic imaging

Patients we spoke confirmed their consent had been obtained throughout the scanning process. A corporate consent policy was available to staff. It was written in line with national guidance.

- The unit followed the InHealth corporate consent, Mental Capacity Act and Deprivation of Liberty Safeguards policies. The policies were all reviewed and in date. The policies included the law that applied to anyone who lacked the mental capacity needed to make their own decisions about their medical treatment. All the staff we spoke with understood the principles of the act and the basis of best interest decisions.
- Consent for diagnostic imaging was included in the InHealth mandatory training programme. Training records for the unit showed staff in the unit were 96% compliant with their mandatory training.

Are outpatients and diagnostic imaging services caring?

Good 

Compassionate care

- We observed staff treated patients and their families with care, dignity and respect. Staff welcomed patients into the centre, and directed them to free refreshments in the waiting area.
- There were information available informing patients about the availability of chaperones and staff were readily available to act as chaperones when needed. All patients were offered the choice of having a chaperone during their diagnostic tests.
- There was a private changing room for patients to change before their scan. All patients we saw at inspection changed into a gown. The unit's reception area was an open space, however there was a private room within the MRI scanning unit where private discussions and conversation could be held.
- We observed staff treating patients with dignity and respect. Staff reported that they recognised the importance of maintaining patient's confidentiality, privacy and dignity.

- Patients were positive about the unit's reception staff. A patient told us the reception staff were "excellent". We observed the reception staff answering patient enquiries and interacting with patients in a friendly manner.
- We saw that all interactions were respectful and considerate. We observed staff been supportive and compassionate when dealing with patients.
- InHealth provides 100% of patients the opportunity to provide feedback using the DOH Friends and Family test methodology. Between June 2017 and May 2018, 4128 returns were received, of these 97% of patients were likely or extremely likely to recommend our service. Most patients also said they had "complete confidence in the staff".

Emotional support

- Staff gave patients support and time to discuss their treatment. We saw that staff spoke to patients about their most recent visit to their GP or hospital.
- The manager told us they had an open-door policy and was available to patients to discuss all their needs. Patients told us the manager was always responsive and gave them time to discuss their concerns.
- Staff understood the impact that patients' care, treatment and condition had on their wellbeing. Staff we spoke with stressed the importance of treating patients as individuals.
- A member of staff described talking to patients during procedures to put them at ease. They talked about managing anxious patients by offering them a glass of water, sitting with them and talking with them until they were ready to leave.
- A member of diagnostic imaging staff explained how they had supported a young patient during their diagnostic imaging test by explaining the tests, provided simulation experience and being at hand to reassure them.

Understanding and involvement of patients and those close to them

- Staff communicated with patients so that they understood their care, treatment and condition. Patients reported that they were satisfied with the

Diagnostic imaging

information they were provided by staff. They also told us that when they called the department with a question, staff were always quick to answer with detailed information.

- Patients reported that their conditions and treatment were explained to them in way that they understood.
- Patients and their relatives were encouraged to participate in their treatment. Staff encouraged patients to take responsibility for parts of their treatment. The unit manager told us patients were encouraged to do what they could for themselves to make the service more inclusive.

Are outpatients and diagnostic imaging services responsive?

Good 

Service delivery to meet the needs of local people

- The planning and delivery of the regulated activities provided at the unit were in line with the requirements of the host trust and the catchment area that it serves. This was a collaborative service between the NHS and the provider which ensured local people had access to timely MRI scanning services.
- InHealth engaged with the local clinical commissioning group and the NHS trust to plan and deliver contracted services based on local commissioning requirements.
- The unit allocated six daily appointment slots for inpatients at the host trust. This was part of the contractual agreement between InHealth Limited and the trust, and ensured patients could access urgent scans to better manage their treatment.
- The service was planned and delivered in a way that reflected the needs of the population served and gave choice and continuity of care to patients locally.
- Signage directing patients to the MRI units was clear, visible and easy to follow. We followed the signs to the static unit with ease, however we were taken to the modular unit by the unit manager. We were told by the unit manager that patients were provided with appropriate information about their visit including directions to whichever of the two units they were having their MRI scan taken.

