Guildford Diagnostic Imaging

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Guildford Diagnostic Imaging is operated by Alliance Medical. The unit is located behind the Royal Surrey County Hospital building on the ground floor. The unit can be accessed internally from the main hospital and by the unit's own entrance. The unit has one Magnetic Resonance Imaging, three tesla (MRI 3T) scanner and one Positron Emission Tomography Computed tomography (PET-CT) scanner, which are in separate zones within the building.

The MRI has three changing cubicles in total with key lock doors one of which is a disabled changing cubicle, one disabled toilet and an MRI control area. The MRI Control area supports one Alliance Medical work station, one work station for the hosting NHS trust, two unit telephones and the internal trust phone which can be used for resuscitation and emergency calls. In this zone, there is a curtained resuscitation area for the unit. It

Summary of findings

contains the Alliance Medical grab bag, trust crash trolley and stretcher. This area also is used as the MRI cannulation area and there is a reclining cannulation chair and associated equipment.

PET-CT contains three uptake rooms (two with a bed and one with a reclining chair), one 'hot' disabled access toilet, hot laboratory and scanner control room. 'Hot' areas of the unit where patients have been dosed and are awaiting scanning. The PET-CT scan room is a large space with an additional fire exit to the rear of the room. The unit also has three offices containing five Alliance Medical work stations and one trust work station. A training room is also available with a large table, seating and an additional Alliance Medical work station. There is a radiologist reporting room with access to the Alliance Medial Radiology Information System (RIS) Picture Archiving and Communication System (PACS) and Trust Clinical Research Information System (CRIS) PACS for both MRI and PET-CT reporting. Two MRI safe stretchers and a MRI safe wheelchair are in the unit.

We inspected the service on 24 January 2019.

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

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	We found good practice in relation to the service provided by Guildford Diagnostic Imaging • The service provided mandatory training in key skills to all staff and made sure everyone completed it. • Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. • The service had suitable premises and equipment and looked after them well. • The service made sure staff were competent for their roles. • Staff with different roles worked together as a team to benefit patients. • Staff cared for patients with compassion. • The service took account of patients' individual needs. • The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared these with all staff. • Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. • The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. • The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation. Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Start here...

Summary of findings

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Guildford Diagnostic Imaging

Services we looked at
Diagnostic imaging

Summary of this inspection

Background to Guildford Diagnostic Imaging

Guildford Diagnostic Imaging is operated by Alliance Medical. The service opened in July 2008. It is a diagnostic imaging service in Guildford, Surrey. The service primarily serves the communities of Surrey. It also accepts patient referrals from outside this area.

At the time of the inspection, a new manager had recently been appointed and was registered with the CQC on 21 December 2018. This was the first comprehensive inspection the service.

Our inspection team

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

Why we carried out this inspection

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.

How we carried out this inspection

During the inspection, we visited each part of the unit. We spoke with nine staff including radiographers, clinical assistants, reception staff, and the service managers. We spoke with four patients and one relative. We observed the care of six patients attending the service for a scanning procedure. During our inspection, we reviewed three sets of patient records.

Information about Guildford Diagnostic Imaging

The service has one magnetic resonance imaging scanner and one positron emission tomography scanner. It is registered to provide the following regulated activities.

- Diagnostic and screening procedures

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?

Good

- Staff had training on how to recognise and report abuse and they knew how to apply it.
- All staff were observed wearing their dose badges (thermoluminescent dosimeter, electronic and finger dose rings).
- Staff investigated unexpected dose readings and appropriate action was taken. Observation and training of staff was then undertaken following investigation.
- All radiographers and technologists working for the service had received Immediate Life Support (ILS) training. The MRI and PET-CT teams always had a minimum of two ILS trained staff members providing care to the patient.

Are services effective?

