North Tyneside MRI Centre

Quality Report

North Tyneside General Hospital
Rake Lane
North Shields
Tyne and Wear
NE29 8NH
Tel:0191 257 8739
Website:www.inhealthgroup.com

Date of inspection visit: 10 December 2018
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

InHealth was established over 25 years ago. The organisation was successful in winning contracts working collaboratively with NHS and private sector partners providing magnetic resonance imaging services.

Magnetic resonance imaging is a medical imaging technique used in radiology to form pictures of the anatomy and the physiological processes of the body in both health and disease. magnetic resonance imaging scanners use strong magnetic fields, magnetic field gradients, and radio waves to generate images of the organs in the body.

North Tyneside magnetic resonance imaging centre which is part of InHealth was based within the North Tyneside General Hospital, Rake Lane, North Shields, Tyne and Wear which is part of Northumbria Healthcare NHS Trust. The service is totally independent from the trust. The service was originally a mobile facility.

The static unit opened in February 2004, with North Tyneside being the first InHealth static magnetic resonance imaging unit within the Trust. The unit was an extension to the Trust Radiology department.

In December 2013, a scheduled replacement wide bore scanner was installed. The scanner brought an improvement in technology and enabled more patients to be scanned per hour compared to the capacity of the previous older GE model.

The wide bore of the replacement scanner resulted in patients with claustrophobia having a greater likelihood to complete their scans without the need for onward referral to a provider with an open scanner.

We inspected only the magnetic resonance imaging part of this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 10 December 2018.

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

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

During the inspection we spoke with five staff and three patients. We reviewed five sets of patients notes, three lack of consent forms, reviewed five staff files and one staff development evidence portfolio.

Services we rate

We rated the service as **Good** overall because;

- All staff mandatory and safeguarding training was up to date.
- All relevant magnetic resonance imaging equipment was labelled in line with Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations being labelled MR safe.
- The scanning room had appropriate warning signs displayed.
- In the event of unexpected urgent clinical finding there was a clear process to follow.
- There was a structured post graduate development programme.
- All magnetic resonance imaging staff had a current staff appraisal.
- There was positive patient feedback about the service.
- Staff demonstrated an understanding of the patients and patient dignity was maintained.

Summary of findings

- Patients were given choices around their appointment times which were discussed at the point of booking.
- Patients were provided with specific information if they were going to have a specialist magnetic resonance imaging scan.
- Referrals were prioritised by clinical urgency.
- The management team were described as approachable, open and honest.
- The service had a Clinical Governance Framework with links and representation on the local NHS trust meetings.
- Risks were assessed, recorded and where applicable recorded on the risk register and escalated to senior managers.

We found the following issue that the service provider needs to improve:

- Aseptic non-touch techniques were not strictly followed.
- Staff could use their discretion to use family members to translate information between patients and staff.

Following this inspection, we told the provider that it should take two actions to comply with the regulations, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North East and Cumbria)

Overall summary

The North Tyneside magnetic resonance imaging service was provided by a private company called InHealth. The unit was one of four magnetic resonance imaging centres within the local NHS trust where InHealth provided magnetic resonance imaging services. The North Tyneside magnetic resonance imaging centre was located within the North Tyneside General Hospital. There were clear signs for patients to follow from the main hospital entrance to the magnetic resonance imaging centre reception area, access could also be gained through a linked a corridor from the radiology department. The unit consisted of a reception area, an administration office, a radiologist reporting room, a unisex patient toilet and an operational manager's office. Along the corridor from the manager's office was a technical equipment room which was a restricted area.

From the reception area was a swipe key fob controlled door which led into the restricted area which comprised of a staff kitchen, disabled patient toilet, two patient changing cubicles, clinical area, the scanner room and control room.

InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS).

Staff on full time contracts included, an operations manager, superintendent magnetic resonance imaging radiographer, two senior magnetic resonance imaging radiographers, two magnetic resonance imaging radiographers, a trainee magnetic resonance imaging radiographer, a trainee (post graduate) magnetic resonance imaging radiographer and an administration services manager.

There were three 1.83 whole time equivalent (WTE) patient administrators on part time contracts. One additional senior radiographer and patient administrator were on zero hours contracts.

Magnetic resonance imaging diagnostic services were provided for the local NHS trust, Northumbria CCG patients and private referral patients. The service was open seven days a week, Monday to Sunday except for Christmas Day, Boxing Day and New Year's Day.

The service was accredited by the following national bodies;

Summary of findings

- ISO 9001:2015 which specified requirements for a quality management system when an organisation needed to demonstrate its ability to consistently provide products and services that met customer and applicable statutory and regulatory requirements,
- ISO/IEC 27001:2013 specified the requirements for establishing, implementing, maintaining and continually improving an information security management system within the context of the organisation,
- Improving Quality in Physiological Services is a professionally led accreditation scheme with the aim of improving services, care and safety for patients undergoing physiological tests, examinations and procedures.
- United Kingdom Accreditation Service accreditation for Improving Quality in Physiological Services offered the benefits of sharing best practice and the opportunity to enhance efficiency with evidence for local leverage.

Accreditation also brings national recognition to the service with a badge of quality and Investors in People which was a standard for people management, offering accreditation to organisations that adhered to the Investors in People standard.

The service was registered to provide the following regulated activities:

- Diagnostic and screening procedures.

Activity (November 2017 to November 2018)

- In the reporting period November 2017 to October 2018 the service carried out 7336 magnetic resonance imaging scans, 6789 were NHS patients and 11517 different areas were scanned, 243 were other NHS patients which were patients referred by a general practitioner or clinical commissioning group and those referred for medicolegal examinations, and 296 areas were scanned, 264 were private patients and 404 different areas were scanned and 40 were other patients where 41 areas were scanned.
- 246 of patients scanned were children aged under 19 years during the reporting period
- Track record on safety
- No Never events
- No clinical incidents, no incidents with harm, one with low harm, none with moderate harm, none with severe harm and no deaths.
- There were no reports of serious injuries
- No incidents reportable under the Ionising Radiation (Medical Exposure) Regulations.