- The environment was appropriate and patient centred. There was a comfortable waiting area with sufficient seating, cold water fountain, drinks machine for making hot drinks, and toilet facilities for patients and visitors.

Meeting people's individual needs

- Staff reported that the service took account of people with different needs including people with dementia, learning disabilities and physical limitations. Staff gave examples of support provided to patients and their family members, such as making them comfortable and, sitting with them to allay their fears and anxiety. Translation and interpreting services was also available via the hospital services.
- The unit provided physical access to services including wheelchair services to patients who needed it.
- The unit was focused on making services more accessible to patients with different needs as reflected in their quality improvement plan. The plan included reviewing availability of MRI services at the time convenient for the patients.
- Staff told us they did not see many adult patients with learning disabilities and were not able to think of any examples of when they had. Staff said that they would speak to the manager with questions about treating patients with learning disability when necessary.

Access and flow

- Patients had timely access to scanning. Referrals were prioritised by clinical urgency and based on the agreed commissioning pathway. NHS patients received an appointment within four weeks, the service offered an urgent pathway appointment for NHS patients. The service provided limited private patient services, all private patients were given an appointment within 48 hours on receipt of their request for MRI scan.
- The service held some slots which were filled a day prior to allow for any clinically urgent referrals if these were not filed by urgent cases, the service utilised these appointments for patients who could be contacted at short notice.
- Patients were offered a choice of appointment times. Patients we spoke with told us they were given appointment times that suited them. The service planned to scan patients at the time of their choice, and had a confirmation discussion with the patient about whether they wanted a morning or afternoon appointment.

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- The service ran on time and staff informed patients when there were disruptions to the service. All patients we spoke with said there was minimal waiting time when visiting the service. The maximum time they had to wait was for 10 minutes, and they were always informed of a delay with an apology.
- The service recorded the time between when a referral to the service for a scan was received, and that scan being booked. They also reported on the time between the scan to when the scan was reported on.

Learning from complaints and concerns

- Complaints were handled in line with the InHealth complaints handling policy. They were responding to complaints in line with their policies.
- The unit received seven complaints between July 2017 and July 2018; of which two were upheld. Staff were encouraged to resolve complaints and concerns locally, which was reflected in the low numbers of formal complaints made against the service.
- If a patient wanted to make a complaint, staff told us they would ask their immediate line manager/service manager to speak to the patient. Most complaints were resolved locally through informal conversations before it was escalated into a written complaint.
- We saw complaints leaflets were available in the waiting areas for patients who wished to make a formal complaint.
- The service worked closely with the host hospital to share information on complaints, concerns and compliments that may be relevant to the MRI scanning facility.

Are outpatients and diagnostic imaging services well-led?

Good 

Leadership

- The registered manager was an experienced and competent senior radiographer, who had the skills, knowledge and experience to run the service. The manager was enthusiastic and keen to improve the

quality and service provided. She stated she was supported and empowered by InHealth senior management to take forward initiatives and adjust the service if warranted.

- The manager was visible and approachable. She worked alongside other staff within the MRI facility and was clearly proud of the team.
- The two radiographers we saw at the modular unit worked well together, and were supportive of one another.
- All staff felt valued and told us that they enjoyed working at the unit. Throughout the inspection, we saw that staff assisted each other with tasks, and responded quickly to service needs.
- We saw that staff had effective working relationships with staff from the radiology department located next to the unit, we were told of a positive and inclusive working relationship with the consultant radiologists and radiology staff at the host NHS trust.

Vision and strategy

- All the staff we spoke with were aware of the vision, strategy and values of the InHealth Limited.
- Staff had a clear vision for the service and were aware of the overall vision of the corporate organisation (The InHealth Limited). The vision was 'to make healthcare and diagnostics better for patients, delivering excellence in everything that we do', providing high quality care in a timely and effective way. This vision was delivered through a set of four values which were trust, care, passion and fresh thinking.
- Staff spoke enthusiastically about the service they provided and were proud of the facilities they worked in and the care they could offer to patients.
- An improvement and refurbishment plan for the new unit was underway to improve the patient flow and environmental capacity of the unit.