- Staff completed audits to compare the key elements of the referral and scanning pathway.
- We saw there was diagnostic reference levels (DRL) in place and were accessible to staff undertaking PET-CT scans.
- We saw evidence of regular discrepancy meetings and peer feedback processes for reporting services. This came in the form of multi-disciplinary team meetings, attended by radiologists and nuclear medicine consultants.
- Records of staff competencies were kept as part of the induction process and continuously reviewed throughout the year and assessed as part of the annual appraisal process.
- The PET-CT scanner was available for appointments six days a week, Monday to Saturday from 8am to 8pm and the MRI scanner was available for appointments seven days a week between 8am and 8pm.

Are services caring?

Good

- Patients were supported by the staff throughout the examination. This was done by explaining what was happening, how long was left and reassuring them that they were doing well.
- We saw that patients were care for and spoken to in a compassionate manner.
- Staff provided emotional support to their patients and were mindful of how they communicated with the patient in sometimes very difficult situations.

Summary of this inspection

Are services responsive?

Good

- The service planned and provided services in a way that met the needs of local people and the individual needs of patients
- Short notice appointments for patients with suspected cancer were booked in accordance with the relevant cancer wait times. Reports of all requested scans were run daily to ensure that all had been captured and scheduled according to the urgency.
- The complaints were reviewed were responded to in good time and the issues that had been raised were fully addressed. Any failings that were identified were recognised and acknowledged by the service. Learning was taken from the complaints that were made

Are services well-led?

Good

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Junior staff were given the autonomy to review and change parts of their job roles to ensure that they were making the best use of their time and resources.
- The vision for the service was to expand and grow both the physical environment and double the number of scanners available at the unit. The local leadership team were working with the regional management team and the host NHS hospital to achieve this.
- Work in this area was underpinned by the organisations core values of collaboration, excellence, efficiency and learning.
- Staff that worked for the service were asked for their input when plans were being made to redevelop and refurbish the site. The PET-CT and MRI leads told us that they had been working with the physics team and that their opinions were listened to and ideas were implemented.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Information about the service

Guildford Diagnostic Imaging is operated by Alliance Medical. The service opened in July 2008. It is a diagnostic imaging service in Guildford, Surrey. The service primarily serves the communities of Surrey. It also accepts patient referrals from outside this area.

Summary of findings

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had suitable premises and equipment and looked after them well.
- The service made sure staff were competent for their roles.
- Staff with different roles worked together as a team to benefit patients.
- Staff cared for patients with compassion.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared these with all staff.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

Good

Diagnostic imaging

Are diagnostic imaging services safe?

Good

Our rating of safe was **good.**

Mandatory training

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

- We saw sign off forms for staff regarding the local rules. Local rules ensure that work is carried out in accordance with the Ionising Radiation Regulations 2017. These were accompanied by all relevant policies.
- We saw evidence that staff working with radiation had appropriate training in the relevant regulations, radiation risks, and use of radiation. We saw that room risk assessments had taken place, updated policies, staff induction and sign-offs were seen.
- All mandatory training was completed by staff through the Alliance Medical Head Office. Subjects included information governance, health and safety, fire safety, infection control, adult and child safeguarding. Compliance in all areas was better than the Alliance Medical target of 90%.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

- The service had clear policies and procedures to follow should they have had anysafeguarding concerns about adults or children.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- We saw records that demonstrated all staff were trained to level two Children's safeguarding at induction and as part of mandatory training. The service manager was trained to level three in children's safeguarding. No children would be seen for a scan unless the service manager was present.
- We saw records that all staff were trained in adult safeguarding at induction and as part of mandatory training.
- All staff we spoke with were aware of the pathways to follow if they had concerns about non- accidental injuries or any other safeguarding concerns.
- We observed and saw records of correct three-point identity checks being carried out, in accordance with the Society and College of Radiographers (SCOR) guidelines. However, the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended six-point checks were only partially done with one or more of the following checks omitted; body part, clinical info or previous imaging. We also saw that there was a check and pause notice placed prominently on the MR notice board.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

