

InHealth Limited

InHealth MRI - Hexham General Hospital

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We rated it as good because:


- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service should complete their own daily checks for the resuscitation equipment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to InHealth MRI - Hexham General Hospital

The service provides Magnetic Resonance Imaging (MRI) scans to children from the age of four years and adults. The service was first registered in December 2019 and has a registered manager. It is regulated to carry out diagnostic and screening services. The service has never been inspected before.

How we carried out this inspection

The inspection was unannounced (staff did not know we were coming). We inspected this service using our comprehensive methodology.

The team that inspected the service comprised of a CQC lead inspector, specialist advisor who had a background in Diagnostic Radiology and an offsite inspection manager. The inspection team was overseen by Sarah Dronsfield Head of Inspection. We spoke with five members of staff including the registered manager and five patients who had used the service. We also reviewed 5 sets of patient records. We reviewed a range of documents whilst onsite.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Diagnostic and screening services

Good 

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

Are Diagnostic and screening services safe?

Good 

We rated it as good.

Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff. Staff received and kept up to date with their mandatory training. Staff were 100% compliant with mandatory training subjects which included basic life support (BLS) for both adults and children, health and safety, equality and diversity, fire safety, data security, mental capacity act and moving and handling.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager and superintendent radiographer for the service monitored and alerted staff when they needed to update their training. Staff were notified via emails. Staff were able to access mandatory training outside of work and were paid for completion.

The registered manager for the service told us that further training modules were in the process of being developed and would be implemented into the mandatory training modules in dementia, autism and learning disabilities from September 2022.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff received training specific to their role on how to recognise and report abuse. All staff at the service had completed their training. Staff had training in level 2 children and adults safeguarding.

Diagnostic and screening services

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

Relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check and professional registration checks.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff were aware of female genital mutilation (FGM) and Child sexual exploitation (CSE) and told us these subjects were covered in their safeguarding training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. There was a system in place for staff to be alerted if a child or young person were subjected to a child protection plan or at risk.

The service safeguarding policy states that if a child does not attend, they must not be discharged from the service for nonattendance. The service must report the nonattendance to the referring clinician and a note added onto the child's record.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Although the service had not made any safeguarding referrals, staff we spoke with knew how to make a referral. There was poster displayed in the scanning room office which had clear instructions how to make a referral and how to contact the safeguarding leads.

The service had an identified designated safeguarding lead and two deputies trained to safeguarding level four adults and children. All other staff were trained to adults safeguarding level two. We saw evidence all the staff had up to date children's and adults safeguarding level two training. All staff had access to InHealth level 4 trained support during operational hours.

There was a list of names, roles and contact details for internal and external staff to contact in relation to safeguarding and child protection issues for staff to use to seek advice and guidance.

Staff followed safe procedures for children visiting the service /department. The service worked on a one-to-one appointment basis. There was a secure swipe access-controlled door through to the MRI area which meant other people could not wander into the controlled area of the MRI scanner.

Cleanliness, infection control and hygiene

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

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

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Daily cleaning logs were completed and demonstrated that all areas were cleaned regularly. We reviewed the internal cleaning audits and the service had achieved 5-star rating.

We reviewed the last three months of hand hygiene audits and the service had achieved 100%.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Diagnostic and screening services

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff were observed cleaning the magnetic resonance imaging coils and the scan bed in-between patients. Disposable paper roll was used on the scan bed for patients to lie on which was changed between patients.

We observed radiographers cleaning down the patient slide, which had been used to transfer patients from the trolley to the magnetic resonance imaging scan bed. Appropriate personal protective equipment including gloves and an apron were worn.

One of the radiographers is currently completing further infection prevention and control (IPC) training and will take on the responsibility of IPC practitioner role for the clinic. The training commenced in May 2022 and the final session is confirmed at the end of September 2022.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. Staff give patients the call bells when inside the scanner so staff could respond quickly if called. We saw patients pressing the call bells during the scan and staff responded timely and appropriately.

