Alliance Medical Limited

Guildford Diagnostic Imaging

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. 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 to patients. 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. Services were available to support timely patient care.
- 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 a diagnostic procedure.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Our rating of this location stayed the same. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. 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 to patients. 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. Services were available to support timely patient care. • 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 a diagnostic procedure. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

However:

- People could not always access the premises easily due to poor signposting and parking facilities.

Summary of findings

Contents

Summary of this inspection

Background to Guildford Diagnostic Imaging

Guildford Diagnostic Imaging is operated by Alliance Medical Ltd. The unit is located behind the local NHS hospital building on the ground floor. It can be accessed internally from the main hospital and by the unit's own entrance. The service provides Magnetic Resonance Imaging (MRI) and Positron Emission Tomography- Computerised tomography (PET-CT) scanning. Approximately 500 PET-CT scans and 1400 MRI scans are carried out each month.

Most referrals are from NHS trusts in Surrey, Hampshire, Berkshire and Middlesex but there are some direct private MRI referrals from GPs in the local area. Most referrals are for adults but the service also provides PET CT scans for children aged 16 – 17, and MRI scans to children aged 7 years and above.

Radiographers, clinical assistants and non-clinical staff are employed by Alliance Medical Ltd. Radiology input is provided by the NHS trust.

The service has a registered manager who has been in post since 2018. It is registered to provide the following regulated activities;

- Diagnostic and screening services

The service was last inspected in January 2019 . All key questions were rated as good apart from effective which was not rated.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

During the inspection we spoke with 14 members of staff including clinical assistants, technologists, radiographers, administration staff and managers. We observed clinical activity and reviewed three patient records and four staff records. We spoke with two patients and reviewed patient feedback information.

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

Areas for improvement

- The service should consider improving access to its facilities.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Diagnostic imaging safe?

Good

Our rating of safe stayed the same. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. Certificates in staff records confirmed that all staff had completed necessary training. New staff were required to complete training within three months of starting their employment.

The mandatory training was comprehensive and met the needs of patients and staff. Staff working with radiation had appropriate training in the relevant regulations, radiation risks and use of radiation. All staff completed training in subjects which included Information governance, health and safety, fire safety, and infection control.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training compliance information showed that 96% of staff were up-to-date with this essential training. This was better than the unit's target of 95%.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. The registered manager had completed level 3 safeguarding training for children and adults and other staff had completed training appropriate to their roles. If children needed to be scanned the registered manager ensured that staff carrying out the scan were trained to level 3.

Good

Diagnostic imaging

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns. Following discussions with the local NHS trust all concerns were discussed with the hospital's duty safeguarding lead who provided this location with level 4 safeguarding support. Any safeguarding referrals were made using NHS procedures in line with the local NHS trust's policy. The service's standard operating procedure reflected this.

Staff followed safe procedures for children visiting the service. Children were accompanied by a parent or carer who were able to wait with them. Parents could accompany their child into the scan room but left when radiation was present.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Records showed that staff cleaned all clinical areas at the beginning of the day. We observed staff cleaning equipment and furniture before each patient entered a scanning room. An external contractor carried out a monthly deep clean.

Staff followed infection control principles including the use of personal protective equipment (PPE). There was sufficient PPE and staff confirmed there were no difficulties in obtaining this. Staff wore appropriate PPE during scans and changed this between each patient. There were wall-mounted hand gel sanitisers readily available in all areas, including low level dispensers for accessibility. Staff followed the unit's hand hygiene and "bare below the elbow" policy. Hand hygiene audits demonstrated compliance with policies varied from 97% to 100%. Aseptic procedures were used when inserting intra-venous cannulas for scans in line with national guidance.

Additional infection control procedures had been introduced during the COVID-19 pandemic. Patients were asked to wear a mask and clean their hands before entering reception. A receptionist would check patients' and relatives' temperatures, and go through a COVID-19 checklist, before allowing them to sit down in the waiting area.

The service had re-arranged appointments so there was a 10 minutes gap between each patient. This allowed time for additional cleaning of equipment and furniture between patients.

Staff took a COVID-19 lateral flow test twice a week and reported to the manager if this was positive or if they had any COVID-19 symptoms. Staff were not allowed to come to work if they had tested positive for COVID-19 and they knew to follow self-isolation protocols.

Environment and equipment

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

Patients could reach call bells in clinical areas and a patient told us staff responded quickly when called.

Staff carried out daily safety checks of specialist equipment. We saw records for the last two months that confirmed this. Fire extinguishers were readily available and had been recently serviced. A specialist fire extinguisher was present in the MRI scanning unit. Fire exits were clearly signed and accessible.