- No complaints were recorded.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	We rated the service as **Good** overall because; • The scanning room had appropriate warning signs displayed. • In the event of unexpected urgent clinical finding there was a clear process to follow. • There was a structured post graduate development programme • All the magnetic resonance imaging staff had a current staff appraisal. • There was positive patient feedback. • Staff demonstrated an understanding of the patients and the dignity of patients was maintained. • Patients were given choices around their appointment times which were discussed at the point of booking. • Patients were provided with specific information if they were going to have a specialist magnetic resonance imaging scan. • Referrals were prioritised by clinical urgency. • The management team were described as approachable, open and honest. • The service had a clinical governance framework with links and representation on the local NHS trust meetings. • Risks were assessed, recorded and where applicable recorded on the risk register and escalated to senior managers. We found the following issue that the service provider needs to improve: • Aseptic non- touch techniques were not strictly followed. • The service should reconsider their policy of allowing staff discretion to use family members for patients where English is no their first language to interpret information between staff and patients.

Summary of findings

Contents

Good

Services we looked at Diagnostic imaging

Summary of this inspection

Background to North Tyneside MRI Centre

North Tyneside magnetic resonance imaging centre which is part of InHealth was based within a host NHS trust based at North Tyneside. The service is totally independent from the trust.

The service was registered to provide the following regulated activities:

- Diagnostic and screening procedures.

The last inspection by CQC was in August 2013 when the service met all the standards inspected against at that time.

The registered manager has been in post since June 2014.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, assistant inspector and a specialist advisor with expertise in radiography. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about North Tyneside MRI Centre

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Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **Good** because:

- All staff mandatory and safeguarding training was up to date.
- All areas of the clinic appeared visibly clean and well looked after.
- There were regular cleaning and hand hygiene audits conducted.
- All relevant magnetic resonance imaging equipment was labelled in line with Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations being labelled MR safe.
- The scanning room had appropriate warning signs displayed.

However, we did find the following example where the service could improve;

- Aseptic non- touch techniques were not strictly followed.

Are services effective?

The effective domain was not rated. However, we did find the following areas of good practice;

- The service used an independent external company to conduct monthly assessments of the quality of reports generated by the unit.
- In the event of unexpected urgent clinical finding there was a clear process to follow.
- There was a structured post graduate development programme
- All the magnetic resonance imaging staff had a current staff appraisal
- The magnetic resonance imaging service was available every day including weekends from 8am to 8pm Monday to Friday with extended working hours if required.
- Staff were aware of the requirements relating to mental capacity and consent

Are services caring?

Good

We rated caring as **Good** because:

- There was positive patient feedback.
- Staff demonstrated an understanding of the patients.
- The dignity of patients was maintained while they were undergoing a magnetic resonance imaging scan.

Summary of this inspection

- Radiographers were observed communicating with patients over the scanner intercom providing reassurance.

Are services responsive?

Good

We rated responsive as **Good** because:

- The availability of the service was designed around managing the demand and patient profile of those using the service.
- The service provided a wide range of magnetic resonance imaging examinations
- The environment was appropriate and patient centred.
- Patients were given choices around their appointment times which were discussed at the point of booking.
- Patients were provided with specific information if they were going to have a specialist scan.
- Referrals were prioritised by clinical urgency.

However;

- The service should consider reviewing their policy of allowing staff discretion to use family members to translate information between staff and patients.

Are services well-led?

Good

We rated well-led as **Good** because:

- The management team were described as approachable, open and honest.
- Good team work and support was observed during the inspection.
- The service had a clinical governance framework with links and representation on the local NHS trust meetings.
- Risks were assessed and recorded and where applicable recorded on the risk register and escalated to senior managers.
- The service held regular health and safety meeting meetings.
- The registered manager held quarterly contract review meetings with the trust and North-East Commissioning Services Unit teams.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We rated safe as good.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff mandatory training was provided initially through InHealth headquarters during staff induction and then through on-line courses.
- The overall training records were held by the company human resources department and were recorded on a computer database.
- Individual staff held their own personal files which included their mandatory training course attendance.
- When a mandatory training course was required or due a refresher the member of staff and their supervisor would be sent and an email reminder.
- Mandatory training was discussed as part of the staff appraisal system.
- During the inspection there was evidence in all the staff files there was 100% mandatory training compliance.

Safeguarding

- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Safeguarding formed part of induction and mandatory training focussing on preventing people suffering from all forms of abuse and avoidable harm within the service in accordance with intercollegiate guidelines. The weekly local NHS trust safeguarding meeting and biannual safeguarding board monitored InHealth compliance with safeguarding policies, raising concerns processes and identifying themes and setting improvement goals.
- The service had an identified safeguarding lead and deputy trained to safeguarding level four adults and children. Local managers were trained to safeguarding level three children and level two adults. 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 24/7.
- 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.
- The date of the safeguarding course and attendance was recorded on a computer database managed by the company human resources department
- 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 a safeguarding children, young people and adult's policy in line with intercollegiate guidance.
- The policy outlined the principles of prevention of harm and abuse. The policy covered definitions of risk, the prevent strategy and staff roles and responsibilities.