- Cleaning of the entire unit, including the scan rooms was carried out by staff from the host NHS hospital. The radiographers cleaned the coils and tables. If the service saw an infectious patient, they could request, and be provided with a housekeeper from the hosting trust within a maximum of 20 minutes.
- Monthly terminal cleans (Terminal cleaning is a cleaning method used in healthcare environments to control the spread of infections) were carried out and records were kept by the service manager. These were made available to the inspection team during the visit.
- The service had, and followed policies on precautions around communicable diseases.
- Hand hygiene audits were completed for all clinical staff every month with the mean score being 98%. One area of development had been noted which related to being bare below the elbows. The unit manager had addressed this with staff. It was noted at the inspection that all staff were bare below the elbows.

Environment and equipment

The service had suitable premises and equipment and looked after them well

Good

Diagnostic imaging

- The Guildford Diagnostic Imaging Unit was situated to the rear of the host NHS hospital. There was a small reception area with seventeen seats for patients and those visiting the unit with them. There was a reception desk that was staffed throughout opening hours. There was also a bell that could be rung if any reception staff had gone to the administration office just behind the reception area. There were two machines where patients could get a range of free hot drinks or water. Through a door were three changing rooms for patients attending for an MRI scan, including one that was accessible for disabled patients.
- There was a large control room area for the MRI scanner and a curtained off area that contained an MRI safe stretcher, a reclining cannulation chair, resuscitation trolley, medicines cupboard, emergency grab bags and personal protective equipment such as aprons and gloves. There was also a sink for staff to wash their hands.
- Through the control area was a room used for staff training and meetings.
- Just off the main MRI control area was the PET-CT area. This was accessed by ringing a bell by the door or by using the entry code. Through the door was a narrow corridor with two uptake rooms on the right, and one on the left. There was also a small laboratory area and a 'hot' toilet for the use of PET-CT patients only.
- At the end of the corridor was the control room for the PET-CT scanner and the PET-CT scanning room. At the entrance to the PET-CT scanning room was a sign that showed that the room was a controlled radiation area. The sign also had a red 'do not enter' sign which was lit when the scanner was in operation.
- The whole environment was clean, free from clutter and the fabric of the building was good. Flooring was intact throughout the unit. The reception area was generally a sufficient size for the number of patients being seen although during busier times it was a little congested.
- We saw room risk assessments and updated policies were seen and evidence was provided regarding how this information was disseminated to staff.
- We saw evidence of internal quality assurance for both MRI & PET-CT. We saw evidence of quarterly manufacturer or supplier servicing and records of maintenance and fault repair of the equipment for both MRI and PET-CT. However, although we saw evidence of regular maintenance of MRI and PET-CT equipment, not all records were full and complete. There were no engineer service reports available or accessible for the MRI servicing and one of the staff engineer handover forms was missing for PET-CT. Although there were handover forms for MRI, because there were no engineers reports available, it was not possible to check whether these correlated or matched all the engineer's visits.
- We saw evidence that equipment fault logs were kept. These were complete and up to date.
- All staff were observed wearing their dose badges (thermoluminescent dosimeter, electronic and finger dose rings).
- We saw evidence of investigations into unexpected dose readings and action was taken. Observation and training of staff was then undertaken following investigation.
- Records of dose badge readings were on file and displayed on the staff notice board. Dose badge readings were shared with staff if there was a reading above zero.
- Two spill packs were available in case of radionuclide spillage, held in separate areas so that one could always be accessed.
- We saw evidence that there was a medical physics expert (MPE) radiation protection advisor (RPA) although no specific appointment letters were seen. There was evidence that advice was obtained from them and followed. There was no formal radiation protection committee (RPC) committee, agenda or minutes, just verbal feedback from the MPE / RPA to the service's radiation protection supervisor (RPS).
- The service maintained its own power supply but in the event of a failure, the diagnostic imaging unit was linked to the host trust's emergency generators.
- We found that there was no magnetic resonance (MR) safe fire extinguisher anywhere on the unit. The fire extinguishers that they did have were stored in an area

outside the plant room and were all made of standard metal material. This was raised with the MR lead and the service manager during the inspection. We were told that they were looking to source an MR safe fire extinguisher that could be stored in the MR room.

