

Alliance Medical Limited

Alliance Medical House

Inspection report

4 Dorking Road
Epsom
KT18 7LX
Tel:
www.alliancemedical.co.uk

Date of inspection visit: 30 May 2022
Date of publication: 22/07/2022

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risks well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

Our rating of this location stayed the same. We rated it as good. See the overall summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Alliance Medical House

Page

5

Information about Alliance Medical House

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to Alliance Medical House

Alliance Medical House is operated by Alliance Medical Limited. It is a diagnostic and screening service clinic in Epsom, Surrey. The service provides scans for adults and primarily serves the communities of Surrey. It also accepts patient referrals from outside this area. On average 70% of patients are NHS referrals and 30% are privately funded.

The service provides magnetic resonance imaging (MRI) scans and in September 2021 the service introduced computerised tomography (CT) scans. Alliance Medical House has one MRI and one CT scanner, and specialises in cardiac patients. The service has changing areas, a waiting area and upstairs consulting rooms.

From May 2021 to May 2022 the service carried out 4,702 MRI scans and 110 CT scans.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 30 May 2022.

During the inspection visit, the inspection team:

- Spoke with the registered manager and two radiographers
- Spoke with four patients
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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






Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good 

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' sessions and e-learning. We reviewed the staff training matrix and saw 98% compliance.

The mandatory training was comprehensive and met the needs of patients and staff. It included basic life support, immediate life support, infection control, safeguarding children and adults' level two, health and safety, manual handling and complaints handling.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. The cardiologist and radiologists completed continuing professional development and provided annual confirmation to the service in line with the practising privileges policy. Records provided by the service showed the radiologists were up-to-date with mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. All staff completed safeguarding children and adults training at level two. Staff had access to a level three trained, safeguarding lead within the provider's organisation, who were offsite but were contactable by email or telephone.

Diagnostic imaging

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding children and adults' policy, with flow charts for the escalation of concerns was available.

Patients we spoke with said they felt safe and were always treated respectfully by staff.

The organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check, occupational health clearance, references and qualification and professional registration checks.

The service had an up-to-date chaperone policy.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff accessed support from senior staff when they needed it. There was one safeguarding incident in the previous 12 months. Records showed the incident had been investigated and reported in line with the safeguarding policy. The service reviewed safeguarding incidents to see if there were any key learning points and shared these with staff.

Cleanliness, infection control and hygiene

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

The service performed well for cleanliness. Staff cleaned equipment after patient contact. Radiographers were responsible for cleaning the scanners. Items were visibly clean and dust-free, and we saw a daily cleaning check list. Staff used single use equipment where appropriate.

Staff followed infection control principles including the use of personal protective equipment (PPE). The centre provided staff with PPE such as gloves and aprons. We observed all staff wore PPE where necessary.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Hand-washing and sanitising facilities were available for staff and visitors. We observed one privacy curtain was beyond the disposal date. Following our inspection, the service manager confirmed the disposable privacy curtains had been changed and this would be added to the infection control audit.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed regular audits of infection control, hand hygiene and peripheral vascular device. From June 2021 to May 2022 compliance with hand hygiene was 99%, peripheral vascular device 100% and infection control 99%.

Imaging protocols were adjusted to reduce the number of patients waiting to be seen to help maintain social distancing.

Patients we spoke with said the environment was clean.

Environment and equipment

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

Diagnostic imaging

The service had suitable facilities to meet the needs of patients' families. The service had one magnetic resonance imaging (MRI) and one computerised tomography (CT) scanning room, associated control rooms and a reception area. There were two changing rooms which were accessible for patients with mobility or complex needs.

The design of the environment followed national guidance. The service managed access to restricted areas well. All patients, carers and visitors waited in the reception area until they were escorted into the controlled area. Safety and warning notices were displayed in the controlled areas. There was enough space around the scanners 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.

Resuscitation equipment was on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

All relevant MRI and CT equipment was labelled in line with published guidance. Staff carried out daily quality assurance checks on the scanners. Staff completed daily checklists and there was evidence of testing of all equipment used at the service.

The service had enough suitable equipment to help them to safely care for patients. There was an effective system to ensure that repairs to broken equipment were carried out 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. We checked the service dates for all equipment and found them to be within their service date.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. One of the radiographers was the radiation protection supervisor (RPS). Records showed the certificate of RPS competence was updated in May 2021. The service had a radiation protection advisor (RPA) who completed a radiation risk assessment in November 2020. A radiation risk assessment identifies the measures needed to restrict the exposure to ionising radiation to anyone who might be affected. The RPA reviewed the local rules and found they complied with legislation.

