Worcestershire Imaging Centre

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	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Summary of findings

Letter from the Chief Inspector of Hospitals

Worcestershire Imaging Centre is operated by The Worcestershire Imaging Centre Limited. The service is commissioned by a local NHS trust and provides MRI (Magnetic Resonance Imaging) diagnostic facilities for adults and children. We inspected diagnostic imaging services at this location.

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.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 15 January 2019. This was the second inspection since registration. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The service provided diagnostic and screening procedures.

Services we rate

We previously did not have the authority to rate this service as legislation had not previously applied to all types of independent services, which meant that some providers had been inspected, but not rated. The department of Health had amended the performance assessment regulations to enable CQC rate almost all independent healthcare providers. We rated this service as requires improvement overall.

We found areas of practice that the service needed to improve:

- The service had no lead for safeguarding who was trained to level three and had no access to a named professional who was trained to level four. This did not meet national guidance.
- Radiographers did not have up-to-date competencies to enable them effectively to carry out their role.
- Staff told us bank staff had local induction. However, we saw no evidence that local induction had been completed as no induction checklists had been completed.
- There was lack of robust governance process in place to provide oversight around staff competencies and overall management of risks.
- Hand hygiene audits were not undertaken to measure staff compliance with the World Health Organisation's (WHO) 'Five Moments for Hand Hygiene.'

However, we also found the following areas of good practice:

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff were caring, kind and engaged well with patients.
- Services were planned in a way that met the needs of patients and the local community. Patients were offered a choice of appointments.
- Incidents were reported, investigated and learning was implemented.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements. We also issued the provider with four requirement notices that affected diagnostic and screening procedures. Details are at the end of the report.

Amanda Stanford

Summary of findings

Deputy Chief Inspector of Hospitals (Central)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Requires improvement	The provision of magnetic resonance imaging scans which is classified under the diagnostic imaging core service, was the core service provided at this service. We rated this service as requires improvement overall because staff did not have sufficient competencies to enable them carry out their role. Out of date medicines were found on site. The service did not have a safeguarding lead and no member of staff had been trained to safeguarding children level three. There was no robust governance system in place to ensure risks identified during our inspection had been recognised by the service. However, feedback from patients was positive. Appointments were scheduled to meet the needs and demands of the patients who required their services.

Summary of findings

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Requires improvement

Worcestershire Imaging Centre

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Worcestershire Imaging Centre

Worcestershire Imaging Centre is operated by The Worcestershire Imaging Centre Limited. The service opened in 1999. It is a private clinic in Droitwich, Worcestershire. The clinic primarily serves the communities of Worcestershire. It also accepts private patient referrals from outside this area.

The clinic has not had a registered manager in post since March 2017. At the time of the inspection, a new manager had recently been appointed and was due to commence in April 2019.

Worcestershire Imaging Centre is a magnetic resonance diagnostic service which undertakes scans on patients to diagnose disease, disorder and injury. The service has a fixed scanner and is in Droitwich. The unit is operational Monday to Friday, 08:30 to 18:00. No clinical emergency patients are scanned within the service. The service cares for adults and children from four years old.

Our inspection team

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

Information about Worcestershire Imaging Centre

The location was registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the registered location in Droitwich. We spoke with four staff including, administration staff, the receptionist, the nominated individual and a radiographer. We reviewed six patient records and spoke with two patients.

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

The service was registered with the CQC in October 2010. We inspected the service in January 2013. This inspection was carried out under the previous inspection methodology. It was a routine inspection. We inspected the following standards, this is what we found:

- Respecting and involving people who use services: Met this standard.
- Care and welfare of people who use services: Met this standard.
- Safety, availability and suitability of equipment: Met this standard.
- Requirements relating to workers: Met this standard.
- Complaints: Met this standard.

Activity (January 2018 to November 2018)

- There were 2351 MRI scans performed at the service from January 2018 to November 2018.
- The service did not use any controlled drugs and therefore they did not have an accountable officer for controlled drugs (CDs).

Track record on safety

- There were no never events.
- There were no serious incidents.

Summary of this inspection

- There were no incidences of healthcare acquired Methicillin-resistant Staphylococcus aureus (MRSA).
- There were no incidences of healthcare acquired Methicillin-sensitive staphylococcus aureus (MSSA).
- There were no incidences of healthcare acquired Clostridium difficile.
- There were no incidences of healthcare acquired Escherichia coli.
- The service had received one complaints from September 2017 to September 2018.

Services accredited by a national body:

- The service currently had no accreditations by national bodies.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Requires improvement** because:

- There were not always effective systems in place regarding the storage and handling of medicines.
- The service did not have a safeguarding level three trained lead. This was not in line with national guidance.
- Infection prevention and control audits were not carried out. We were not assured the service monitored their systems and used results to improve patient safety.
- The service did not have a robust process in place to ensure the consultant radiologists were fit for practise and competent for their role.