Good

Diagnostic imaging

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- There was evidence of regular infection prevention and control audits being completed including cleaning schedules for the premises and equipment as well as hand hygiene audits.
- During inspection all areas of the clinic appeared visibly clean and well looked after. There were bottles of alcohol hand gel situated around the clinic for staff and patients to use.
- Staff worked bare below elbows and were observed cleaning their hands with alcohol gel after patient interactions.
- There were gloves and universal wipes and hand wash available for staff to use.
- 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.
- Staff told us if they had been made aware through the referral process a patient was infectious they would be scanned at the end of the appointment list and the room and equipment would be thoroughly cleaned down afterwards.
- Staff were observed washing their hands after patient contact. Staff were observed wearing gloves and the glove dispenser was found to be full.
- There was a hands-free sink in the injection cubicle area for staff to use.
- A radiographer was observed cleaning down the patient slide, which had been used to transfer patients from the trolley to the magnetic resonance imaging scan bed, and the scan bed. Appropriate personal protective equipment including gloves and an apron were worn.
- In the cannulation room there was personal protective equipment including gloves and aprons.
- During inspection we observed a cannulation injection. The radiographer washed their hands before putting on gloves and an apron. Consumables were placed next to the patient but not in a receptacle such as a kidney dish which could be cleaned.
- During the cannulation process the injection site was observed being cleaned with a sterile wipe, however aseptic non- touch techniques were not strictly followed, we observed in that the sterile area was touched with a non-sterile glove prior to the cannula insertion.
- When managers were informed of this they took immediate action by speaking to the member of staff concerned, sending an e mail reminder all to all staff working in the InHealth magnetic resonance imaging clinics in the Northumbria Healthcare NHS Trust reminding them of the correct procedures, ordered additional supplies of sterile gloves and increased the staff cannulation audits from yearly to twice a year.
- Staff were observed removing a cannula which had been in the incorrect position to administer a saline flush. They then inserted a new one. The first cannula was placed in the sharps bin which was sited on a bench top. The bin should be wall mounted to prevent it being knocked over and the contents spill out.
- The service used a professional deep cleaning company to perform scheduled deep clean of the clinical areas. The deep cleaning contract does include the magnetic imaging scanning room. The senior radiographer explained because of safety concerns, trust domestic staff were not allowed in the scanning room and magnetic resonance imaging staff performed daily cleaning of that area and equipment within it.
- During inspection we saw evidence the cleaning company after each time they had cleaned the clinic left the operations manager a decontamination certificate which outlined which areas had been cleaned and any actions taken to resolve cleanliness issues.
- We saw evidence of daily cleaning records completed at the end of each working day which showed the scanning room floor and equipment within it were cleaned daily.

- The injection room appeared clean and tidy. There was a sink in it for staff to wash their hands
- The waiting areas appeared to be clean, tidy, clean and clutter free. The waiting room chairs were wipeable.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- The clinic consisted of a staffed reception desk and waiting area. This was wheelchair accessible. There was comfortable seating with tea and coffee making facilities available, a water dispenser, magazines and a television mounted on the wall.
- There was a small table with two small chairs for child patients or those attending the clinic with adults.
- Behind the reception desk there was an administrative / management office which was used by staff. There were posters including governance posters and information displayed on the walls for staff to read.
- Entry to the scanning area was secure. There was swipe access with a key fob for staff.
- Appropriate safety information was 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 staff area for reporting which had a window allowing staff to see into the scanning room.
- There were two changing rooms available should a patient need to change into a surgical gown and personal lockers for patients to use. There was a poster displayed reminding patients to about their valuables. There was a poster displayed informing patients to place the hospital gown in the blue bin after use which was in the corner of the changing room.
- There was various patient information displayed in the changing area including posters which explained the timescales for reporting the scan results and what to do if no follow up appointment had been made.
- There was a unisex accessible toilet which patients in wheelchairs could use.
- There was a room used for injections which was had storage for equipment, consumables and the emergency resuscitation pack. There was a poster on the cupboard above the drug box with instructions on how to administer adults with Adrenaline and Amiodarone.
- On other cupboard doors there were posters with protocols and flow charts for; needlestick injuries to non-trust healthcare staff or members of public, needlestick injuries to trust staff, a poster for the safe handling of sharps, a poster outlining the management of needlestick and contamination injuries.
- There was a drugs box, sharps box and glass bin all correctly labelled.
- Seven different consumable items were checked and all were found to be in date.
- There was an emergency stop button in the control room which overlooked the scan room which if pressed stopped the scan.
- The scanner had an emergency buzzer for the patients to use to contact staff if they were experiencing any difficulties while being scanned.
- We saw evidence of building evacuation plans. Evacuation routes were kept clear. All staff undertook fire safety training. There were an appropriate number of fire wardens available at the site. All fire exits were clearly marked and fire alarms are regularly checked.
- Health and safety equipment was maintained and easily accessible. Staff were aware of the types and location of equipment for example, first aid kits and fire extinguishers.
- Warning signs highlighting hazards were used where necessary.
- We saw suction was available in the injection room and a portable observation monitor was kept there. Both we clearly labelled as scanner unsafe so staff knew not to take them into the scanning room.
- There was evidence of monthly equipment safety audits being carried out to check the equipment was

in working order and not due a service or replacement. The oxygen cylinders were subject to weekly audits to check they were full or were empty and required refilling.