The radiographers carried out risk assessments for each patient to determine if they met the criteria for the scan. All patients, relatives and visitors entering the controlled area were asked to complete a safety questionnaire. We observed the radiographers checking the information on the completed questionnaire with each patient prior to the scan.

There was a policy for the justification of scans, including all the relevant clinical information required and staff ensured the justification for each scan was recorded.

Diagnostic imaging

The service used a “pause and check” system. Pause and check consisted of a system of six-point checks to correctly identify the patient, as well as checking with the site or side of the patient’s body that was to have images taken and the existence of any previous imaging the patient had received. We observed staff carrying out these checks for each patient.

Staff knew about and dealt with any specific risk issues and there was a protocol for unexpected scan findings. Radiographers told us how any unexpected or significant findings on images were escalated to the referrer and we saw examples of this.

Staff responded promptly to any sudden deterioration in a patient’s health. During cardiac scans the cardiologist monitored the patients’ blood pressure and pulse. There was a protocol for managing any sudden deterioration in a patient’s health and staff knew how to access it. Records showed that within the previous 12 months one patient felt unwell during a scan and staff provided care. The patient did not need intervention from the emergency services. Staff understood the deteriorating patient policy which was to call 999. Staff said that although the correct procedure was followed, the incident was reviewed and discussed at the next staff meeting.

Staff received training on simulated emergency scenarios and practiced how to respond to a deteriorating patient. All staff received training in basic life support (BLS).

Staffing

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

The service had clinical and support staff to keep patients safe. The service had a manager, who was the registered manager, two radiographers and two administrative staff.

The manager could adjust staffing levels daily according to the needs of patients. The manager planned staffing levels and skill mix needed for each day. Rotas were done in advance with short notice changes as required in accordance with staff.

The service had low turnover rates. The service had an established team and the radiographers had been employed with the service for several years. The service was recruiting a cardiologist at the time of inspection.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service used a bank radiographer who was familiar with the service.

Medical staffing

The service had a cardiologist who performed cardiac MRI, attended the service under practising privileges. We saw evidence that the service checked to ensure the radiologists had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

The service employed six radiologists who reported on the scans.

Records

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

Diagnostic imaging

Patient notes were comprehensive and all staff could access them easily. Staff used secure electronic patient records to document patient's diagnostic needs including scan results. We reviewed five patient care records which were accurate, complete, legible and up-to-date. There were no delays in staff accessing patient records

The referring clinicians received electronic diagnostic imaging reports which were encrypted.

All staff completed training on information governance and records management as part of the mandatory training programme (100%).

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff stored and managed medicines and prescribing documents in line with best practice. The medicines cupboards we inspected were locked, secure and all stock was within expiry dates. The service did not keep or administer controlled medicines.

Contrast media was safely stored. In rare cases contrast media can cause kidney damage. We saw records which showed there was a contrast checklist to assess a patient's risk in using the contrast agents.

Radiographers were authorised to work under Patient Specific Directions (PSD) to administer contrast media and other medicines required during the MRI scans. A PSD is a written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. All radiographers completed medicines management training.

Allergies were clearly documented on referral forms and on the electronic patient records. Allergies were verbally checked during the diagnostic imaging safety checklist.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Managers at the corporate level reviewed the safety alerts and the service manager ensured the relevant information was cascaded to staff.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them. The service used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the staff induction programme, which all staff completed when they commenced their employment at the service.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff said there was a good reporting culture and that they were encouraged to report 'near miss' situations. We checked the incidents log and found incidents were reported appropriately. There were nine incidents in the previous 12 months all of which were no harm or low harm. Records showed each incident was investigated in line with the service's procedure. Staff recorded the learning outcome from incidents where appropriate.

Diagnostic imaging

Managers shared learning from incidents to improve patient care. The service had a quarterly newsletter called 'Risky Business' which shared learning across the provider organisation. We saw examples of the newsletter which featured learning from incidents such as cancellation of a patient's referral, a security breach and equipment failure. The newsletter also provided guidance on reporting 'near miss' situations including examples of what should be reported.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. There was no duty of candour incident in the previous 12 months. Staff could give an example of an incident where the duty of candour requirements applied.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff delivered care and treatment in line with legislation, national standards and evidence-based guidance, including from the National Institute for Health and Care Excellence (NICE), the Royal College of Radiologists, and the College of Radiographers.

Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines. Staff had electronic access to policies and guidelines which were regularly reviewed and updated. The manager said the corporate governance team had processes for regularly reviewing and updating guidelines and distributing updates and new guidance across the organisation. Staff said updates were shared by email and through a weekly newsletter.

Records showed staff discussed different policies and guidance at staff meetings.