The design of the environment followed national guidance. The clinic consisted of a staffed reception area and waiting area which was wheelchair accessible.

The service had suitable premises and equipment.

Entry to the scanning area was secure. There was swipe access with a key fob for staff.

The service had clear safety MRI signage displayed on the door from the reception area to the scanning room and on the scanning room door.

In the magnetic resonance imaging area, there was a scanning room and control room for reporting which had a window allowing staff to see into the scanning room and observe patients.

Staff carried out daily safety checks of specialist equipment. We saw evidence that daily assurance checks were carried out.

Annual servicing of electrical equipment was in place. Servicing and electrical certificates was provided by an external company.

The service had suitable facilities to meet the needs of patients' families.

There was a changing room available where patients were able to change into a patient gown for their scan.

The service had a unisex accessible toilet which was wheelchair accessible and child friendly.

Diagnostic and screening services

The service had enough suitable equipment to help them to safely care for patients.

MRI local safety rules were in place and reflected best practise. There was signage in place which detailed the magnet strength and safety rules. The MRI scanner was fitted with emergency buttons which stopped scanning and switched off power to the magnet.

The service used equipment supplied by the manufacturer which was classed as magnetic resonance (MR) safe (a piece of equipment that has no known hazards in all MRI environments). Additional equipment that was not supplied by the manufacturer and used within the MRI environment was risk assessed and labelled as MR safe, MR conditional or MR unsafe in line with medicines and healthcare products regulatory agency (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2015).

The service had access to resuscitation equipment via a resuscitation trolley located in the nearby radiology department provided by the host hospital. This was reflected in the resuscitation policy and standard operating procedure (SOP) for both parties. The service did not complete their own daily checks on the resuscitation equipment. The service agreed to look at this and to act.

Staff disposed of clinical waste safely.

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 responded promptly to any sudden deterioration in a patient's health. Staff were all trained in basic life support (BLS). Staff knew to commence Cardiopulmonary Resuscitation (CPR) until the crash team or crew attended. Staff knew what action to be taken in the event of a medical emergency of a child or adult. This included the summoning of assistance and onward management of a patient to an acute setting.

The superintendent radiographer had recently delivered simulation medical training with the team to ensure staff were able to respond effectively in the event of medical emergency. This was in line with the service's resuscitation policy.

The crash trolley was checked and maintained by the host hospital. There was a SOP (Standard Operating Procedure) in place.

Staff completed risk assessments for each patient on admission/arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service used The Society of Radiographers "Pause and Check" system. Pause and Check consisted of the three-point demographic checks to correctly identify the patient, as well as checking with the patient the site to be imaged, the existence of previous imaging and for the operator to ensure the correct imaging modality was used. We observed staff checking to make sure that the patient was the right person having the right scan at the right time by staff asking their full name, address and date of birth in line with the patient identification policy.

All patients undergoing an MRI scan completed an MRI safety questionnaire before scanning took place. We observed staff reviewing the form after completion and verbally checking questions again with the patient as an additional safety check. Questions included asking whether the patient had a pacemaker, if they were pregnant or if they had shrapnel injuries.

Diagnostic and screening services

All patients referred for a contrast MRI scan had kidney function blood tests prior to scanning to reduce the risk of contrast-induced nephropathy. This was in keeping with the National Institute of Care and Excellence (NICE) acute kidney injury guidelines and the Royal College of Radiologists (RCoR) standards for intravascular contrast agent administration.

The service had a policy and processes in place to escalate unexpected or significant findings. This included contacting the radiologist reporting on the images and flagging the scan as for urgent review. In addition, there was an emergency transfer policy in place for patient requiring immediate assessment and interventions and, in this eventuality, images would be loaded on to the Patient Archive Communication System (PACS) immediately so that the images could be quickly reviewed.

Staffing

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

The service had enough radiographers to keep people safe.

The service worked hard to retain staff and made sure that staff had the right qualifications, skills, training and experience. The service had an overseas recruitment process for fully trained MRI radiographers and an apprenticeship scheme for UK based candidates to train as an MRI radiographer over 3 years.

Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

Staffing consisted of a superintendent radiographer, senior radiographers and MRI radiographers. Staff told us there were two radiographers on shift each day. We reviewed last month's rotas which confirmed staffing. Staff covered shifts from 8am to 8pm Monday, Thursday, and Friday. On occasions there was some extended days working based upon projected demand.

All staff received a full induction including bank staff and locums.

Medical staffing

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

The service had enough medical staff to keep patients safe. Ten radiologists held practising privileges and reported private patients. The service used inhouse radiologists based at another location to review scans and prepare reports for MRI Gastrointestinal (GI), Cardiac, Breast and Arthrograms. All Musculoskeletal scans (MSK) were reviewed and reported by the trust radiologists at the host site. The service accessed an external reporting company for urgent reports between 5pm to 8pm if a trust radiologist was not available.

The service told us that radiographers could contact a radiologist at other sites for advice during opening hours.

Diagnostic and screening services

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.

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

Records were stored securely. All records were electronic, and access was password protected. We reviewed four electronic records and found them all to be clear, included all relevant information and signed appropriately by the referrer.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Patient group directions (PGD) were in place for staff administering contrast media.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. The service did not hold patient medication and advised patients not to bring medication to the clinic unless they needed to take the medication whilst they were there.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. The PGD items were appropriately stored in a locked cupboard. There was evidence the stock was checked weekly.

Staff learned from safety alerts and incidents to improve practice.

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. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Staff completed duty of candour training as part of induction. Staff had no incidences where duty of candour had to be applied.

Diagnostic and screening services

Staff received feedback from investigation of incidents, both internal and external to the service.

The service had an adverse event and incident reporting system. Staff were trained to report all near misses, adverse events and non-conformances promptly. These were reviewed weekly at the clinical governance CLIC (compliments, litigation, incidents and complaints) meeting. Investigation and actions to address the adverse event were recorded. The clinical governance team analysed the data and identified themes and shared learning to prevent recurrence both at location and organisational level.

Staff met to discuss the feedback and look at improvements to patient care. Staff could give examples of lessons or changes to practice as a result of an incident. The unit manager was responsible for investigating all incidents and told us learning from incidents was shared via a monthly risk bulletin.

Are Diagnostic and screening services effective?

Inspected but not rated 

We do not rate effective in diagnostic and screening services.

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 protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had a clinical quality team which monitored evidence-based practice in line with the Royal College of Radiographers (RCR) and National Institute for Health and Care Excellence (NICE) and shared any changes to best practise.

All policies were up to date and version controlled with changes to ensure staff were delivering high quality care according to best practise and national guidance.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff had completed mental health and deprivation of liberty training and had an underpinning knowledge of capacity legislation and consent. The service had a mental capacity and liberty protection safeguards lead which staff knew how to contact for advice.

Nutrition and hydration

Staff offered water and hot drinks to patients after their scan. Patients had access to a water dispenser located in the reception area.

Due to the nature of the service nutrition was not provided.

Pain relief

Diagnostic and screening services

Pain relief was not administered within the service.

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 had been accredited under relevant clinical accreditation schemes.

The service participated in relevant national clinical audits. The service was participating in a clinical study to help understand lung mesothelioma with the use of contrast MRI modality.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service carried out a comprehensive program of audits including hand hygiene, medicine management and patient identification. These ranged between monthly and quarterly audits. Any area of audits that fell below the expected target were subject to an action plan and monitoring. Staff we spoke with understood what audits where been carried out and where to get information relating to them.

Managers used information from the audits to improve care and treatment. Information about the outcomes of people's care and treatment was routinely collected and monitored. These included patients recalled for scans, image quality and numbers of patients who do not attend.

Managers shared and made sure staff understood information from the audits. The superintendent radiographer worked clinically with all members of the team and fed back information during one to one supervision, emails and team meetings.