However, we also found the following areas of good practice:

- Patients' individual care records were generally written and managed in a way that kept people safe. Records seen were accurate, complete, legible, and up-to-date.
- Patients personal data and information were kept secure and only staff had access to that information.

Requires improvement

Are services effective?

We currently do not rate effective, we found:

- On inspection, we saw no evidence of up-to-date competencies required to enable radiographers effectively to carry out their role. These were provided at a later date.
- The service used bank staff who had local induction. We saw no evidence that local induction had been completed as no induction checklists had been completed.
- There was limited evidence on image quality reviews. We could not be assured that learning was always shared.

There was a lack of evidence of practical competencies for staff at the time of the inspection. These were not stored in staff files. The service provided these at a later date following the inspection.

However;

- Staff we spoke with demonstrated a good understanding of the national legislation that affected their practice.
- Staff of different kinds worked together as a team to benefit patients.

Are services caring?

We rated caring as **Good** because:

Good

Summary of this inspection

- Patients received information in a way which they understood and felt involved in their care. Patients were always given the opportunity to ask staff questions, and patients felt comfortable doing so.
- There were systems in place for the service to receive feedback from patients. Feedback received from patients was positive.
- Staff provided patients and those close to them with emotional support; all staff were sympathetic to anxious or distressed patients.
- Patients received information in a way which they understood and felt involved in their care.

Are services responsive?

We rated responsive as **Good** because:

- The service ensured there were appointments available to meet the needs of the patients.
- Patients had timely access to all scans.
- Interpretation services were available for patients whose first language was not English.
- Information on how to raise a concern or a complaint was available. Complaints and concerns were responded to in line with the service's complaints policy.
- There was a system in place for supporting patients living with dementia or learning disability.

Are services well-led?

We rated well-led as **Requires improvement** because:

- There was not an effective governance framework in place. The governance system did not ensure that systems were in place to mitigate risks identified during our inspection.
- There was a lack of effective governance framework to support the delivery of quality patient care. There was no clear oversight of the day to day working of the service.
- The service did not have a registered manager in post, and had not had one since March 2017.

However;

- Staff we spoke with found the managing director to be approachable and supportive.
- All staff we spoke with told us they felt respected and valued.
- Staff we spoke with told us they felt proud to work for the service and they enjoyed the work they did within the clinic.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Requires improvement

Diagnostic imaging

Safe	Requires improvement
Effective	
Caring	Good
Responsive	Good
Well-led	Requires improvement

Are diagnostic imaging services safe?

Requires improvement

This was the first time we have rated this service. We rated it as **requires improvement**.

Mandatory training

- The service did not have processes in place to monitor staff compliance with mandatory training. Staff were required to complete all mandatory training. Staff we spoke with were not clear about what constituted mandatory training.
- Mandatory training provided was not always suitable to meet the needs of patients and staff. Core training such as fire safety and information governance training was not considered as mandatory training.
- At the time of this inspection, staff training files included training records until 2017. Following our inspection, staff provided us with evidence which showed 100% staff had attended training in the following mandatory topics:
    - Basic Life Support (BLS)
    - Safeguarding vulnerable adults
    - Safeguarding children
    - Health and safety
    - Infection prevention and control
- Staff could access mandatory training both online and face-to-face.

Safeguarding

- The service had no lead for safeguarding who was trained to level three and had no access to a named professional who was trained to level four. This did not meet national guidance. National guidance from the Intercollegiate Document for Healthcare Staff (2014) recommends that named health professionals working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns should be trained to level four. There were also no arrangements in place for the provider to seek advice from a safeguarding lead from another external organisation. We raised this with the manager who said they would look into this.
- Most staff understood how to protect patients from abuse. Radiographers and administrative staff had attended training on how to recognise and report abuse and they knew how to apply it. Staff we spoke with demonstrated they understood their responsibilities to safeguard both adults and children.
- The clinic saw patients who were under the age of 16. All staff had received safeguarding adults and children level one and two training. All radiographers had received training in safeguarding children and young people level two. This met intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014). Guidance states all non-clinical and clinical staff who have any contact with children, young people and/or parents/carers should be trained to level two.
- The service did not have a formal system in place where alerts for known safeguarding concerns could be activated.

- The service had a child protection policy in place for staff to follow which was dated September 2018. The policy contained detailed information about specific risks for staff to be aware of when providing care and treatment to children. It also contained contact details of the local child protection team and other professional organisations who were involved in safeguarding both vulnerable adults and children.
- Child sexual exploitation (CSE) training was not part of all staff safeguarding training and was not included in the services child protection policy. Despite not all staff having formal CSE training, we found that staff in the clinics had a good understanding of CSE and what to look for.