The service's procedures were in line with the Ionising Radiation Regulations 2017 (IRR17) and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

The service had an audit programme to audit practice against guidelines. The radiation protection supervisor (RPS) completed an audit of the CT scan procedures in May 2021 and found the service was compliant. Additionally, an external quality assessment was carried out in December 2021 which found 94% compliance with the service's policies and procedures.

There were established patient pathways such as triage guidance, intravenous cannulation, urgent scans and serious clinical findings. The external quality assessment found 89% compliance with the service's pathways.

Nutrition and hydration

Staff made sure patients did not fast for too long before diagnostic procedures.

Diagnostic imaging

Staff said a limited number of patients were required to fast prior to a scan and these patients were provided with instructions about fasting. The service had facilities to provide hot drinks to patients; however, due to COVID-19 guidance this was not currently available. Water was provided upon request.

Pain relief

Diagnostic imaging patients did not routinely require pain relief. Staff assisted patients into comfortable positions for scans.

Patient outcomes

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

The service participated in relevant national clinical audits. Outcomes for patients were positive, consistent and met expectations, such as national standards. The service completed audits of the peripheral vascular device. Records showed the service performed consistently to a high standard.

The service completed an imaging quality audit evaluating areas such as patient positioning, the anatomy covered and the diagnostic value of the images. Records showed the service performed consistently to a high standard (88% - 100%). Records showed the service reviewed the justification for images, correct coil use, adequate contrast use and whether artefacts were present. The manager said once the audit was completed the results would be fed back for quality assurance purposes and learning and improvement.

In the external quality assessment carried out in December 2021 the assessor reviewed the services information governance, health and safety, risk management, facilities management, specific modality requirements and infection control. The service received an overall score of 87% and there was an action plan for improvement.

Managers shared and made sure staff understood information from the audits. The results of the audits were shared and discussed at staff meetings.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All health care staff were registered with their appropriate professional bodies. Staff received a local and corporate induction and underwent an initial competency assessment.

Staff said they had received full induction tailored to their role and felt well-supported. There was evidence of completed induction. Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff training files. All radiographers completed an MRI safety, medical devices and an administering intravenous injections module.

The service ensured it received evidence annually from the radiologists about appraisal and registration as part of their practising privileges.

Diagnostic imaging

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for the service were 100%. Staff said they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. For example, being able to complete advanced cardiac scanning courses.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

Radiology staff and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked closely with the Clinical Commissioning Groups (CCGs) and referrers to enable patients to have a prompt diagnosis and a seamless treatment pathway. If they identified concerns from scans, they escalated them to the referrer.

Staff we spoke with told us they had good working relationships and open lines of communication with the CCGs and referrers. This ensured that staff could share necessary information about the patients and provide holistic care.

A pool of radiologists provided reports for the scans. Radiographers told us they could contact a radiologist for advice at any time. Staff gave examples of contacting the radiologist for advice following the referral triage procedure.

We heard positive feedback from staff of all grades about the excellent teamwork.

Seven-day services

Key services were available to support timely patient care.

The service opened Monday to Friday from 8:30am – 7pm.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a consent policy which was up-to-date and provided patients with written information about the consent process prior to attending for appointment.

Patients were sent an information leaflet explaining the scan procedure including what they needed to do prior to the appointment, when they arrived, the examination and results. Staff provided private patients with information on the cost of the scan.

Staff made sure patients consented to treatment based on all the information available. Staff explained how they gained consent for a scan by providing information on the procedure, risks and benefits. Records we reviewed showed consent was recorded prior to a scan being completed.

We observed staff gaining patient consent for scans. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Diagnostic imaging

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff could describe how to access the policy on Mental Capacity. Staff explained how they would carry out and document a capacity assessment if required. The service had a form for staff to use to document the capacity assessment.

Are Diagnostic imaging caring?

Good 

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said the staff were professional and efficient and staff were kind and caring. The environment ensured patient's privacy and dignity was maintained. Patients had privacy for discussions before their scan in a separate room. We spoke with four patients. Patients comments about the service were "very efficient", "treated with respect by scanning staff" and "staff made me feel comfortable."

Patients had a positive experience at the service. From June 2021 to May 2022 98% of patients said they would recommend the service to family and friends.

Patients said staff treated them well and with kindness. Staff were very helpful, calming and reassuring. We reviewed a sample of compliments sent to the service where patients thanked staff for providing a caring service.

The service displayed information about chaperones.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff understood the impact that patients' care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs. We observed staff caring for patients with sensitivity, care and compassion.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Staff helped patients to feel calm and relaxed by showing them the scanning room prior to the scan. This reduced the patient's anxiety, fear and made them feel calm.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the anxiety or distress associated with the procedure and supported patients as much as possible. Patients could listen to their choice of music during their scan.