There was a resuscitation trolley that belonged to the host NHS hospital but was checked by the unit staff. We saw this was checked frequently. There was also a sheet that showed what should be kept where in the trolley. Checks of the trolley showed that all equipment was stored correctly. Defibrillators were also available on the resuscitation trolley and were ready for use.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. Risk assessments were completed before a patient could be accepted to use the service.

- The service always had suitably qualified staff on duty to care for patients in an emergency. All radiographers and technologists working for the service had received Immediate Life Support (ILS) training. The MRI and PET-CT teams always had a minimum of two ILS trained staff members providing care to the patient in accordance with guidance provided by the Resuscitation Council UK (RCUK).We saw that an emergency grab bag was also available. The grab bag also contained an anaphylaxis kit.
  - In the event of an emergency staff at the service would call 2222 which alerted the host NHS hospital of an emergency. Staff from the trust would be on the unit within two minutes of the call being made.
  - We saw evidence that patient safety checklists for MR were completed. These were then scanned and kept on the patient's notes.
  - Pregnancy checks were in place and scanned copies of information were placed on patients' records held in the patient information system. However, no audit of compliance was undertaken by the service.
  - There were posters displayed prominently in patient changing rooms advising what they needed to do if they knew or believed they may be pregnant.
  - Patient escorts / visitors checklists of those allowed in the MR scanner room were also seen, although escorts / visitors were discouraged from entering the scan room.
  - Where an unexpected finding was identified, the service was supported by the radiologist team at the host NHS hospital for MRI and Administration of Radioactive Substances Advisory Committee (ARSAC) associated radiologists for PET CT. If a concern was identified, the significant pathology pathway was started. Information was recorded on the significant pathology data sheet and the on-call radiologist would be contacted and the case discussed. The advice provided by the radiologist would be documented on the data sheet and the patient was updated with what was happening accordingly. The data sheet would then be scanned into the patients RIS entry on the day of the finding. The service manager or lead would review the patients' entry and check for the urgent report provided by the radiologist. This would also be completed on the data sheet and rescanned into the patients record. Once all areas of the data sheet had been completed, the patient's significant pathology pathway would be closed.
  - The service followed the 'as low as reasonably possible' (ALARP) principles both in relation to radiation safety and regarding control of electromagnetic fields of work regulations 2016.
  - We did not see evidence of the Health and Safety Executive registration documents for the use of ionising radiation. However, the service told us that these were stored centrally at head office.
  - The service did not see children for MRI scans. This was because it was a shared unit where some patients would attend for a PET-CT scan. It was considered that there was a risk to any children attending that they may have unnecessary exposure to radiation.

Staffing

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

- To ensure that the service operated safely, the Alliance Medical staffing calculator was used to determine the ratio of staff needed to provide the service. The staffing model for the service considered the administering of contrast to MRI Patients. At the time of the inspection there were six radiographers running the PET-CT service, with a seventh recruited to take up their post prior to the reconfiguration of the unit.
- There were four MR radiographers with a view to recruiting a further three, or two radiographers and one clinical assistant, once the expansion of the service had taken place.
- The model also considered the PET CT patient volume. For safe practices to occur staffing numbers reflected the daily volume of patients seen. There were three or four PET CT technicians available every day to enable rotation of duties and to reduce dose exposure.
- The services clinical assistants supported the scanning pathway for the patients and would often provide the first and last contact with patients while in the scanning areas. The clinical assistants also assisted with data input to enable scanning staff to focus on imaging.
- The Unit has access to a Radiologist from the host NHS hospital during all operational hours.