- During inspection we saw the phantoms were used daily in the quality assurance process before any scans were carried out and were stored in a locked cupboard. Imaging , or simply , is a specially designed object that is scanned or imaged in the field of medical imaging to evaluate, analyse, and tune the performance of various imaging devices including magnetic resonance imaging scanners.
- If any issues with the scanner were identified advice could be obtained from the company who installed the scanner. Medical physics support was also available from a separate contractor.
- There was a service contract which included repairs for the scanner through General Electric. The scanner was serviced every three months. We saw evidence the service records were held electronically and the last service had been carried out on 6 November 2018.
- There was evidence only magnetic resonance imaging compatible equipment was situated in the scan room. All relevant equipment was labelled in line with Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations being labelled MR Safe.
- There was comfortable seating with tea and coffee making facilities available in the reception area.
- If the patient was not mobile there was a non-metallic wheelchair to get the patient to the scanner. The patient scan bed had height adjusters which could be raised or lowered to allow the patient to get safely on to the scan bed.
- Patients who were being scanned were provided with ear defenders with disposable covers which were observed to be changed between patients. Disposable ear plugs to reduce the noise of the scanner were available if required.
- If a patient suffered a cardiac arrest or for any other reason the patient needed to be removed from the scan room quickly the magnetic resonance imaging scan bed could be detached from the scanner and used as a trolley to remove the patient. There was a crash trolley in the nearby radiology unit and a portable defibrillator in the clinical area of the MRI department. The equipment on the trolley was checked and seen to be in date.
- We saw evidence daily checks had been conducted on the crash trolley equipment.
- There were private changing cubicles for patients who needed to change into a gown prior to a scan.

Assessing and responding to patient risk

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- We saw evidence staff could obtain advice and support through InHealth's network of retained medical and subject advisors who were accessible through the clinical quality team.
- Staff told us if a patient deteriorated patient or collapsed all staff were all trained to perform basic lifesaving (BLS). They would act in accordance with their training until the host hospital resuscitation team arrived. The patient would be removed from the scanning room.
- Staff were trained in both adult and paediatric BLS.
- There was a standing operating procedure in place with the trust for the service to utilise a resident medical officer (RMO) and resuscitation team from the host NHS trust which were on site always when the hospital was open. In addition, between 9am-5pm consultant radiologists were present in the nearby host NHS trust reporting rooms for specialist advice. After 5pm a trust consultant from the host NHS trust was on duty 5pm-8pm for advice. In the event of a deteriorating patient, collapse or crash event, the crash team from the host NHS trust would be called immediately.
- The electronic referrals were reviewed on the orders list and were either vetted by a radiographer or radiologist depending upon if the patient was considered routine, complex or required contrast administration. Radiologists vetted all complex and contrast referrals.
- If patients had possible magnetic resonance imaging contraindications, any documentation as proof of

compatibility was scanned into the trust patient record system as evidence of risk assessment and decision making safety. We saw evidence documents supporting decision making about potential magnetic resonance imaging contraindications were retained electronically on the InHealth computer system.

- We observed a safety check of a patient who had potential contraindication. The radiographer obtained the recent blood results which showed a contraindicating factor. This was discussed with a radiologist in the trust who decided the contrast was contraindicated and the scan was carried out without it.
- Patients with certain risk factors could require a blood test to check kidney function prior to contrast administration. There was a requirement the tests were carried out within three months of the scan. During inspection we saw documentary evidence of this process. Staff told us if the patient was aged more than 65 the radiographers would always ask for a kidney function test test prior to a scan if contrast was going to be used.
- The magnetic resonance imaging contrast safety form was sent out with the patient appointment forms for the patient to complete, sign and discuss with the radiographer when they attend for their appointment.
- Staff told us pregnant patients were rarely scanned and usually in an emergency under the direction of a consultant after obtaining the appropriate consent, completion of the safety questionnaire and discussion of the risks involved.
- During inspection we observed a patient being transferred from the scanner bed on to a trolley using four members of staff using appropriate moving and handling techniques.
- In the event of a medical emergency the hospital radiology crash trolley and resuscitation equipment could be brought in by the team.
- A defibrillator and grab bag with resuscitation equipment was available in the unit. Oxygen medical gas, if required, was piped into clinical restricted areas and an oxygen cylinder was stored in the reception area. Portable suction equipment was available in the unit if needed.
- The medical team could assess and treat the patient in accordance with the local NHS trust resuscitation policy. Depending upon the outcome of the assessment, the patient may have been deemed fit to continue, be rescheduled for another day, or transferred to the local emergency care hospital by ambulance.
- An incident report would be completed for all incidents and near misses in the unit. We saw evidence there was a process to record the outcome of any collapse of a patient while undergoing a scan which would be followed up by the most senior member of staff on duty.
- If at any time during the scan the radiographers deemed the patient required urgent medical attention the radiologist would be contacted to review the images as soon as possible. The patient would be advised to wait in the unit pending the radiologist review as there was a possibility they could need to attend accident and emergency.
- Following the scan all images were sent to the relevant picture archiving and communication system systems to ensure that they were available to the applicable clinical teams.
- In the 12 months prior to this inspection one patient had required to be transferred from the clinic to another health care provider before the scan had commenced.
- During inspection we saw evidence of a cardiac arrest scenario exercise which was carried out at North Tyneside MRI centre in October 2018. Two issues were identified after the exercise which were; the scanner table needed to be adjusted down for the second radiographer when he took over performing the second set of chest compressions and staff were reminded of the need to close the scanner door and pull the tensor band across to restrict access to the area in the event of crash team being present. A copy of the scenario was shared with the team by email as a reminder of correct actions to follow during resuscitation event.
- During inspection we reviewed 50 clinical risk assessments all were in date and the information was current.

Good

Diagnostic imaging

- The service had a resuscitation policy dated July 2018 due for review July 2019. The policy was designed to ensure staff were equipped and trained to offer the appropriate level of resuscitation support where this was required.
- Once staff had read and understood the policy and associated standard operating procedure they were expected to know; the roles, responsibilities and accountability for resuscitation equipment and training, the minimum level of equipment that should be available, training that should be attained and to maintain standards of practice.
- The purpose of the policy was to set out the arrangements for managing the risks associated with, and the systems in place to support, effective resuscitation provision for InHealth service users.
- The policy outlined the use of defibrillation, when appropriate, using an automated external defibrillator (AED) and the emergency call to "999" for a paramedic ambulance procedure.
- The service had a local rules guidance document dated November 2017 due for review November 2020.
- We saw evidence all staff had received basic life support training which was up to date.
- The resuscitation policy was reviewed during inspection and was found to be in date.

Staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The staffing consisted of a superintendent radiographer, two senior radiographers, two radiographers, a trainee radiographer, a trainee (Post Graduate) radiographer all of who were employed by InHealth on full time contracts.
- Staff told us there were normally two radiographers on shift each day. On some days the graduate trainee would also work with them.
- Staff covered 8am to 8pm Monday to Sunday. They were contracted to work 36 hours per week on 12-hour shifts which meant they were in work three days a week.On occasions there was some extended hours working based upon projected demand.
- The service used a staffing coordinator based at Cramlington who reviewed staff across all the magnetic resonance imaging sites in the trust.
- The staffing coordinator identified staff with specific skills, training and qualifications to carry out specialist scans. They would be identified and allocated to the specialist magnetic resonance imaging clinics.

Medical staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service used radiologists based within the local NHS trust to review scan results and prepare reports if the patient had been referred from within the trust.
- The service used a centralised InHealth outsourced group of radiologists to review scan results and prepare reports if the patient had been a private patient or paid independently for a scan.
- There were no staff vacancies at the time of the inspection.
- The service did not use bank staff.
- During inspection we reviewed the lone working policy due for review August 2019. Staff we spoke with told us they do work alone with someone in reception when working extended days.

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Magnetic resonance imaging referrals arrived at the unit in various ways which were; electronically through the trust referral system, as paper-based referrals usually posted or faxed from GP surgeries, or by email via the InHealth patient referral centre (PRC).

Good

Diagnostic imaging

- The local NHS trust patients and some GP surgeries were referred via the Trust ICE system which linked to the trust CRIS system.
- Once vetted and protocolled the referrals were added onto the electronic patient record and appointment letters generated. Documentation related to the patient's scan was included in the appointment letter pack along with patient information leaflets, patient safety questionnaire, any scan related instructions, for example, pre-appointment blood tests required or fasting instructions.
- Paper based referrals were vetted in the same way as electronic referrals and once vetted the referral documents were scanned onto the electronic patient record and appointment packs posted out.
- We saw evidence a safety checklist was sent to the patient with the appointment letter. There was a prompt on the appointment letter to telephone the department if any of the safety questionnaire letters had a yes answer.
- There was a patient declaration at the bottom of the safety questionnaire stating the patient was consenting to the magnetic resonance imaging scan.
- When a patient arrived for a scan a radiographer was observed to through the safety questionnaire confirming the answers and the consent before it was signed by the patient and radiographer. This information was scanned on to the trust and InHealth patient recording systems.
- Radiographers were observed updating records of patients scanned during the day of the inspection.
- InHealth private patient's forms were scanned into the electronic patient record InHealth IRIS system and depending upon the type of referral were vetted electronically by radiographers.
- Once patients were scanned and images reported, the reports were available on the electronic patient record systems. Printed copies of reports were sent to the referring clinician, Trust, GP or external referring source.
- Once paper records were scanned on to the electronic recording systems they were placed in a confidential waste bin which was collected weekly by a specialist company for destruction.
- During inspection we reviewed three patient lack of capacity screening forms. All were completed correctly and contained proxy consent.

Medicines

- Controlled drugs were not stored or administered as part of the services provided.
- The safe and secure management of medicines was overseen by the InHealth multidisciplinary 'Medicines Management Group' which met on a quarterly basis. Organisational pharmacist support and guidance was provided by InHealth's retained pharmacy advisor.
- We reviewed the intravenous contrast storage. All the stock was kept in a locked cupboard in the injection room where patients were cannulated. The stock was found to be in date. We observed during patient cannulation that two radiographers checked the saline was in date before drawing it up to flush the cannula.
- We also observed two radiographers checking the batch number and expiry date of the medicine before it was administered.
- Patient group directions (PGDs) were in place for all Gadolinium based contrast agents. PGDs are also in place for intravenous (IV) injections, Saline and administration of oxygen.
- The date of issue for the PGD administration of Gadolinium was reviewed the date of issue was March 2018 and due for review September 2019. There was a list of staff who had signed to confirm they were able to administer contrast under PGDs.
- Consultant radiologists injected contrast into the joints of patients in the X-ray department. There were separate safety forms for this. The patients were transported by wheel chair from the X-ray department to the magnetic resonance imaging scan room.
- Any drug related incidents were reported on a computer recording system and to the Medicines and Healthcare Products Regulatory Agency (MHRA).

- There had been two patient contrast reactions both recorded as incidents and reported to MHRA.
- The PGD items were appropriately stored in a locked cupboard. There was evidence the stock was checked weekly.
- The service did not hold patient medication and advised patients not to bring medication to the clinic unless they need to take the medication whilst they were there.

Incidents

- The service managed patient safety incidents well. Staff recognised incidents 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.
- The service had a root cause analysis process for investigating incidents. We saw evidence from an investigation dated November 2017 that the correct process had been followed.
- 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.
- Between November 2017 and November 2018, the service had not reported any never events, there were no clinical incidents, no incidents with harm, one reported with low harm, none with moderate harm, none with severe harm and no deaths.
- A never event is defined as a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented by healthcare providers.
- There was no duty of candour notifications made between 2 November 2017 and 1 November 2018.
- The professional duty of candour placed a responsibility on providers of healthcare services to be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology.
- There was a process whereby all incidents and complaints reported via the organisations electronic risk management system 'Sentinel' would be reviewed on a weekly basis within the 'Complaints, Litigation, Incidents and Compliments group by a team of governance and operational managers.
- Incidents involving patient or service user harm would be assessed against the 'notifiable safety incident 'criteria as defined within regulation 20 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Incidents meeting this threshold would be managed under the organisations 'adverse events (incident) reporting and management policy' and 'Duty of Candour, procedure for the notification of a notifiable safety incident' standard operating procedure.
- Decisions relating to organisational disclosures made both under the statutory duty of candour framework and in the wider spirit of openness and transparency if made would be recorded within the corresponding incident or complaint record and held within the electronic risk management system.
- Guidance was available in the organisations 'adverse events (incidents) reporting and management policy' and 'duty of candour', procedure for the notification of a notifiable safety incident' standard operating procedure.
- Staff were aware of the importance of reporting near misses and incidents as a process to raise awareness of lessons learnt within the team as well as to identify any training needs which were required.
- Staff were actively encouraged to report incidents and near misses on the InHealth incident management .
- The operational manager attended the trust risk meetings as scheduled and shared incidents with the trust governance team and at trust governance meetings.