The service was accredited by (give the scheme name). The provider has received the Quality Standard for Imaging (QSI) accreditation. This is a collaboration between The Royal College of Radiologists (RCR) and the College of Radiographers (CoR) setting a national quality criterion and a framework to provide consistently high-quality services by competent staff.

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 radiographers were registered with the Health and Care Professional Council (HCPC) and were required to complete continuous practice development to meet their professional body requirements. Staff were required to renew their membership every two years and we saw that all radiographers had successfully renewed their membership.

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

Managers gave all new staff a full induction tailored to their role when they started work. All staff completed a full induction on commencement of employment. Induction included policies and procedures, knowledge based and observational MRI competencies to be completed and signed off.

Diagnostic and screening services

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisals were completed in January and were reviewed in June and December. At the time of our inspection in July, 100% of staff had an in-date appraisal carried out within the last twelve months.

The clinical educators supported the learning and development needs of staff. The service had an MRI Clinical lead that supported the development of MRI specific training for staff.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Quarterly team briefs took place within the service. During the pandemic face to face meetings stopped and teleconferencing meetings commenced. Minutes of the meetings were shared with staff via email to ensure staff that could not attend could be kept informed with information and any changes.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff that we spoke with told us that management were very supportive of progression and training opportunities. Staff were supported to work towards promotion of more senior roles. This was identified in their one to one supervision and appraisals.

Managers identified poor staff performance promptly and supported staff to improve. The service operated a performance improvement plan for staff with areas requiring formal support.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Host site staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The service held joint multidisciplinary meeting with staff from the host NHS trust each week. This allowed staff to discuss waiting time targets and ensure patients were appointed and reported in a timely manner.

The service took part in cancer escalation multidisciplinary teams' meetings within the host organisation and daily spreadsheets were shared between services to co-ordinate the timely care and treatment of patients with cancer. This was in line with NHS England and NHS Improvement Streamlining Multi-Disciplinary Team Meeting meetings document and The Royal College of Radiographers Cancer multidisciplinary team meetings standards and meant that cancer patients or those waiting for a diagnosis were supported in decision making about their care and treatment.

Seven-day services

Key services were available to support timely patient care.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests.

The service operated three days per week Monday, Thursday, and a Friday 8am to 8pm. However, they had increased the days to help with demand across the other sites when staffing allowed them too.

Diagnostic and screening services

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. The service had relevant aftercare leaflets and advice for patients to know what to expect after having contrast including who to contact for help if needed. This meant patients were reassured and knew how and when to seek further support.

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 or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service followed policy and procedures when a patient could not give consent. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Staff were aware of the requirements relating to mental capacity and consent specifically for patients that did not have the capacity to consent and the process for seeking advice in relation to this.

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. The policy also referenced how staff should seek consent from young people under the age of 18 years of age. Patients attending as outpatients were sent an information leaflet explaining the MRI procedure including what they needed to do prior to the appointment, when they arrived, the examination and results.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. A proxy consent form was in place for patients unable to consent to treatment from the referring clinician. This was recorded as a best interest decision.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records. We reviewed five patients' files consent was obtained and recorded correctly.

Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty safeguards. Staff that we spoke with demonstrated a good understanding of Mental Capacity Act and Deprivation of Liberty Safeguards and could access the relevant policies.

Diagnostic and screening services

Good 

Are Diagnostic and screening services caring?

Good 

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.

We observed all members of the team introducing themselves to the patient and told them who would be looking after them during the scan.

We observed staff interacting with patients. Staff took care of patients and ensured patients were comfortable. We observed comfort aids, foam pads, eye masks and ear plugs been offered and used prior to the scan.

Staff asked patients if they required a chaperone. We saw chaperone posters stating the clinic could provide another member of staff to be present during the magnetic resonance imaging scan.

Patients said staff treated them well and with kindness. We saw a radiographer taking their time to support a patient, who presented with challenging behaviour, to fully explain the procedure and give them time to ask questions. Staff encouraged the patient to be independent during transfers from trolley to bed. Staff were kind, polite and respectful throughout.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. The service had a range of information leaflets available in different formats and languages to support the diversity of patients.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff provided emotional support to patients to minimise their distress. During inspection radiographers were observed communicating with patients over the scanner intercom providing reassurance and providing updates as to how long the scan would take.