Records

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

- All patient and clinical data was entered into the Alliance Medical radiology information system (RIS). The service's RIS was not integrated into other services at the unit. The Unit has access to local radiology data systems where patient and clinical data for their patients was entered. All imaging was transferred to the local hospital's picture archiving and communication system (PACS) via a data connection link, with all reports available on the clinical research information system (CRIS). Images and reports were transferred by the image exchange portal (IEP). Recorded delivery could also be used if IEP was not available.

Medicines

The service did not always follow best practice when prescribing, giving, recording and storing medicines.

- The service was storing medicines in the fridge.
- All three nuclear medicine doctors held appropriate Administration of Radioactive Substances Advisory Committee licences which were seen.
  - The service did not store or administer controlled medicines as part of the service they provided.
  - The service did not keep patient group direction (PGD) medicines. All prescriptions were prepared by the radiologist from the host hospital.

Incidents

The service managed patient safety incidents well.

- The service reported no serious incident between 1 October 2017 and 30 September 2018.
- Staff knew how to identify incidents and how to report them. We saw an up to date incident reporting policy.
- We saw evidence that the service sought advice from medical physics experts in relation to dose assessments for radiation incidents and magnetic substances queries.
- The service reported one IR(ME)R incident to the CQC. This related to the incorrect injection of a radioisotope. We reviewed the investigation during the inspection and found that it addressed all relevant points. The incident was also reported in the services publication 'risky business'.

Are diagnostic imaging services effective?

We do not rate the effective domain for diagnostic imaging services

Evidence-based care and treatment

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

- Staff completed local audits to compare the key elements of the referral and scanning pathway. This included referral to scan time and scan to report published time. This was to ensure that the unit was

providing the referrer and patient with information and their scan report in support of diagnosis as soon as possible. We saw that from October 2017 to August 2018, the average length of time to report on MRI scans was better than the five-day target turnaround time.

- The service audited 10% of PET CT radiologist reports to check with any discrepancies in reports across Alliance Medical. Radiologists were required to review the grading supplied externally and re-report the patient's event. Referrers provided feedback or requested further information from any report supplied by the unit. The feedback was then sent back to the original reporter to enable a review of the report to occur. Radiographers and PET-CT technicians reviewed reports regularly and any concerns or feedback was provided. Any discrepancy or additional information was supplied as an addendum on the end of the report. Any urgent findings following review would then be provided to the referrer.
- We saw that there was diagnostic reference levels (DRL) in place and were accessible to staff undertaking PET-CT scans. These referred to nation DRL's and audits of comparative doses were undertaken. Patient doses were recorded on the images recorded on the PACS.

Nutrition and hydration

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

- Patients had access to free water and hot drinks in the reception area of the unit. Patients attending for a PET-CT scan were provided with water and encouraged to drink plenty while they were in the uptake rooms awaiting their procedure. Patients were not in the unit for a long enough period to require any food.

Pain relief

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

- Because the procedures carried out at the service were pain free, it was unusual for patients to require or request pain relief. However, cold packs were available and other treatment for any pain could be provided as advised by the radiologist.

Patient outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve them

- We saw evidence of regular discrepancy meetings and peer feedback processes for reporting services. This came in the form of multi-disciplinary team meetings, attended by radiologists and nuclear medicine consultants.
- Formal peer feedback processes were in place from the radiation protection advisor and the medical physics expert.

Competent staff

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

- All MRI radiographers and PET-CT technicians received a competency pack with modules to complete at the start of their employment. At the end of each module the assessor would review it. Final sign off was completed by the lead MRI Radiographer to state they were happy with the competencies of the radiographer.
- Records of staff competencies were kept as part of the induction process and continuously reviewed throughout the year and assessed as part of the annual appraisal process. We saw evidence that equipment specific training records were kept for both PET-CT and MRI.
- All agency staff members who worked at the unit for the first time were given an agency induction pack. This was completed by the staff member in conjunction with the lead of the day. The induction pack was developed to assess the staff member's knowledge of their discipline and awareness of key

practices and protocols. The agency staff member was given a walk round and tour of the unit to familiarise themselves with the resuscitation and emergency procedures.