Diagnostic imaging

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients said staff checked their identity, explained the procedure and checked that they understood how their scan would be performed. We observed staff explaining the procedure in a way patients understood and they were given enough time to ask questions.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form online following their appointment. Comments and survey results were discussed at team and management meetings with the aim of improving the patients experience.

Patients gave positive feedback about the service. We reviewed a sample of the patient's comments from the patient's satisfaction survey. Patients were complimentary about the service.

Are Diagnostic imaging responsive?

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

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the people who use the service. The service was open five days per week and appointments were flexible, including appointments in the evening, to meet the needs of patients. Patients had timely access to scanning services. The service offered a wide range of standard, complex and contrast-based scans.

There was an established inclusion and exclusion criteria which was agreed with the Clinical Commissioning Groups (CCG). The service had a key performance indicator to scan patients within six weeks of referral. The service did not operate a waiting list. Staff said patients were seen promptly and patients confirmed being able to access the centre in a timely manner. The key performance indicator from referral to scanning was 28 days. Records showed the service achieved 95% compliance from June 2021 to May 2022.

The environment was appropriate, and patient centred.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments. The outcome of each contact was recorded. From June 2021 to May 2022 missed appointments were 2% of all appointments. To reduce the number of missed appointments patients were asked to telephone the service to confirm their appointment. Staff followed up with a telephone call 24 hours prior to the appointment if the patient did not confirm. Staff also checked if patients understood all the information they received in the booking confirmation.

Diagnostic imaging

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

There was a comfortable seating area, cold water fountain and toilet facilities for patients and visitors. There were accessible toilets and changing facilities and the scanners were accessible with enough space to manoeuvre a wheelchair. An MRI compatible wheelchair and trolley were available.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. The contact information for signers and interpreters was readily available.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patient's wearing a hearing aid.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Patients with autism, limited mobility, learning disabilities or living with dementia were identified at the time of booking their initial appointment so that staff could determine how to modify investigations if necessary and assist with planning for the patient's appointment. These patients could bring a relative or carer to their appointment for support. Staff said they gave longer appointments to patients who needed it.

All staff completed training on equality and diversity.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

All appointments were booked directly through the service. The service monitored appointment booking times from the receipt of referral to the patient receiving an appointment. This was regularly reviewed, and the outcome was displayed on the patient noticeboard. All referrals were triaged by the radiologist. Radiographers said they could contact the radiologists if they had any queries regarding the referrals.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had contractual key performance indicators (KPI) agreed with the Clinical Commissioning Groups (CCGs). The service provided the CCG with information monthly. There were regular capacity and demand meetings which allowed staff to review KPI, attendance rates and demands on the service.

The unit monitored key performance indicators (KPI) and provided information to the CCGs. The service regularly monitored and discussed KPI. The service monitored the number of patients seen, the numbers of scans completed each day, cancellations and missed appointments. Staff said the reason for any cancelled or missed appointments were recorded and this was discussed at staff meetings. Records showed staff filled cancelled appointment slots where possible.

Staff explained cardiac MRI imaging is a specialised field where scans were completed by a cardiologist and take twice as long as a conventional MRI scan. Staff said cardiac MRI scans were not included on the six weeks wait pathway because of the specialised nature of the scans. The service had a waiting time of three months for a cardiac MRI

Diagnostic imaging

following the COVID-19 pandemic. The manager said the waiting time was also impacted by cardiologist availability and the service had not been successful in recruiting an additional cardiologist. The service recognised the long wait time as a risk, and it was constantly being reviewed on the risk register. Staff made efforts to maximise each cardiac clinic by reducing the number of failed appointments and scheduling additional lists where possible.

Scan reports were usually made available within 24 to 48 hours. Images were reported in time order unless it was clinically urgent which would be flagged. The service regularly monitored report writing times.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the service. The complaint policy stated complaints would be acknowledged within two working days and fully investigated and responded to within 20 working days. The policy described the process for independent external adjudication to settle any unresolved issues.

Managers shared feedback from complaints through emails and meetings and learning was used to improve the patient's experience. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers. Staff could give examples of how they used patient feedback to improve the service. For example, ensuring the waiting room is constantly monitored to ensure patients are not waiting too long for their scan.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service received three complaints in the previous 12 months. Records showed complaints were resolved in line with the service's complaints procedure.

Are Diagnostic imaging well-led?

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

Leadership

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

The provider had a corporate management structure which included a managing director, director of quality and risk and chief operating officer. The service manager was supported by the regional manager. The service was overseen day-to-day by the registered manager who was supported by a lead radiographer.