Good

Diagnostic imaging

The service had enough suitable equipment to help them to safely care for patients. The service had one PET-CT scanner and two MRI scanners. The MRI scanners were clearly labelled in line with recommendations from Medicines & Healthcare products Regulatory Agency. There were records of yearly servicing for all scanners. This was carried out by the manufacturer and their certificates confirmed that the equipment was safe to use. There were contingency plans if equipment was faulty or not operational.

PET-CT scans require very small amounts of radioactive isotopes to be injected into a patient's vein. The isotope allows the scanner to show differences between healthy and diseased tissue. We observed that the isotopes were stored safely and securely in accordance with national safety standards.

Staff wore dose badges which monitored their exposure to radiation. One was also given to a member of the inspection team who spent time in and around the PET-CT scanning room. Records showed that the manager investigated unexpected dose readings and took action if necessary.

There was a well-equipped resuscitation trolley which was checked weekly in-line with local policy. There was also an anaphylaxis kit which was easily available in the event that a patient had a severe allergic response to medication.

The design of the environment followed national guidance. The furniture in the waiting area supported social distancing.

Staff disposed of clinical waste safely. Staff used sharps bins to safely dispose of sharp equipment. This included dedicated bins to collect and dispose of radioactive waste. Staff had assembled, dated, secured and not over filled the bins. Radioactive waste including sharps and linen were stored at the service for three days before being disposed of through the local NHS hospital systems. The service kept a waste disposal monitoring log to ensure that all waste was disposed of safely. This was in line with national guidance to ensure that there was no radiation present before disposal.

Assessing and responding to patient risk

Staff identified, responded to and removed or minimised risks to patients. Staff identified and acted quickly when there was an emergency.

Staff undertook regular training in the assessment of deteriorating patients and in intermediate life support. There was a recently updated written procedure to be followed if a patient collapsed during a scan. The regional resuscitation training officer conducted twice yearly drills of the procedure so that staff were familiar with the actions that needed to take place.

Staff completed risk assessments for each patient on arrival and reviewed this regularly, including after any incident. The staff followed processes to ensure the right person received the right radiological scan at the right time. Staff checked each patient's identity, medical history and pregnancy risk, applying a six-point check. The risk assessment process included checking the imaging was needed and appropriate. The radiation protection supervisor was involved in the design of risk assessments.

Staff shared key information to keep patients safe when handing over their care to others. Staff told us if something unexpected was found during the scanning process, the duty radiologist would be contacted immediately. Normal procedure was for the radiologist to contact the referring clinician within 24 hours.

Good

Diagnostic imaging

In June 2021, the service had started an inpatient service, providing MRI scans for the local trust. The service also offered an inpatient service for PET CT scans to all patients within its demographic. They had developed printed hand-over and safety documents so that ward staff were fully aware of the procedure that had taken place and any aftercare that might be required.

Staffing

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

The service had enough clinical and support staff to keep patients safe. The unit was staffed with radiographers, PET-CT technicians, clinical assistants and administration staff. There were vacancies for two radiographers and a receptionist. The manager adjusted the number of scans performed according to the number of clinical staff that were available. If referrals for scans exceeded the number of staff available help was provided by mobile scanning units.

Medical staff were provided by the local NHS hospital and were always available to give advice if needed.

The service used bank staff and agency staff when necessary to maintain staffing levels in both clinical and non-clinical areas. The service said staff were provided with information so they could work safely. One of the vacancies had been temporarily filled by a technician from a neighbouring unit. Records showed that competency assessments had taken place before they were able to work without supervision.

Records

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

Patient notes were comprehensive and all staff could access them easily. Staff used both electronic and paper records. They included up-to-date risk assessments, clinical history and results of previous scans. We reviewed three sets of patient records and all contained information that was clear and well organised.

When patients transferred to another service, there were no delays in staff accessing their records. The electronic patient record system used by the unit did not always integrate with systems used by referring hospitals. However, there was a secure system to ensure necessary information such as reports and images was shared.

Records were stored securely. Paper elements of the patient record were scanned and merged into the electronic patient record. The paper records were securely destroyed after three months. Computer systems used by the service was secure and password protected.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff administered radioactive medicines to patients under the authorisation of the Administration of Radioactive Substances Advisory Committee (ARSAC) license holder, who was a consultant based at the local acute trust working under a service level agreement for the provider. The service maintained records for staff authorised to administer radiopharmaceuticals (isotopes) and showed that 100% of staff were compliant with this. We observed detailed safety checks being carried out to ensure that the right dose of medicine was given to the right patient.