- All bank staff members received an Alliance Medical induction pack which was completed by the staff member and their assigned lead. The induction pack was the same pack offered to all Alliance Medical staff, to access the knowledge of their discipline and to increase awareness of Alliance Medical key policies and procedures.
- All staff we spoke with told us that they had had an appraisal when they were due. We were told that these were valuable and relevant to the roles that they undertook. Staff were given learning objectives and resources were available for staff to receive training that was relevant to their role.
- Staff that were new in post and had not yet been through the full appraisal process were provided with support and guidance from their managers to perform their roles. New staff were initially placed under the supervision of a more senior and experienced radiographer or technician. We were told that the management team were supportive and helped them develop. Managers also held regular meetings with new staff to formally discuss their progress.

Multidisciplinary working

Staff of different kinds worked together as a team to benefit patients.

- We saw evidence that consultants from the host NHS hospital attended multi-disciplinary meetings. Staff at the service reported good working relationships with those consultants.
- Staff from the different modalities (MRI and PET-CT) worked together to make the best use of the resources available on the unit.
- The services admin team held a daily conference call with Alliance Medical's South PET-CT booking team to discuss the unit's referral numbers. This would include any outstanding patients to be booked and the available slots, within the patient's turnaround time. A daily 'turnaround' around email was then sent by Alliance Medical to identify any patient who had not had an appointment booked. This was monitored by Alliance Medical's PET-CT department. The unit liaised with the MDT coordinators with any concerns that could impact the patient pathway.

Seven-day services

The service provided a comprehensive seven-day service for MRI patients and six-day service for PET-Ct patients.

- The PET-CT scanner was available for appointments six days a week, Monday to Saturday from 8am to 8pm and the MRI scanner was available for appointments seven days a week between 8am and 8pm. Both the PET-CT and MRI teams could see approximately 20 patients each per day.

Health promotion

The service provided practical advice for those attending appointments and those who accompanied patients.

- When patients booked their CT scan they were advised not to contact children or pregnant women for eight hours after their after they had left the unit. If a patient attended the unit with a child, they would refuse to carry out the procedure until the child had left the unit.

Consent and Mental Capacity Act

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

- We saw evidence capacity assessments took place and verbal consent was recorded on imaging request forms and patient signatures were in place on injection / contrast and MRI checklist forms.
- The service had relevant policies for staff to follow and Mental Capacity Act training was provided to all staff.
- Information regarding a patient's mental capacity was provided to the service at the point of referral from the NHS hospital.

Are diagnostic imaging services caring?

Good

Diagnostic imaging

Good

Our rating of caring was **good.**

Compassionate care

Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

- Staff at the service used the Alliance Medical corporate policy on privacy, dignity and respect when providing care to their patients.
- We saw that patients were spoken to in a compassionate manner and staff were mindful of how they communicated with them in sometimes very difficult situations.
- Patient feedback that had been provided was largely positive. Comments focussed on how professional and considerate staff were. Patients spoke of how helpful staff had been in making them feel comfortable at times of heightened stress.
- The service had a chaperone policy prominently displayed in the reception area. This role was ordinarily carried out by a clinical assistant although the service manager could act as a chaperone if requested to do so.

Emotional support

Staff provided emotional support to patients to minimise their distress.

- Patients were provided with information prior to the scans in written format and shown the scanner prior to their examination. Patients were supported by the staff throughout the examination. This was done by explaining what was happening, how long was left and reassuring them that they were doing well.
- Patients were given information both verbally and in writing regarding radioactivity following a PET-CT scan.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them in decisions about their care and treatment.

- Patients were given information regarding when and where they will get the results of their examination and that they would ordinarily be available within five days.
- We observed staff speaking with patients in a calm, clear and understanding manner. They explained what the patient needed to do and allowed them to ask questions if they needed anything to be clarified.
- One patient we spoke with told us that they had been treated very well and that the staff had made them feel comfortable and at ease.
- The relative of one patient told us that they had been treated well throughout the whole process and felt that the team had taken the time to tell them, as well as their relative about what would happen and what to do after leaving the unit.