Diagnostic and screening services

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 we spoke with understood fully the needs of patients and why they had attended for a scan including the impact that person's care, treatment or condition would have on their wellbeing and on those close to them, both emotionally and socially.

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 made sure patients and those close to them understood their care and treatment. Staff fully explained the scan and how long the procedure would take. Self-funded patients were given all information and pricing before consenting to the scan.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service participated in the friends and family feedback survey. The most recent feedback that was collated showed a 99.5% response rate was positive.

Are Diagnostic and screening services responsive?

We rated it as good

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. Services were planned both inside and outside of office hours meaning that staff with various needs such as childcare and shift work could still access the service.

Managers ensured that patients who did not attend appointments were contacted. Managers monitored and took action to minimise missed appointments. Text messaging services were in place so that patients were reminded of their appointment time and what to bring. This was to reduce unnecessary trips, missed appointments and to support the timely assessment of patients.

When patients did not attend appointments, an email was sent to the referrer for action. If the patient subsequently contacted the service, or the referrer requested it, another appointment would be arranged as soon as possible.

Diagnostic and screening services

Facilities and premises were appropriate for the services being delivered. Cross site arrangements were in place with a nearby service to meet the need of those with difficulties in getting to the location. Accessible parking was available at the site which was also supported by transport links including a bus route. The car park, route to and inside the service were all wheelchair accessible.

The service had systems to help care for patients in need of additional support or specialist intervention. This included bariatric care and people with mobility issues needing support from specialist hoist equipment.

Meeting people's individual needs

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

The service was designed to meet the needs of patients with mental health, learning disabilities and dementia.

Staff wore name badges so that patients could clearly identify who they were talking to. Children were given colouring activity sheets and crayons to draw with and a certificate after their scan. Complex scanning of children such as those requiring contrast dye were seen at a separate location.

There was a young person's policy within the service which was in date and easily accessible to all staff members and we heard examples of the play specialist attached to the inpatient ward arranging orientation visits for children who were anxious or afraid.

The service providing a virtual link MRI tour cartoon version for all children and young people for information purposes.

Staff supported patients suffering from anxiety by providing the opportunity to visit the facility, enabling relatives and carers to accompany patients if necessary and providing them buzzers. This was in line with the National Institute for Health and Care Excellence quality standard 15 in relation to individualised care and meant that patients felt more in control of what was happening to them.

The service had information leaflets available to download in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff were able to arrange interpreters or signers when needed.

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.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Diagnostic and screening services

Did not attend rates (DNA) were monitored by the service. Between April 2022 and June 2022, DNA rate was 2.2 %. An automatic text message was sent to patients the day before their appointment. If a mobile phone number was not available to send a text message, then a member of the admin team telephoned the patient. A did not attend policy was in place and contained information relating to the referrer so that the patient was not lost in the system. An appointment was re-booked for patients when they were available.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

The service received a daily email from the host organisation showing any scans or reports which were outstanding. This allowed managers to monitor reporting dates and urgent scanning compliance. Flexibility had been built into the schedule of appointments so that urgent scanning requirements could be met.

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.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

The service displayed information about how to raise a concern in patient areas, there was a leaflet on how to make a complaint available at the reception desk.

The service had a complaints policy which was up to date.

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service operated a three-stage formal process for managing complaints; Stage one service level was an investigation; stage 2 was an internal director review and stage 3 external review directed by either Parliamentary Health Service Ombudsman for NHS funded patients or Independent Healthcare Sector Complaints Adjudication Service (ISCAS) for privately funded patients.

Managers shared feedback from complaints with staff and learning was used to improve the service. Where further learning had been identified as the result of a complaint, this was undertaken and recorded in accordance with Training Needs Analysis and personal development plans.

Diagnostic and screening services

Good 

Are Diagnostic and screening services well-led?