Good

Diagnostic imaging

Are diagnostic imaging services effective?

The effective domain was not rated.

Evidence-based care

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- We saw evidence in patient notes and through speaking with staff that patients had their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice. This was done though the referral procedure and safety questionnaire.
- National Institute for Health and Care Excellence guidance was followed for diagnostic imaging pathways as part of specific clinical conditions.
- The service was supported by the clinical lead who held subject matter expertise in magnetic resonance imaging and produced evidence-based, best practice guidance in collaboration with the MR safety expert.
- The guidance covered magnetic resonance imaging protocols, all aspects of magnetic resonance imaging safety and the establishment of the safety of implanted devices, management of claustrophobia and scan anxiety along with a suite of patient leaflets to meet the varying needs of patients including easy read, paediatric and large print.

Nutrition and hydration

- Staff gave patients enough to drink to meet their needs and improve their health.
- During inspection we saw evidence of staff offering patients hot and cold drinks before and after scans.
- Due to the short appointment times and type of service offered nutrition was not provided.

Patient outcomes

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- We saw an audit was completed monthly to assess quality of reports generated by an independent quality assurance company. Each month, 10% of InHealth private patients' reports and images were collected, anonymised and sent to the independent audit team. Audit processes were followed in line with the royal college of radiologists' guidance and reports are categorised from five (complete agreement) to one (serious error with potential for significant patient impact).
- An audit document was returned categorising each report to different levels of clinical agreement. Category one and two reporting errors noted at audit are automatically reported as incidents on Sentinel by the central InHealth clinical governance data analyst. This audit also made note of any issues regarding image quality issues, which were acted upon on site with the team of radiographers as part of the technical quality assurance processes. Discrepancies were reviewed and addendum comments added to reports if applicable.
- Staff told us if the patient was referred from the local NHS trust scan results would be emailed to a radiologist based in the trust. They would interpret the scan and prepare a report. The reports were verified between one day and two weeks depending upon the urgency of the report. The report would be sent to the referrer through the trust patients record system.
- If the referral had come from a GP staff told us it would normally take five days for the GP to receive the report through the post.
- If the referral had come from a GP to a clinical speciality, for example Urology, the report would be shared with the clinical speciality and the GP who referred patient.
- If the patient was a private referral or self-paying the scan results were sent to a group of radiologists who were sub-contracted by InHealth they would interpret the results. A report would be prepared normally within one to two days and sent to the referrer.

- In the event of unexpected urgent clinical finding there was a clear process to follow.
- If the patient was an NHS referral, the radiologist who has been allocated to report the speciality would be contacted by phone and email to escalate the findings and transfer images for their attention. A verbal telephoned report would be given by the radiologist to the referrer and this was followed by the verified report within 24 hours.
- Escalated findings and follow up actions were documented on a log as evidence the findings had been escalated and the verified report issued.
- If the patient was a private patient, the reporting radiologist would be contacted by a member of staff to advise them of the urgent report to ensure it received prompt attention.
- Paper referrals come through post or via secured email or hand-written note from a consultant attached to inpatients notes in the case of urgent NHS referrals.
- Staff we spoke with told us they always attempted to obtain the best outcome for patients by getting the best image possible and providing the referrer with the scan results as quickly as possible.

Competent staff

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- We saw evidence the senior radiographer had a post graduate certificate in magnetic resonance imaging. The other radiographers had undergone the company induction programme and cannulation course.
- Staff told us advice could be obtained from the magnetic resonance imaging safety advisor by telephone who was based at the company headquarters.
- All staff had an annual appraisal plan where SMART objectives were set tailored to the individual and company's objectives. There was a mid-point review for staff to note how they were developing and any further action required on both parts to meet the set objectives.
- We saw evidence that in the last 12 months all staff had received an appraisal, had their professional registration checked staff and had been revalidated.
- The trainee (Post Graduate) magnetic resonance imaging radiographer had commenced work with the service in September 2018 and had therefore not had an annual appraisal.
- Staff were recruited, checked, inducted and undertook an initial competency assessment followed by development of a mandatory training plan and with role specific training to support ongoing competency and development. We saw evidence recently recruited staff had submitted an up to date disclosure and barring service check, photographic identification, proof of qualifications, proof of address and right to work in the UK.
- Staff we spoke with told us they felt the induction process was very good and equipped them with the knowledge and experience to progress becoming a radiographer.
- During the induction period staff attended the InHealth company headquarters in Oxford for training courses. In addition, staff members had a workbook with standards to complete. During the inspection we reviewed a workbook and saw evidence each standard when complete had been signed off by a supervisor. The member of staff`s progress was reviewed at four, eight and 12 weeks then annually. The purpose of the workbook was to gather a portfolio of evidence to progress obtaining a post graduate certificate in magnetic resonance imaging.
- Assurance of staff competence to perform their role within InHealth was assessed as part of the recruitment process, at induction, through probation, and then ongoing as part of staff performance management during the appraisal and personal development processes.
- We saw evidence in all staff files we checked radiographers were Health and Care Professions Council (HCPC) registered.
- We saw evidence other key attributes to ensure staff suitability were assessed as part of the interview process which was based on predetermined questions aligned with the core values.