Cleanliness, infection control and hygiene

- Worcestershire Imaging Centre had an infection prevention and control (IPC) policies and procedures in place which provided staff with guidance on appropriate IPC practice in for example, safe injection practices and hand washing techniques.
- From September 2017 to September 2018 there were no incidents of health care acquired infection in the clinic.
- At the time of our inspection, hand hygiene audits were not undertaken to measure compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients. There was a poster on the wall within the scan room demonstrating these guidelines.
- Not all areas had evidence of a cleaning schedule which was signed when staff had completed the cleaning duties. The service provided a copy of the cleaning schedule for the MRI scan room. This was completed for eight days out of the 22 it was open in January 2019 and eleven days out of the 15 days it was open in February 2019.
- Throughout the clinic all staff were observed to be 'arms bare below the elbow'.
- The environment met the standards of the Department of Health (DH) Health Building Notes (HBN) 00-09 and 00-10 in relation to infection control practices and building management. The clinical environment was well maintained and there was no damage to flooring or walls that could present a risk of the build-up of bacteria.
- Staff adhered to the standards of the DH Health Technical Memorandum 07-01 in relation to safe standards of waste disposal, including clinical and hazardous waste. For example, the service employed cleaners who segregated waste in secure and colour-coded bags.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- The layout of the clinic was compatible with health and building notification (HBN06) guidance. Access was good with a secure entry point to the clinic. A reception area, outside of the scanning area, was available providing magazines, refreshments and toilet facilities for patients and relatives. A scanning observation area allowed visibility of all patients during scanning and fringe fields were displayed (Thefringe fieldis the peripheral magneticfieldoutside of the magnet core. Depending on the design of the magnet and the room a moderately largefringe fieldmay extend for several meters around, above, and below an MR scanner). We observed there was sufficient space around the scanner for staff to move and for scans to be carried out safely. During scanning all patients had access to an emergency call buzzer, ear plugs and defenders. Music could be played and a microphone allowed contact between the radiographer and the patient at all times.
- As recommended in HBN06-13.64 the room was equipped with an oxygen monitor to ensure that any helium gas leaking (quench) from a specialised type of vacuum flask used for storing cryogens such as liquidnitrogenor liquid helium was not moving into the examination room, thus displacing the oxygen and compromising patient safety.
- The service had a magnetic resonance imaging (MRI) scanner which was in working order and functioned fully. We saw routine quality assurance was in place to

ensure that the equipment was still functioning safely. For example, following our inspection, evidence provided showed the radiographers carried out weekly head and spinal coil tests and record them.

- There was a system in place to ensure that repairs to equipment were carried out if machines and other equipment broke down and that repairs were completed quickly so that patients did not experience delays to treatment. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. During our inspection we checked the service dates for all equipment, all equipment was within their service date.
- We checked the resuscitation equipment which appeared visibly clean. Single-use items were sealed and in date and emergency equipment had been serviced. Records indicated resuscitation equipment had been checked daily by staff and was safe and ready for use in an emergency.
- The waiting room for the service was clean and airy, with adequate seating available.
- The service was fully compliant with the Control of Substances Hazardous to Health Regulations (COSHH) (2002). This included the safe storage, use and disposal of controlled chemicals.
- MRI intravenous giving sets were single use and CE marked (this demonstrates legal conformity to European standards).

Assessing and responding to patient risk

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff assessed patient risk and developed risk management plans in line with national guidance. For example, we saw evidence of a magnetic resonance imaging patient safety questionnaire. Risks were managed positively and updated appropriately where a change in the patient's condition had arisen for example managing the claustrophobic patient.
- The service accepted patients who were physically well and could transfer themselves to a couch with little support. This was risk assessed at the booking stage before the appointment. There was a MRI compatible wheelchair and trolley for those patients who required additional assistance. The lack of a hoist in the clinic room meant patients who were not able to transfer themselves, would be re-referred to an appropriate centre that could cater for less mobile patients.
- The service had a process in place for the management of patients who suddenly became unwell during their procedure. In the event of a cardiac arrest, staff called 999 for an ambulance. Staff were trained in basic life support and would put their training into use until the ambulance arrived. Since the service started, staff reported no incidences of having to call for an ambulance.
- The clinic assistant, radiographers and the consultant radiologists were trained in basic life support (BLS), and would put their training to use until the ambulance arrived. Training records showed that all staff were compliant with this annual training requirement. BLS training gives staff a basic overview of how to deal with a patient who may have stopped breathing, such as starting cardiopulmonary resuscitation.
- The service ensured that the 'requesting' of an MRI was only made by staff in accordance with IR(ME)R guidelines. All referrals were made using dedicated MRI referral forms which were specific to the contract with the commissioners.
- All referral forms included patient identification, contact details, clinical history and examination requested, and details of the referring clinician/ practitioner.
- All patients referred for MRI had kidney function blood tests prior to scanning to reduce the risk of contrast-induced nephropathy. This was in keeping with NICE Acute kidney injury guidelines and the Royal College of Radiologists standards for intravascular contrast agent administration.
- All consultant radiologists worked at the local NHS trust. This meant they could request further urgent diagnostic tests, such as blood tests. This prevented the patient waiting for their GP to make the referral on their behalf.