Good 

We rated it as good.

Leadership

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

The service had a well-defined leadership team.

The operations manager supervised the superintendent radiographer who had responsibility for radiographers and the administration manager who had responsibility for two patient administrators.

The management team were described by staff as approachable, open, and honest. The unit was described by staff we spoke with as, a lovely environment to work in.

Vision and Strategy

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

The service had a vision and a plan for how they would achieve it.

The service had four core values: Trust, Care, Passion and Fresh thinking and a company mission to 'Make Healthcare Better' the aim of which was to enable all employees to offer a fresh, innovative approach to the care delivered. All staff were introduced to these core values at induction, and these were linked to staff appraisals.

The service has a mission statement to make healthcare better, which would be achieved by working with hospitals and commissioners across the NHS and independent sector.

Culture

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

Staff told us they were proud to work for the service and the culture was open and positive.

Diagnostic and screening services

During the inspection staff told us they felt part of a team, and everyone supported each other. We observed good teamwork and support during the inspection.

The service had an Equality and Diversity mission to eliminate institutional racism and had developed a Workforce Race Equality Standard (WRES) summary action plan. This focused on increasing awareness and promoting an inclusive culture for all staff.

The service had implemented a menopause policy to support staff experiencing menopause symptoms.

The service had a duty of candour policy and training was provided at induction. Staff told us they felt they could raise any concerns without retribution.

The service had a freedom to speak up policy as well as five freedoms to speak up guardians if staff had any concerns.

Governance

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

There was service level agreement (SLA) between the service and the host NHS trust for the provision of MRI services.

The service had an effective clinical governance team that met monthly to discuss quality and ensure best practise. These meetings included standard agenda items and was cascaded to staff via team meetings and quarterly team briefs. Additional channels of feedback included staff newsletter, emails, staff intranet were all used to share information with staff. We reviewed the last three months clinical governance minutes which identified concerns, themes and what actions taken.

Quality monitoring was the responsibility of the location registered manager and was supported through the clinical quality team via the clinical governance framework and governance committee structure and led by the director of clinical quality.

This included the quarterly risk and governance committee, clinical quality sub-committee, medicines management group, water safety group, radiation protection group, radiology reporting group and the weekly Complaints Litigation, Incidents, and Compliments (CLIC) meeting for review of incidents and identification of shared learning.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

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

Diagnostic and screening services

We saw evidence that risks were assessed and recorded and where applicable recorded on the risk register and escalated to senior managers. Risks were reviewed monthly.

We saw evidence the local risk register was reviewed monthly and included an action plan to track progress on any current local issues or identified risks

Risk assessments were conducted regularly for all areas of the service and covered areas such as fire hazards, trip hazards, equipment safety and electrical safety.

The service had an MRI business continuity plan in place which detailed a clear and concise plan in the event of a business continuity failure for example plans for loss of power supply and Information technology (IT) systems.

Information Management

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

Staff had access to internal IT systems and the host National Health System (NHS) trust computer systems.

Staff could access policies and resources from the provider's intranet.

Electronic patient records were kept secure to prevent unauthorised access and could be accessed easily. Staff were able to locate and access records easily, this enabled them to carry out their day-to-day roles. Referrers could review information from scans remotely to give timely advice and interpreted results to determine appropriate patient care.

Records showed 100 % of staff had received data security awareness training.

Engagement

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

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

The service provided patients the opportunity to complete the patient survey and indicate their likelihood to recommend the service. There was also an opportunity to add free text comments on any positive or negative aspects. Comments including compliments and any learning opportunities were shared to encourage staff to continually improve the patients' experience.

We reviewed the last month's patient survey results and the service had achieved 100% satisfaction.

Learning, continuous improvement and innovation

Diagnostic and screening services

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

The service was committed to improving services and were installing a robotic system which automatically generated text messages and follow up letters to patients meaning that administration time could be focused in other areas.

The service had plans to extend the service by opening additional days from three to five days to cope with demand and assist with delivery of services.