Good

Diagnostic imaging

- There was an InHealth team of College of Radiographers accredited practice educators who worked for InHeath their role was to develop the next generation of radiographers. In the event of any aspect of staff competency falling short of the required standard, the practitioners line manager was responsible for providing necessary support and guidance required to attain the relevant standard.
- Ongoing staff competence was managed through the performance review process, with clinical staff also required to complete continuous professional development to meet their professional body requirements which were produced during appraisal.
- Staff we spoke with told us InHealth would fund staff to go on external courses.
- There was no scheduled study time for staff to keep up with continuous professional development. Staff we spoke with were happy they got sufficient time within their working day to develop their own personal skills.
- We saw this was supported by use of local audit, complaints and incidents review, which highlighted potential failing areas where different staff members may have need support and development.
- The service used site orientation for all staff within their specified local area. For clinical staff this was supported by a comprehensive competency assessment toolkit which covered key areas applicable across all roles, and clinical competency skills relevant to their job role and experience.
- For staff joining who had previous professional experience this was completed within the probation period, whilst for those new to the role or undertaking training a new modality, this was completed as competency was acquired. During inspection we saw evidence of records which showed all staff had their competency to use medical devices checked and approved by a supervisor.
- Modality specific training was given by the magnetic resonance safety expert and magnetic resonance imaging clinical lead who held an international magnetic resonance safety officer certificate.
- Poor performance was monitored, addressed and action plans put into place for satisfactory improvement.

Seven-day services

- The scanning service was available every day including weekends from 8am to 8pm Monday to Friday. The service also had worked extended days from 7am to 9pm to deal with an increased number of referrals on specific days.
- The service was not available on Christmas Day, Boxing Day and New Year's Day.

Multidisciplinary working

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service held joint multidisciplinary meeting with staff from the NHS trust each week. This allowed staff to discuss procedure outcomes and follow up onward referral of care.
- The service utilised the assistance of the trust operational lead for moving and handling.
- The operational lead for moving and handling would be contacted by reception staff if they were required. Their role was to provide one to one support to the patient up until the scan which included assisting them when receiving contrast in the X-ray department before their magnetic resonance imaging scan.
- Because of the operational lead for moving and handlings role in the community many of the patients were known to them which assisted in risk assessing how to move the patient with the minimum of discomfort.

Access to information

- We saw evidence when routine and urgent referrals from all age groups, in-patients and out-patients were received they were reviewed, vetted and an appointment to scan was prioritised according to clinical need and the availability of the patient.
- If a supervised scan was required, for example a cardiac magnetic resonance imaging, the availability of the consultant to supervise the session would be confirmed and scheduled as per consultant guidance.

Good

Diagnostic imaging

- Urgent appointment slots were kept in the diary to accommodate demand. If not utilised, they were allocated to other referrals to ensure sessions were booked to maximise capacity and maintain short waiting times.
- In the unlikely event that an urgent referral was not received when no appointments were available, the unit would assess appointments filled by routine, none urgent examinations and rebook patients to make room for the clinical urgent case. The rebooked patient would be given the next available appointment suitable to them.
- Mobile units would be considered if waiting times become extended beyond the six weeks contractual timescale. At the North Tyneside site, 11 days of mobile units had been utilised in the past six months to enable urgent referrals to be dealt with in expected timescales.
- If scanner capacity was available at another InHealth scanner site and if the patient is able and willing to travel they could be offered an appointment.
- Very occasionally, and by agreement with the local NHS trust, the main trust site could be used for planned urgent gynaecological or cardiac magnetic resonance imaging scans ensuring the booking was planned to ensure the emergency care service was not compromised.

Consent and Mental Capacity Act

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service 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 told us the service received referrals from the trust memory clinic which had patients suffering from dementia or had suffered a stroke. Patients would attend the clinic with a best interest form which the consultant referrers complete. Staff told us the best interest form usually arrived in the clinic before the appointment. If it did not the consultants were on site so obtaining a copy on the day of the appointment would not delay the scan.
- Staff were aware of the need to support patients with cognitive decline, dementia, patients with reduced mental capacity and / or learning disabilities. The service ensured consent was received for all patents on arrival and the environment was safe for them within magnetic resonance imaging safety limitations. No patient would be scanned if they were unable to fill in the safety forms.
- Staff we spoke with understood this group of patients needed time and explanation before a scan and explanation and instructions should be kept short and simple and repeated as necessary to check understanding. Patients could be accompanied by their carers or family members where possible subject to the person being safe to go into the scanner.
- We saw evidence the referral letter would inform the service if the patient had any mental capacity issues. If this was the case staff told us they would contact the referrer to discuss the information in more depth to satisfy themselves the patient or referrer knew what they were consenting to.
- We were told if the patient had complex needs they would be referred to the referrer for NHS treatment.
- Staff we spoke with told us they would scan children but the patient would have to attend with a parent or guardian.

Are diagnostic imaging services caring?

Good

We caring as good.