- There were processes to ensure the right person got the right radiological scan at the right time.
- We witnessed the staff using The Society of Radiographers (SoR) “Paused and Checked” system.
- Risk assessments were completed on a standard template to ensure consistent information was used. All templates had the risk identified, mitigating/ control measures and residual risk following control measures.

Staffing

- The service had six substantive staff in post. Staff in the clinic consisted of one radiographer assistant, one substantive radiographer, two secretaries, one book keeper and one cleaner. Two receptionists provided administrative and customer care support Monday to Friday.
- The nominated individual and owner was an orthopaedic surgeon who provided overall leadership within diagnostic clinics.
- During our inspection we were told a second substantive radiographer had been recruited and was due to commence post in April 2019. They were to take on the role as registered manager and already held a role as bank staff. The current substantive radiographer was on long term leave at the time of the inspection.
- The service used bank radiographers and radiologists who held substantive posts in a local NHS trust. In the event of a staff member going off sick, the service did not have any problems with arranging cover. Staff were keen to be flexible and covered any short notice sickness.
- All staff we spoke with felt that staffing was managed appropriately. However, they felt there was need for a radiographer who held a substantive post.
- All clinics were staffed with one radiographer, a radiographer assistant and a receptionist or medical secretary. A second radiographer staffed the clinic if there was an increased workload. The service used a system for scheduling staff for the clinics. Clinics were scheduled in advance and staff assigned themselves to the clinics which they wanted to work or clinics which fit around their permanent employment positions. No staff members were required to work as a ‘lone worker’.

Medical staffing

- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- At the time of the inspection, we did not find the process in place to ensure the consultant radiologists were fit for practise and competent for their role robust. For example, the staff files did not contain evidence of appraisals, which had been completed by their substantive employer. However, up to date appraisals were provided at a later date for four consultant radiologists. Appraisals provide evidence that individuals still hold the necessary skills and competencies to undertake their role safely and effectively.
- The service did not employ any medical staff, however, consultant radiologists worked under practising privileges. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services. All consultant radiologists worked for the local NHS trust.

Records

- Staff kept detailed records of patients’ care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- We reviewed six records during the inspection. The majority of these were paper records and we found staff recorded all the specified information in a clear and accurate way.
- Patients completed a MRI safety consent checklist form which recorded the patients’ consent and answers to the safety screening questions. This was later scanned onto the electronic system and kept with the patients’ electronic records.

Diagnostic imaging

- Staff had not received training on information governance and records management as part of their mandatory training programme. Although staff had not received training on information governance, we saw patients' personal data and information were kept secure and only staff had access to that information at the time of the inspection.
- Staff completing the scan updated the electronic records and submitted the scan images for reporting by the relevant organisation.
- The service provided electronic access to diagnostic results to the referring hospital and could share information electronically if referring to an A and E for emergency review.
- The service had a system place to ensure initial consultation notes were available at time of admission. All reports were reviewed and annotated. Any action taken was recorded and dated by the clinician.

Medicines

- There were not always effective systems in place regarding the storage and handling of medicines. For example, we found a medicine used to treat allergy, with expiration date October 2018, a medicine used to treat and prevent low blood magnesium and seizures in women with expiration date November 2018 and a medicine used to treat certain types of serious irregular heartbeat with expiration date in November 2018. This posed the risk that these could be used accidentally. We raised this with staff who discarded them and said systems would be put in place to ensure safe use of medicines.
- Medicines, including intravenous fluids, were stored securely. No controlled drugs were stored and/or administered as part of the services provided in this unit. Medicines requiring storage within a designated room were stored at the correct temperatures, in line with the manufacturers' recommendations, to ensure they would be fit for use.
- Staff were trained on the safe administration of contrast medium including intravenous contrast. We reviewed staff competency files and saw all staff had received this training.
- Emergency medicines were available in the event of an anaphylactic reaction.