Good

Diagnostic imaging

No controlled drugs were used or stored. Patient Group Directions (PGD) were used for the administration of medicines needed for some scans. PGDs provide a legal framework that allowed the registered health professional to supply and/or administer specified medicines to a pre-defined group of patients without them having to see a prescriber (such as a doctor or nurse prescriber). All PGDs were up-to-date and signed by the appropriate staff.

Staff stored and managed medicines in line with the provider's policy. Records showed that daily checks were carried out to ensure that all medicines were stored safely and securely.

Incidents

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

Staff raised concerns and reported incidents and near misses in line with provider policy. They followed clear guidelines and could describe the process for reporting incidents. Records showed that the cause of incidents was investigated and action taken to prevent similar incidents occurring.

Staff reported serious incidents clearly and in line with company policy. We reviewed records of a serious incident that had occurred at the beginning of 2021. The registered manager had carried out a thorough investigation and a root cause analysis.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The manager had included the patient and their family in the investigation of the serious incident.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff we spoke with were aware of incidents that had taken place within their own unit and elsewhere. They knew about actions that needed to be taken to prevent similar incidents happening in the future.

Staff met to discuss the feedback and look at improvements to patient care. Records of staff meetings showed that staff discussed and agreed improvements.

Are Diagnostic imaging effective?

Inspected but not rated

We do not rate effective for this service.

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Good

Diagnostic imaging

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service used up-to-date, regularly reviewed policies and procedures and best practice guidance. These complied with Ionising Radiation (Medical Exposure) Regulations 2017 and followed recent guidance from the Health and Safety Executive, the Royal College of Radiologists and the National Institute of Health and Care Excellence. Records showed all staff members signed to confirm they had read and agreed to abide by the policies or procedures.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

Patients were sent information with instructions about fasting before the scan. Special advice was given to patients with diabetes and appointments were arranged to help with required eating patterns. Staff encouraged patients to drink water while waiting for the scan to improve the effectiveness of medicines given.

Following the scan patients were able to have a hot drink and biscuits before leaving the service.

Patient outcomes

Staff monitored the effectiveness of care. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service had an audit programme. This included a yearly infection prevention and control audit, monthly reporting image quality audits, referral to scan time and scan to report published time. Results of these audits demonstrated the service was providing good clinical outcomes.

The service took part in the company's national audits in order to gain accreditation with Quality Standards for Imaging . The service, and Alliance Medical Ltd, had been accredited since 2018.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Performance was monitored monthly. Areas monitored included incidents, quality of reports, training compliance, patient satisfaction and complaints. Results showed consistently good performance.

Managers shared and made sure staff understood information from the audits. Records of staff meetings showed that audit results were regularly discussed and any required improvements were agreed.

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 development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service had a mixture of experienced staff and those who had recently joined the service. Senior staff carried out competency assessments with new staff before they worked without supervision. Staff told us they were encouraged and supported to attend courses linked to their field, to keep up to date on practices and refresh current skills. Training records showed that staff had received training specific to the three scanners that were in use in the unit.

Managers gave all new staff a full induction tailored to their role before they started work. All training had to be completed within three months and new staff worked under supervision until that time.

Good

Diagnostic imaging

Managers supported staff to develop through yearly, constructive appraisals of their work. Future training needs were identified at these meetings and staff were given the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. There was no nationally accepted training for clinical assistants working with PET-CT and MRI scanners. Therefore, the service had devised a tailor-made training programme to ensure that staff had the skills and knowledge to meet the needs of patients.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff told us that they had a good working relationship with staff at other hospitals who referred patients to them. We observed imaging staff working well as a team and demonstrating their knowledge of each other's roles.

Seven-day services

Key services were available seven days a week to support timely patient care.

The service was open seven days a week, 8am to 8pm for MRI scans. PET CT scans were available six days a week, 7am to 8pm.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Staff assessed each patient's health at every appointment and provided support for any individual needing to live a healthier lifestyle. We observed relevant information being given to a patient at the end of a scan.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Staff were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were particularly aware of a patient's ability to understand the risks associated with the small amount of radiation from PET-CT scans. Staff we spoke with were able describe the process for best interest decisions when a patient was unable to give informed consent. They showed us the "best interest" forms that would be completed by a senior doctor after discussion with the patient's family and any other patient advocates. Staff we spoke with had a good working knowledge of the guidance for gaining valid informed consent from a child. They were aware of the legal guidelines which meant children under the age of 16 were able to give their own consent if they demonstrated sufficient maturity and intelligence to do so (Gillick competency). Otherwise, consent would be sought from the child's parent or guardian.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Detailed information was sent to patients before their scan. Staff checked their understanding of the procedure before asking for their consent. This was recorded in all the patient records we reviewed.