Are diagnostic imaging services responsive?

Good

Our rating of responsive was **good.**

Service delivery to meet the needs of local people

The service planned and provided services in a way that met the needs of local people.

- Each referral to the service was reviewed according to protocol. This included whether contrast was required and the appointment length. This was carried out electronically in RIS. Each referral form was allocated a priority status by the referrer and / or radiologist. All urgent and 'two week wait' patients were separated from the booking list and booked as high priority. Routine patients were booked within the required six-week pathway held with the local hospital.

Meeting people's individual needs

The service took account of patients' individual needs.

- When a patient had been referred to the service, a member of the team would call the patient and take them through a health and safety questionnaire. This would include various questions about the patient's

health and whether they were claustrophobic. They would also discuss with the patient how long they would be in the scanner and what to expect during that time. Patients were also encouraged to bring a music CD if they felt that listening to it during the scan would help. Details of the procedure and guidance of how to get to the unit were then provided to the patient either by email or sent in hard copy by post. Details of what would happen during the scan were then repeated when the patient attended the appointment and they were shown where the emergency buzzer was. We saw that staff spoke to the patients through the scanning process to explain what was happening and provide reassurance where necessary.

- Patients whose first language was not English were offered support via a telephone interpreting service. If a patient attending for an MRI that required contrast, an interpreter could be booked to attend in person. All PET-CT patients could use the telephone based service due to the short notice of some scans and the length of time required to book an interpreter to attend.
- Patients that disclosed that they were claustrophobic and believed that they may require mild sedation were advised to see their GP prior to attending the appointment.
- Patients that were attending for an MRI could leave their belongings in the changing room. The room would be locked and the key would remain with the patient throughout their scan.
- Patients' needs were assessed prior to their appointments to ensure that adequate time was given, and that appointments were made at a time that was convenient for patients with special needs.

Access and flow

People could access the service when they needed it

- The administration team at Guildford Diagnostic Imaging would review every referral and, depending on the urgency would schedule them accordingly. Scan dates would then be assigned to each patient.
- Same day appointments were not available due to the busy nature of the unit and all appointments being filled. However, short notice appointments for patients with suspected cancer were booked in accordance with the relevant cancer wait times. Reports of all requested scans were run daily to ensure that all had been captured and scheduled according to the urgency.
- If a patient did not attend their first appointment, they would be rebooked for a second appointment and if they did not attend that appointment, they would be referred to the trust.
- If the service was running behind schedule, a board would be placed at the reception desk notifying patients of the expected length of any delay. We saw that this was placed prominently in the waiting area and was visible to all those waiting. Patients arriving for an appointment were advised of any delays when they reported to reception.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

- The service used Alliance Medical's Concerns, Compliments and Complaints Procedure as set out in the complaints policy. Complaints leaflets were available in the unit's waiting room. Any concerns could also be raised verbally or electronically via the staff or customer care team.
- Patients had access to a patient satisfaction survey via an email link. This could be used to raise any concerns. The patient satisfaction survey comments were reviewed monthly by the service manager and service leads.
- If the patient's concern or complaint is verbal, the member of staff will try and address their concerns there and then and if necessary, could be escalated to the service leads.
- We reviewed three complaints at random, looking at the nature of the complaint, the quality, clarity and timeliness of the response and whether any learning had been taken from the complaints. All three complaints were responded to in good time and the issues that had been raised were fully addressed. Any failings that were identified were recognised and acknowledged by the service. Improvements were made as a direct result of one complaint. This related

to the accuracy of the information that was provided to the patient prior to their appointment. It highlighted that the services standard correspondence contained out of date information.

Are diagnostic imaging services well-led?

Good

We rated well-led as **good.**

Leadership

Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.