Incidents

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- There were no never events reported for the service from September 2017 to September 2018. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There were no serious incidents reported for the service from September 2017 to September 2018. Serious incidents are events in health care where there is potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.
- There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. Staff members were able to explain the process they would undertake if they needed to implement the duty of candour following an incident which met the requirements.
- The service had an incident policy for staff to follow which was dated October 2018. This guided staff on the reporting procedure for incidents, the grading of incidents and the investigation process expected for the more serious incidents, including the root cause analysis process. Staff we spoke with were aware of this policy and the incident reporting procedure.
- From September 2017 to September 2018, the service reported three incidents. The service did not grade incidents; however, staff still looked-for opportunities to learn lessons from these incidents. For example,

one incident related to a patient who had an allergic reaction following administration of a contrast agent. Staff we spoke with could tell us how they had learned from this incident.

Safety Thermometer (or equivalent)

- The service did not complete the safety thermometer as this was not applicable to the service they provided their patients.

Are diagnostic imaging services effective?

We do not rate effective.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff we spoke with demonstrated a good understanding of the national legislation that affected their practice, including guidance produced by the National Institute for Health and Care Excellence (NICE)and the Society of Radiographers.
- Electronic systems were used to enhance the delivery of effective care and treatment. Scans were stored electronically and could be accessed by staff in the host hospital to speed up diagnosis and treatment times.
- All staff we spoke with were aware of how to access policies, which were stored as paper copies in a folder at the Worcestershire Imaging Centre and on the secretary's computer. This meant that staff working at this clinic, had instant access to local policies.

Nutrition and hydration

- The service provided day case procedures, which meant there was limited need for a formal catering provision or nutrition monitoring. However, snacks and drinks were available.
- Patients had access to drinks whilst awaiting their scan.

Pain relief

- Patients were asked by staff if they were comfortable during their MRI scans, however, no formal pain level monitoring was undertaken as these procedures are pain free.

Patient outcomes

- The service did not benchmark practice against similar services and did not have structured processes in place to identify if the outcomes of procedures were in line with national performance.
- During our inspection, senior staff told us they were unable to carry out image peer reviews due to issues relating to cost. Following our inspection, staff provided us with a single peer review of an MRI image. Although staff informed us that peer reviews of the MRI images and reports were completed, there was limited evidence on image quality reviews. We could not be assured that learning was always shared.
- The service recorded the times taken between referral to them for a scan and a scan being booked. They also recorded the time from the scan to when the scan was reported on.
- There had been no instances of unplanned or emergency patient transfers to other facilities or hospitals from September 2017 to September 2018.

Competent staff

- Staff had the appropriate qualifications for their role within the service; however, we could not be assured that the radiographers had up-to-date competencies for their role. We found staff did not always have the right competencies and skills to undertake MRI scans.
- No training records were provided at the time of the inspection to show competencies required for radiographers to operate the MRI scanner. The service provided these at a later date following the inspection. They were found to be in date and fully completed.
- There was a lack of evidence of practical competencies for staff at the time of the inspection. These were not stored in staff files. The service provided these at a later date following the inspection.
- Local induction for all staff did not always ensure their competency to perform their required role within their specified local area. Local induction for clinical staff was not supported by a comprehensive competency

assessment toolkit which covered key areas applicable across all roles including equipment, and then clinical competency skills relevant to their job role and experience. For example, we were told bank staff had received local induction. We saw no evidence that local induction had been completed as no induction checklists had been completed. Following our inspection, the service provided us with a blanc radiographer competency framework which had not been completed.

- All radiographers were Health and Care Professionals Council registered.
- Radiographer and radiologist qualifications were recorded in their employment files, along with evidence of their professional registration, professional indemnity insurance and professional revalidation.
- All staff files we reviewed contained evidence of disclosure and barring service (DBS) checks. This included the date of the check and whether the check had identified any past criminal history. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- As part of our inspection, we also reviewed the personnel files for the bank radiographers, radiology helpers, radiologists and receptionist. We found they all contained evidence of a recruitment, employment history and satisfactory references.

Multidisciplinary working

- All staff worked together as a team to benefit patients. The clinic worked closely with a local NHS trust and this provided a smooth pathway for patients.
- The service had good relationships with other external partners and undertook scans for local NHS providers. We saw good communication between services and there were opportunities for staff to contact referrers for advice and support.
- Staff told us if they identified any findings, which required escalation to another health provider, staff would immediately communicate with either the local NHS trust or the patient's GP via telephone. The scan report would also be sent to the hospital or referring GP immediately after the patient's appointment.

Seven-day services

- It was not a requirement for this service to operate over seven days. The service operated five days a week between the hours of 08:30 and 18:00.
- Appointments were flexible to meet the needs of patients, they were available at short notice.
- No clinical emergency patients were scanned within the service.