Good

Diagnostic imaging

The service had not received any referrals for patients who were subject to the Mental Health Act and there was no anticipation that this would change in the future.

Clinical staff received and kept up to date with training in the Mental Capacity Act. The Deprivation of Liberty Safeguards did not apply to this service.

Are Diagnostic imaging caring?

Good

Our rating of caring stayed the same. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way. We observed staff treating all patients in a friendly and courteous manner.

Patients said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential. Conversations in treatment areas and scanning rooms could not be overheard in other areas of the building. Computer screens containing confidential information were positioned so that unauthorised people were unable to see them. Screens were locked when unattended.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They displayed a good understanding of these needs. Adjustments were made to clinical processes and communication when necessary. Patient information leaflets contained information about chaperones and there were notices offering this service in all scanning rooms. A chaperone of the same gender was offered whenever possible.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Support included giving the patients as much time as they needed to discuss their concerns and talking in a calm and reassuring way. Patients told us that staff were patient and kind and provided them with the reassurance they needed.

If patients had any concerns after a scan, they could ring the unit for advice. However, we were told that the phone was not answered after the unit closed. Instead, patients were advised to contact the team that had referred them.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. They were aware that the results of the scans may confirm a very serious illness and that some patients would be very anxious about this. We observed staff making allowances for this and reassuring patients if they showed signs of stress. Patients were given clear details of when results would be known and who to contact. This helped to reduce anxiety while waiting for results.

Good

Diagnostic imaging

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their diagnostic procedures.

Staff made sure patients and those close to them understood their care and procedures. Comprehensive information was sent to patients when they booked a scan. This included details of the reporting process and the fact that scan results would be sent to the referring clinician. Patients were encouraged to make an early appointment with the referring clinician in order to discuss the results of the scan. Clinical staff checked the patient's understanding of this information before the scan started.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback could be provided by completing a printed questionnaire or electronically. We looked at feedback results for August and September 2021. A total of 401 patients had provided feedback, most of which was positive. A small number of patients (13) said they were dissatisfied with the service for a variety of reasons. The registered manager reviewed the results monthly and investigated negative comments.

Are Diagnostic imaging responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. Referrals for scans had increased in the past year and the service sometimes found difficulties in performing scans promptly. To meet the needs of local people the registered manager had arranged for mobile scanners to visit the site two or three times per week. The additional scans helped to reduce delays. Opening hours had been extended so that for PET CT scans, the first appointment was at 7.30am and the last appointment was at 6.30pm. For MRI scans, appointments were available from 8.10am until 7.45pm.

Facilities and premises were not always appropriate for the services being delivered. The unit was difficult to find, with no signposts at the entrance to the hospital site. The map sent to patients was not sufficiently detailed to allow easy access to the unit. The increase in the number of patients in the last year meant there were no longer sufficient parking spaces. There were no available disabled parking spaces on the day of the inspection. Many patients had long journeys from counties other than Surrey, making access by public transport difficult. Feedback showed some patients had spent a long time trying to find somewhere to park and this had increased anxiety levels before their scans. Staff told us that they often gave up their own parking space in order to allow patients to park.

Adjustments had been made to doorways to allow easy wheelchair access. There was adequate seating areas within the service, it was well lit and patients and visitors had access to refreshments.

Managers monitored and took action to minimise missed appointments. The registered manager monitored and analysed missed appointments and reported them to senior managers. The age of people most likely to miss appointments was between 35 and 45 years old. The most likely time period for appointments to be missed was between midday and 3pm. Anyone who missed an appointment received a phone call to see if another, more convenient, appointment could be made.

Meeting people's individual needs

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

Staff had received training in equality, diversity and dementia and had a good understanding of cultural, social and religious needs of patients and demonstrated these values in their work.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff could access an interpreting service if patients had difficulty communicating in English. Notices were displayed in several languages.

The service could accommodate bariatric patients up to 200kgs.

Access and flow

People could access the service when they needed it and received the right care, and their results, promptly. Waiting times from referral to test and from test to results were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed. Ninety-nine percent of patients had their scan performed within six weeks of referral. This was in line with national quality standards. The service aimed to report on urgent scans for suspected cancer within two weeks of referral. In July 202,1 the service was completing reports for 80% of these patients within two weeks and all of them were completed within three weeks. This was similar to other imaging units.

Managers worked to keep the number of cancelled appointments to a minimum. PET-CT patients were given an information leaflet on the preparation of the radiopharmaceutical injection. The leaflet explained that if the injection did not pass the safety tests the scan may need to be cancelled. Any cancellations were re-booked for a time convenient to the patient.