- MRI and PET-CT Managers told us that they were supported very well by the unit manager. They were given opportunities, and the time to be involved in projects affecting the service as well as the autonomy to lead their teams.
- One member of staff described how they enjoyed working there and that this was because their manager and the unit manager were supportive of them and their success in the role. This in turn gave them a sense of accomplishment.
- We were told how the leaders had encouraged more junior staff the chance to make minor tweaks and amendments to some parts of their job roles to ensure that they were making the best use of their time and resources.
- Senior leaders from the regional team had visited the unit around the time of the appointment of the new service manager and MR leads. There were also occasional visits from the Alliance Medical operations manager. Staff told us that they received regular updates from the senior leaders about the unit's reconfiguration.

Vision and strategy

The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.

- The vision for the service was to expand and grow both the physical environment and double the number of scanners available at the unit. The local leadership team were working with the regional management team and the host NHS hospital to achieve this.
- Work in this area was underpinned by the organisations core values of collaboration, excellence, efficiency and learning.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- The leaders of the service described an open and approachable culture in the service. We saw a white board in the kitchen area where staff could book in time with the service manager. This reflected the service managers own business diary and demonstrated that there was an open-door policy.
- Staff we spoke with confirmed the leaders were visible and approachable and that they felt valued as a team and as individuals.

Governance

The service did not always systematically improve service quality and safeguard high standards of care by creating an environment for excellent clinical care to flourish.

- There was no radiation protection committee in place and only informal feedback was provided. No records of any meetings or minutes were kept.
- The service held quarterly 'journal clubs' which had open question time for PET-CT staff and the host trust's radiologists.
- The unit manager attended weekly meetings with the host trust regarding the MRI service provided by Alliance Medical.
- Service level agreements with radiation protection advisors were well managed by the service leads. We saw evidence that regular meetings took place where performance was discussed.

- The service monitored report turnaround times and kept data regarding their performance. The team were aware of the five-day reporting deadline and had effective systems in place to monitor this.

Managing risks, issues and performance

The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.

- The service adopted the Alliance medical policy for assessing risk to inform their local risk register
- We reviewed the services risk register and noted that although risks were identified and rated low, medium or high, there was no indication of how long the issues had been on the risk register or when the risk was last reviewed. Staff were able to explain what the top risks were and had taken steps to mitigate them.
- There were specific MRI and PET-CT risks identified as well as more general risks associated with the whole unit.
- There was a comprehensive business continuity plan in place in the event of a power outage or equipment breakdown.

Managing information

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

- Staff in the service were aware of the corporate policies that related to security standards for transferring patient identifiable information to third parties. All IT systems were password protected and scans that were sent outside of the service were encrypted until the intended recipient had received it.

Engagement

The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

- The service manager, PET-CT and MR lead met weekly with the radiology operations manager at the host NHS hospital. This was described as a positive, effective relationship where each side was open to challenge form the other. This ensured that the unit was utilised to its full potential.
- Staff that worked for the service were asked for their input when plans were being made to redevelop and refurbish the site. The PET-CT and MRI leads told us that they had been working with the physics team and that their opinions were listened to and ideas were implemented. The leads were confident their input would continue to be sought throughout the redevelopment.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

- Managers were planning on setting up a process where staff that had been on any training or developmental activity would be required to complete a reflective piece afterwards. This would be done to ensure that the service could evaluate the training provided and demonstrate how staff could use what they had learnt that could be used in their day to day role.
- We were told how the service was planning to expand by reconfiguring the space they currently had, and potentially expanding the footprint of the building. This meant additional (MRI and PET-CT) scanners would be added to the facility. The service was aware that the increase in the number of patients seen and the extended opening hours had meant that they were not making best use of the space they had. Plans to reconfigure and refurbish the space were at an advanced stage with work due to commence in Spring 2019.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service **should consider** using the Medicines and Healthcare Products Regulatory Agency recommended six-point identification checks for patients attending for a scan.
- Ensure that entries on the risk register are dated upon entry and when reviewed.
- Should consider obtaining MRI safe fire extinguisher.
- Should consider carrying out audits of pregnancy checks