Health promotion

- Information leaflets were provided for patients on what the scan would entail and what was expected of them.

Consent and Mental Capacity Act

- Staff demonstrated a good understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Mental Capacity Act awareness training was not a mandatory training requirement for all staff. At the time of this inspection all staff had not completed this training. However, they were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions.
- All staff were aware of the importance for gaining consent from patients before conducting any procedures.
- Patients were provided with information prior to their appointments and were given opportunities to ask questions when they arrived. This ensured the verbal consent was informed.
- The service used a MRI safety consent form to record the patients' consent which also contained their answers to safety screening.
- The service had a child protection policy which stated that no child will be scanned if parent or guardian had not signed the safety and consent form. Where a child attended for a scan alone, a parent/guardian was required to sign the safety and consent form before the child attended for the scan.

Are diagnostic imaging services caring?

Requires improvement

Diagnostic imaging

This was the first time we have rated this service. We rated it as **good.**

Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff demonstrated a kind and caring attitude to patients. This was evident from the interactions we witnessed on inspection and the feedback provided by patients.
- All staff we spoke with were passionate about their roles and were dedicated to making sure patients received patient-centred care. We observed staff treating and assisting patients in a compassionate manner.
- Staff told us they treated patients with privacy, dignity and respect during their procedures. They locked the doors to the scanning room to prevent anybody entering unnecessarily.
- Staff carried out a rolling patient survey, which each patient was asked to complete before leaving the clinic. All the responses were positive.
- During our inspection, we observed the care and treatment of two patients and engaged with them during their time at the clinic. All feedback about the service was positive with comments including “they were a very caring team”, “they were reassuring”, “very nice and friendly” and “would 100% recommend”.
- Staff saw a range of patients, some of who had a history with the service and some who were attending for a first appointment. We observed staff treating all patients compassionately and empathetically, and would not rush patients who were nervous or upset prior to or during the procedure. The care staff provided was patient centred
- We observed staff introducing themselves to patients and explaining their role during our inspection. This was in line with the recommendations in the National Institute for Health and Care Excellence (NICE) quality standards for patient experiences in healthcare.

Emotional support

- Staff provided emotional support to patients to minimise their distress. Staff were aware that patients attending the service were often feeling nervous and anxious so provided additional reassurance and support to these patients.
- Staff understood the impact that a patient’s care, treatment, or condition had on their wellbeing, both emotionally and socially.
- Staff had a good awareness of patients with complex needs and those patients who may require additional support during their visit to the clinic.
- Staff supported people through their scans, ensuring they were well informed and knew what to expect.
- We spoke with staff about providing emotional support for patients. Staff felt they could signpost patients appropriately if necessary, and saw recognising and providing support to patients as an important part of their job.

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 provided with the opportunity to ask questions about their MRI scan. Feedback from patients also confirmed that they were informed about how they would receive the scan results.
- Patients and those close to them could find further information about their scan. An MRI specific leaflet was also available to patients and patients we spoke with confirmed they had accessed the leaflets.
- Staff recognised when patients and those close to them needed additional support to help them understand and be involved in their care and treatment and enabled them to access this. This included for example, access to interpreting and translation services.

Requires improvement

Diagnostic imaging

- The service allowed a family member, friend, or carer to remain with the patient for their scan.

Are diagnostic imaging services responsive?

Good

This was the first time we have rated this service. We rated it as **good.**

Service delivery to meet the needs of local people

- Worcestershire Imaging Limited was commissioned by a local NHS trust to provide magnetic resonance imaging (MRI) diagnostic services. Services were provided for patients across Worcestershire and meant people could access MRI scans within their local community without having to travel to an NHS acute hospital.
- The service was planned and designed to meet the needs of patients. Information about the needs of the local population and the planning and delivery of services was agreed collaboratively with the referring NHS trust.
- The environment was appropriate and patient centred. There was comfortable /sufficient seating, toilets and a drinks machine.
- Worcestershire Imaging Centre was located near established routes, with a bus stop a short distance away.
- The service offered a range of appointment times and days to meet the needs of the patients who used the service.
- There was sufficient space in the clinic room for individuals to accompany a patient, for example, carers, family, partners as well as patients.