Staff supported patients when they were referred or transferred between services. The service worked with referring hospitals to make sure that staff and patients had the correct information to ensure smooth and seamless transfers. Well-designed and illustrated information leaflets had been produced so that all concerned understood the requirements and some of the complexities of PET-CT and MRI scanning.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Patients that we spoke with said that they knew how to raise concerns and would be happy to do so if necessary.

Good

Diagnostic imaging

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Reception staff told us they would refer any complaints immediately to one of the service managers.

Managers investigated complaints and identified themes. Records showed that complaints were logged, investigated and causes addressed.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We looked at the most recent complaint and found the registered manager had investigated it promptly and thoroughly. They had compiled a courteous and thoughtful response in conjunction with the quality manager at head office and had responded to the patient within the agreed time frame of 21 days. The outcome of the complaint had been discussed with staff at the next staff meeting. Nearly all complaints received a response within 21 days. If this was not possible the manager would send a progress report to the complainant.

Are Diagnostic imaging well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager had been in post since 2018. Staff told us the manager spent time in clinical areas every day and was approachable and helpful. They worked regularly in the service and so were highly visible. Staff felt that the manager listened to them and engaged with them. Leaders supported staff in their development and encouraged them to develop their role when appropriate.

The registered manager had a clear reporting line to the chief executive of the diagnostic imaging company via a regional manager.

Vision and Strategy

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

The vision of the service was based on the five corporate values which were collaboration, excellence, learning, efficiency and openness. Staff were aware of these values and supported them. The strategy for the unit was developed in conjunction with head office and was aimed at expanding the facility in order to provide a better service for local people.

Good

Diagnostic imaging

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff were positive and enthusiastic and told us they enjoyed working for the service. All staff focused on the needs of patients. They showed kindness and consideration at all stages of the patients' contact with the service. The service provided training in the duty of candour and staff were aware of the importance of being open and honest with patients. Staff told us leaders supported the wellbeing of staff and responded to their concerns.

Governance

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

When staff were recruited their details were checked with the Disclosure and Barring Service to ensure that they were able to work with vulnerable adults and children. Managers sought and encouraged professional feedback from hospitals with which they worked. The registered manager had regular contact with the local radiation protection advisor and medical physics expert. Several safety policies had been written in conjunction with them.

Staff conducted regular audits of quality indicators such as infection control measures, quality of scan reports, radiation protection processes and accuracy of records. The registered manager attended monthly meetings with managers of similar units to compare findings of these audits. Changes that resulted from governance processes were discussed with staff before implementation.

Management of risk, issues and performance

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

The registered manager kept a detailed risk register. It was reviewed regularly and reported to the company's quality and risk manager. The highest risk at the time of inspection was a continued increase in urgent referrals. Measures to reduce the risk were recorded and there were plans for a long-term solution.

Performance data was routinely collected and collated to monitor the quality of service. Subjects included time from referral to scan , referral to completed report and the number of urgent patients scanned within two weeks. Performance was discussed with the regional manager every month.

Financial pressures were managed so that they did not compromise the quality of care. The service had a business continuity plan describing actions to be taken if unexpected events occurred such as floods, power cuts or major equipment failure.

Minutes from monthly staff meetings showed they contributed to decision making about the management of risks, issues and performance.

Good

Diagnostic imaging

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Information governance was included in the mandatory training modules. There were systems and processes to support security of information. This included patient records and where information was transferred between the service and local NHS hospitals and other healthcare organisations.

The registered manager was familiar with data notifications that needed to be sent to external bodies, including those that needed to be submitted to CQC.

Engagement

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

Patients' views and experiences were gathered and used to shape and improve the services. All patients were given the opportunity to take part in a broad-ranging satisfaction survey. The results were regularly discussed at staff meetings and trends were monitored.

The registered manager discussed issues with staff on a daily basis and through monthly staff meetings. Longer-term staff engagement took place through a yearly employee survey which was conducted by an independent organisation to ensure confidentiality. In response to the survey, action plans were developed and progress against the plans was measured on a regularly.

The registered manager described positive and useful working relationships with staff from the local hospital trust and other partner organisations.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The service had recently created a new role of lead clinical assistant. A trial was underway to evaluate the role and to assess whether it could be used in other similar units.

Plans were well advanced to build a new PET-CT unit. Managers and staff at the unit had been involved in the design. It was anticipated that there will be a digital, ultra-high definition scanner which is thought to be the only one in the UK and will encourage research at the site.