Diagnostic imaging

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. They understood the service, patient and staff needs. Staff understood the lines of management responsibility and accountability within service and organisation.

Managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable. In the 2021 staff survey staff said, “very supportive manager”, “there is a close support network for colleagues” and “great people to work with”.

There was evidence staff had postgraduate training. Staff completed training in advanced MRI scanning.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The provider had a clear vision and there was a clearly formulated strategy to deliver this vision. The strategy includes being at the forefront of development of services as the healthcare provider of choice for patients, referrers and employees. The strategy would be achieved through innovation, integration, sustainability and maintaining quality and safety standards.

The service was focused on providing a high-quality diagnostic imaging service for patients. There were plans in place to develop a sustainable staffing model, operational efficiency and high clinical quality. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

The provider values were: Openness, excellence, efficiency, learning and collaboration. Values were incorporated into the interview process. There was a set of success measures to ensure the vision and strategy was delivered and the service continuously monitored them.

The service had a statement of purpose which outlined to patients the standards of care and support services the unit would provide.

Staff we spoke with understood the goals and values of the unit and how it had set out to achieve them.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Managers supported an open and honest culture by leading by example and promoting the service’s values. The manager said this was promoted by interacting with staff daily and having an open-door policy. Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the Covid-19 pandemic.

Staff were proud of the work that they carried out. They enjoyed working at the service; they were enthusiastic about the care and services they provided for patients. They described the service as a good place to work.

Diagnostic imaging

The manager said they felt supported by the regional manager. Staff said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong, and learning was shared.

Patients told us they were happy with the unit's services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected. In the 2021 staff survey staff said that 97% of staff said the service had a good culture.

Equality and diversity were promoted. We saw this highlighted through the equality and diversity policy. Inclusive, non-discriminatory practices were part of usual working. In the 2021 staff survey 94% of staff reported they did not experience discrimination within the service.

Governance

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

There was a governance framework which described the staff's roles and responsibilities, leadership structure and accountability, governance structure and committees, auditing and quality management. The service monitored five key areas of quality: access, report quality, report turnaround times, safety and patient satisfaction.

There was an effective clinical governance structure which included a range of meetings that were held regularly including a governance, incidents, regional, management and staff meetings. Staff discussed quality of risk, infection control, information governance and health and safety at each staff meeting.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

The manager said learning was cascaded to staff. There were monthly staff meetings and all staff members had a work email account and updates were sent to staff by email and newsletters. There was a staff noticeboard with relevant information displayed.

Management of risk, issues and performance

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

Performance was monitored on a local and corporate level. Progress in delivering services was monitored through key performance indicators (KPI). Performance dashboards and reports were produced which enabled comparisons and benchmarking against other provider services.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. The service had undertaken a fire risk assessment and health and safety audits were carried out monthly. The audits from June 2021 to May 2022 found a high level of compliance (99%).

Diagnostic imaging

The service had a risk management strategy, setting out a system for continuous risk management. The manager oversaw patient safety and risk management activities. Staff received a monthly newsletter called 'Risky Business' that shared learning from incidents, highlighted investigations and changes in practice.

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them. Risks such as a medical emergency in the scan room, lack of appropriate referral and manual handling had been reviewed and mitigated. Risks were discussed at regular management and staff meetings.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.

Clinical records were electronic. Images were stored on the picture archiving and communication system (PACS) immediately following completion of the scan. The reports were sent to the referrer through a secure email.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

The service provided information to the clinical commissioning group (CCG) on key performance indicators.

The service engaged with patients by collecting feedback through the patient satisfaction survey. There was a patient noticeboard in the reception area where staff displayed results of the patient satisfaction survey, report turnaround times from referral to being scanned and from scanned to completing the report, infection control guidelines, data protection procedures and the complaints policy.

The manager engaged with staff at team meetings and staff were encouraged to discuss any changes to the service. Staff completed an annual survey and had a positive view of the service.

Learning, continuous improvement and innovation

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

Diagnostic imaging

The service invested in the centre and refurbished it in order to introduce cardiac computerised tomography (CT) scanning to compliment the cardiac magnetic resonance imaging (MRI) service.

Staff demonstrate a commitment to the process of continuous improvement in relation to both patient and staff welfare. Systems, processes and organisational values provided an effective foundation for the review of practice. The service used established methodologies to deliver quality improvement and innovation including a 'learning lessons' framework which was aimed at developing and maintaining a positive culture in learning from incidents and complaints.

Staff at all levels were supported and encouraged to access learning and development opportunities for their personal and professional development.