Meeting people's individual needs

- Patients' individual needs were accounted for. Staff delivered care in a way that took account of the needs of different people on the grounds of age, disability, gender, race, religion or belief and sexual orientation.
- Staff ensured the needs of patients attending the department with complex needs, for example, learning disability and dementia were met and facilitated their relatives or carers to accompany them during their MRI scan. Appointment times would also be extended to ensure patients were not rushed.
- There was a MRI compatible wheelchair and trolley for those patients who required additional assistance.
- The service allowed patients to complete self-referrals online. They listed the following criteria which could prevent a patient having a self-referral scan: -
  - A person less than 18 year of age
  - Monitoring the progress of a malignancy
  - The area must be one which we routinely scan
- All patients received an appointment letter or email and were encouraged to contact the unit if they had any concerns or questions about their examination.
- Staff could access telephone interpreting services for patients whose first language was not English, when needed. Staff we spoke with knew how to access this.
- Patients felt they were given enough information about their treatment options and what the treatment involved. People felt involved in the choice of treatments they required.
- The service provided flexible individual appointments to allow for ad hoc early access to accommodate the working patient. It also allocated longer appointment times to patients requiring extra support when attending clinics.

Access and flow

- People could access the service when they needed it. Waiting times for MRI scans were from the same day to three days for a private scan and within two to three weeks for an NHS scan. This was well below the six weeks standard wait within the local acute hospitals. Information provided about this service showed staff from the service were willing to be flexible where possible with clinic appointments.
- Patients told us an appointment was arranged within a few days of contacting the service, or within a timeframe which suited them.

- Patients could access the service by self-referring or on referral from another clinician. The team carried out procedures by prior arrangement with patients.
- Scans were available by appointment only and each patient was allocated enough time for their appointment.
- The service used radiologists from a local NHS trust who reported on scans and sent reports within 24-48 hours, highlighting if there were issues with the report. Patients who self-referred were only scanned if they provided the clinic with their GP details. The clinic sent all reports to GPs. If GP details were not provided, then the clinic did not perform a self-referral scan.
- There was a process in place to monitor DNA (did not attend) appointments. For example, where a patient DNA their appointment, staff contacted them and recorded it on patient notes. Staff offered patients another appointment if required.
- Waiting times in the unit were short. Evidence showed there were very few delays and appointment times were closely adhered to.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and shared any learning with staff.
- The service had a complaints policy in place, which was last updated in September 2018. This provided staff with the details of action to take if a complaint was made either by telephone or email.
- Staff demonstrated good understanding of the complaints policy and said the attentive, small-scale nature of the service meant they could address minor concerns as they arose.
- The service recorded one complaint from September 2017 to September 2018. All complaints had been formally raised with the service by the patient. All complaints were dealt with confidentially and impartially.
- Complaints were investigated by the managing director. All complaints were responded to within five working days. The managing director issued a full response within 20 working days. Patients received a letter keeping them informed of the progress if for some reason the process could not be completed within 20 days.
- Staff were encouraged to resolve complaints and concerns locally, which was reflected in the low numbers of formal complaints made against the service.
- The service received five written compliments from September 2017 to September 2018.

Are diagnostic imaging services well-led?

Requires improvement

This was the first time we have rated this service. We rated it as **requires improvement.**

Leadership

- The corporate management structure consisted a managing director who was supported by radiologists.
- At the time of our inspection, the service did not have a registered manager in post, and had not had one since March 2017. A few weeks prior to our inspection, a new manager had been appointed and this individual was due to commence work in April 2019.
- Leaders did not understand the challenges of not having a registered manager in post, therefore prior to inspection they had not identified the actions needed to address them.
- Staff spoke positively about the leaders of the service, from their direct line manager to the director of the company.
- Staff we spoke with found the manager to be approachable, supportive, and effective in their roles. They all spoke positively about the management of the service.

Vision and strategy

- While the staff we spoke with were unable to fully articulate the vision, it was evident they worked within the ethos of it.

- Due to the small nature of the service, there was no robust strategy for achieving priorities in the service.

Culture

- All staff we spoke with told us they felt respected and valued by the managing director and fellow colleagues. Staff told us working for the service had a very 'family feel' to the service as many had started to work for the service in the earlier days. If they had any concerns, staff felt they were able to approach anybody for help and advice.
- Staff we spoke with told us they felt proud to work for the service and they enjoyed the work they did within the clinic.
- Staff demonstrated pride and positivity in their work and the service they delivered to patients and their service partners. Staff were happy with the amount of time they had to support patients and that was one of the things they enjoyed about their role.

  Staff also told us teamwork was excellent within the MRI unit.