Culture

- Staff described the culture of the unit as open and transparent where staff supported each other.
- Staff told us they enjoyed working at the unit, and they were enthusiastic about the care and services they provided for patients. They described the unit as a good

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place to work. Some of the staff we spoke with had worked for the provider for several years, and were enthusiastic about the services the unit offered provided.

- The unit made improvements through learning and staff were encouraged to be open, honest, and transparent; and to report when things went wrong. All staff reported they felt supported by the manager and the wider organisation when incidents or other issues occurred. Staff reported that there was a no blame culture when things went wrong.
- Locally the service was supported by a dedicated and proactive manager and senior radiographers who had worked to continually improve the service.
- All staff were aware of the need to be open, honest and transparent with patients. Staff felt the corporate organisation and the unit had a culture of openness and honesty, and was open to ideas for improvement. This was noted during the inspection when we interacted with the manager and staff of the unit.

Governance

- There was an effective governance framework to support the delivery of the strategy and good quality care. The service undertook a number of quality audits, and information from these audits assisted the service in driving improvement. Managers developed action plans which identified how, when and where to things needed to be improved.
- Governance arrangements including the governance framework supported the delivery of good quality care. For example, complaints and incidents were discussed at the team meetings and any new alerts, learning from complaints and incidents were shared with staff.
- Governance meetings were held monthly and minutes were recorded from these meetings. We reviewed minutes and meeting notes, there was evidence of discussions regarding incidents, complaints, policies, performance and updates from the corporate organisation.
- There was service level agreements (SLA) between InHealth and the local NHS trusts as their host. All staff were clear about their roles in the SLA, what was expected of them and for what and to whom they were accountable.
- There was a contract in place with an external service to offer radiation protection advice and support.

- As part of the service level agreement with the host trust, the unit service submitted a monthly report to the radiology services manager of the trust to advise them of any issues. The report included issues such as staffing, scanning activities, issues with equipment, operational issues and service improvements.
- The service submitted a monthly activity report to the radiology services manager. This provided the trust with information on activity, and any issues impacting on service provision such as staffing, equipment, operational issues and improvements.

Managing risks, issues and performance

- The service had effective processes to identify, understand, monitor and address current and future risks. We reviewed the risk register and noted that all risks had been reviewed and updated within the last month in line with organisation's policy. All risks on the risk register had controls in place to mitigate them.
- The registered manager had a clear understanding of risks associated with the service. The manager was able to describe what was on the unit's risk register and how the unit was mitigating those risks.
- The unit audited their services to make improvements to care and policy. The risk register, electronic incident reporting system and audit results and other reports showed that the managers understood the risks to the unit and acted on them accordingly.

Managing information

- There were sufficient computers available to enable staff to access the system when required.
- The service had access to both InHealth and their host trust's computer systems. They could access policies and resource material from their organisation's intranet.
- Electronic patient records could be accessed easily, they were kept secure to prevent unauthorised access. Staff were able to locate and access relevant and key records easily, this enabled them to carry out their day to day roles.
- Information from scans could be reviewed remotely by referrers, to give timely advice and interpretation of results to determine appropriate patient care.

Engagement

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- Patient satisfaction cards were given to all those who had been scanned in the unit to gain feedback on the service received. This feedback was overwhelmingly positive on those we reviewed during the onsite inspection.
- Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation, and actions implemented from the feedback received.
- The unit engaged their partners to review performance, understand the service they required and how services could be improved. The service had a good relationship with their local NHS trust and their clinical commissioning group (CCG).
- Unit staff were encouraged to voice their opinions and help drive the direction of the service provided and suggest improvements to the examinations provided.
- InHealth provided an Employee Wellbeing and Assistance Programme to support staff during times of crisis or ill-health.

Learning, continuous improvement and innovation

- The service and their host trust had worked together to increase capacity of the service when required, this had reduced waiting times for routine patients.
- In the reporting period, improvements had been made to increase scanning capacity to meet the demand of NHS referrals by having the mobile scanner onsite on alternative weekends, this was an ongoing process to manage the increased number of referrals.
- The unit was committed to improving services by learning from incidents, promoting training, research and innovation. The unit made use of internal and external reviews of incidents and complaints and learning from these reviews were shared with staff throughout InHealth organisation to encourage improvements.