Governance

- There was a lack of effective governance framework to support the delivery of quality patient care. There was no clear oversight of the day to day working of the service. For example, the service failed to identify risks associated with medicines management, mandatory safeguarding training and lack of radiographer practical competencies and local induction. This meant that the governance system in relation to the management of risk did not operate effectively to ensure that leaders have clear oversight of the risk of harm to patients and their relatives.
- At the time of the inspection, we found that the consultant radiologists personnel files did not contain evidence of their appraisals, which had been completed by their substantive employer. This meant we could not be assured that Worcestershire Imaging Centre had full oversight of the competencies, skills and capabilities of staff working for their service. We raised this as a concern to senior managers during our inspection, who told us they would review this process. Following the inspection, they sent the up to date appraisals for all consultant radiologists.
- The provider required individual practitioners to hold their own indemnity insurance, all staff working for the service were covered under their own indemnity cover. We saw copies of indemnity cover in staff files.
- Working arrangements with the local NHS trust was managed well. There were service level agreements and a contract between the service and the local NHS trust.
- Staff were clear about their roles, what was expected of them and for what and to whom they were accountable.
- Senior staff said governance meetings were held with staff. We saw minutes from the team meeting held in October 2018 which were very brief and did not discuss the governance of the clinic, such as risks, audits and incidents. The manager stated that due to the team being very small, these were held on a quarterly basis and information was shared on a day to day basis.

Managing risks, issues and performance

- The service did not always have processes to identify, understand, monitor, and address current and future risks. For example, there was no robust arrangement for identifying, recording and managing risks in place. Risks found on inspection had not been recognised by senior staff. The service had no dedicated magnetic resonance expert and no registered manager with diagnostic imaging knowledge in post.
- The service did not maintain a tracking document for risks. A risk register was not in place to keep track of risks.
- There was not a comprehensive assurance system in place to monitor consultant performance. The service was unable to provide us with evidence of their peer review audits. We requested for evidence following our inspection and were provided with a peer review audit although the service had carried out many MRI scans. Therefore, we could not confirm whether the peer review audits were being undertaken. We were concerned that potential learning opportunities would be missed.

Managing information

Requires improvement

Diagnostic imaging

- The service managed and used information to support its activities, using secure electronic systems with security safeguards.
- Information governance training did not form part of the mandatory training programme for the service. However, staff we spoke with understood their responsibilities regarding information management.
- There were computers in the clinic. This was sufficient to enable staff to access the system when they needed to.
- All staff we spoke with demonstrated they could locate and access relevant and key records very easily and this enabled them to carry out their day to day roles.
- Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.
- Information from scans could be reviewed remotely by referrers to give timely advice and interpretation of results to determine appropriate patient care.

Engagement

- Worcestershire Imaging Centre engaged well with patients, staff, and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- There was a website for members of the public to use. This held information regarding the types of scans offered and what preparation was required for each type. There was also information about how patients could provide feedback regarding their experience.
- Patient views and experience were gathered to shape and improve the services and culture. For example, we saw patient feedback and comments were displayed on the service's website.
- Staff were encouraged to voice their opinions and help drive the direction of the service provided and suggest improvements to the examinations provided.

Learning, continuous improvement and innovation

- Staff had not recognised the concerns identified during the CQC inspection themselves. There was overall lack of awareness of what staff should be doing to provide a safe and sustainable service.
- The senior staff told us they were a service who thrived on learning from situations, the most recent situation they were learning from was the CQC inspection process. The provider information request (PIR) which was sent in preparation for the inspection had enabled them to review some of their current processes and identify ways in which they could improve. This will not only benefit them as a service, but ultimately be an improvement on the service provided to the patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure medicines stored within the service are in date and safe for use. Regulation 12(1)(2)(a)(g).
- The provider must ensure there is a safeguarding lead and a member of staff has been trained to safeguarding children level three. Regulation 13(3).
- The provider must ensure there is a robust governance system in place to ensure risks are identified and addressed. Regulation 17(2)(a).
- The provider must ensure there is a robust governance system in place to ensure compliance with identifying a magnetic resonance expert and registered manager. Regulation 17(2)(b).
- The provider must ensure that bank staff are competent to operate scanning machines. Regulation 18(2)(a).
- The provider must ensure induction checklists are completed for bank staff. Regulation 18 (2)(a).
- The provider must ensure that consultant and radiographers' personal files have evidence of appraisals. Regulation 18(2)(a)

Action the provider SHOULD take to improve

- The provider should ensure staff meetings take place routinely.
- The provider should ensure image peer reviews take place routinely.
- The provider should ensure that staff attend information governance training and other mandatory training required to enable them effectively carry out their role.
- The provider should ensure hand hygiene audits are routinely carried out.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: We found medicines which were out of date.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The service did not have a safeguarding lead and no member of staff had been trained to safeguarding children level three.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: • There was no evidence of bank radiographer competencies. Induction checklists were not completed for locum staff.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

How the regulation was not being met:

- There was no robust governance system in place to ensure risks identified during our inspection had been recognised by the service.
- There was no robust governance system in place to ensure compliance with identifying a magnetic resonance expert and registered manager.