Compassionate care

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

Good

Diagnostic imaging

- The service friends and family test results showed a 96.2% positive feedback in the last 12 months.
- During inspection a radiographer was observed interacting with a patient before the scan. They took care in positioning the patient and provided a knee support to ensure the patient was comfortable.
- A senior radiographer was observed spending a lot of time with a nervous patient who was concerned about the scan. They took time explaining every step in the scan process to reassure them.
- During inspection we saw an example of a congratulatory certificate given to children after they had completed their scan.
- There was a blue curtain which could be drawn across the double door windows which separated the treatment area from the waiting area.We observed this being done when a patient who was being transferred from the scanner bed to a trolley bed with assistance from staff.
- One patient was observed being brought into the scanning room on a trolley. A member of staff from the trust who was a specialist in manual handling attend to assist with sliding onto the trolley. At all stages staff explained to the patient what they would do and if the patient was happy and understood. The patient said," The staff are wonderful".
- We observed a patient being covered with a blanket on the magnetic resonance imaging scan bed to maintain their dignity.
- Staff always discussed with the patient the reason for their procedure and any medical history the patient had given on admission. All information was documented on the patient's pathway.
- All members of the team were introduced to the patient and told who would be looking after them throughout their time at the clinic.
- There as a chaperone poster stating the clinic could provide another member of staff to be present during the magnetic resonance imaging scan.

Emotional support

- Staff provided emotional support to patients to minimise their distress.
- Staff we spoke with understood fully the needs of patients and why they had attend 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.
- 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.

Understanding and involvement of patients and those close to them

- Staff involved patients and those close to them in decisions about their care and treatment.
- We observed the reception staff speak to patients, relatives and families face to face and on the telephone in a friendly and positive approach. They answered questions and provided information.
- We saw evidence following arrival and checking of the patient information the radiographer introduced themselves, assessed the patient magnetic resonance imaging safety information, provided a full explanation of the procedure and asked the patient if they had any questions before seeking consent in advance of proceeding with the scan.
- Staff we spoke with understood patients may experience claustrophobia or the sense of anxiety which could be quite distressing for some magnetic resonance imaging patients. A section of the radiographers' clinical competency assessment covered claustrophobia, how to recognise it in a patient and to help a patient manage it during their magnetic resonance imaging scan.
- If a patient was unable to tolerate a scan the radiographers would try to calm the patient if this did not work they would be referred to their general practitioner (GP) to request sedation prior to the scan or be referred to a different provider who had an open scanner.
- All staff understood patient engagement, effective communication, empathy and patience was essential in helping patients get through their magnetic resonance imaging procedure.

Good

Diagnostic imaging

- Staff told us many patients undergoing chemo therapy and attending for a scan often had problem veins which made it difficult to cannulate them to administer contrast. In such cases assistance would be obtained from the oncology department who have an increased level of expertise in being able to identify suitable veins as a cannulation site.
- Feedback from service users was reviewed and acted upon whenever reasonably practicable. Comments on the FFT returns were reviewed and shared with the team. Complaints were also shared so awareness could be raised and cascaded across all the InHealth magnetic resonance imaging clinics in the local NHS trust.
- For example, the July 2018 friends and family test return was followed up with an email reminder regarding radiographers emphasising the noise level of the scanner to manage patient expectations and a patient not having an opportunity to ask any questions before the scan. The team were reminded to ask if patients had any further questions before they entered the scan room to ensure all concerns or queries have been discussed and answered in advance of the scan commencing.

Are diagnostic imaging services responsive?

Good

We responsive as good.

Service delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of local people.
- The service provided a wide range of examinations in line with the current contractual requirements which included but not limited to musculoskeletal, cardiac, breast, prostate and gastroenterology magnetic resonance imaging scans.
- All patients referred for magnetic resonance imaging had been reviewed by their referring clinician or referral team prior to attendance.
- The environment was appropriate and patient centred with comfortable, sufficient seating, single sex and disabled toilets. There were magazines and hot and cold drinks machines in the reception area.
- Patients were offered a range of appointments to meet their personal needs. In the event of the magnetic resonance imaging scanner not working patients would be offered alternative appointments at other clinics in the local NHS trust.
- The service was available 8am to 8pm Monday to Sunday seven days per week with the possibility of extending the working day from 7am to 9pm dependent upon the number of appointments.

Meeting people's individual needs

- The service took account of patients' individual needs.
- Patients were sent a magnetic resonance imaging information leaflet with their appointment letters to help them understand what the scan entailed. This also provided patients with an opportunity to contact department to discuss any concerns, queries or raise any special needs they had prior to the scan.
- Patients could also obtain additional information from the InHealth website, which had information to further support patients including a video to help patients prepare for undergoing a scan.
- All information in relation to a patient's care was available in any format upon request by the patient.The service used language line if a patients first language was not English and information had been supplied in large print.
- The service had faster scanning protocols for patients who were in pain or suffering discomfort which meant the scan would not take as long.
- We saw evidence patients were sent specific information if they were going to have, for example, a specialist cardiac or gynaecological scan.
- Easy to read leaflets and large print patient information is readily available and braille could be provided on request. Staff we spoke with told us if the scan was complex a bespoke braille information letter could be prepared as opposed to generic information to prepare the patient for the scan.

Good

Diagnostic imaging

- The service provided imaging for in-patient and out-patients and for age groups four years and above. We saw evidence of a child friendly paediatric patient information leaflet which was sent to parents before the appointment. The leaflet used pictures to outline the scan process for children.
- The unit was accessible to patients with limited mobility. The unit was located on the ground floor which was accessible for wheelchairs and trolleys. The Trust entrances have ramps to gain access to the entrance to the main building. There was a disabled toilet within the facility and space for wheelchairs in the reception area.
- A non-metallic wheelchair and trolley was available should the patient be unable to weight bear. A hoist was available to use from the hospital trust radiology unit. Assistance using this equipment was provided by the hospital staff.
- Translators could be externally sourced if the unit was informed prior to the appointment through a pre-booked service. In a clinical emergency the InHealth policy enabled staff to use an external translating service or a family member to translate at the radiographer's discretion. We saw evidence the service had a language identification document for patients to indicate which language they spoke so the correct interpreter could be contacted.
- In relation to children, staff understood it could be a stressful time for parents. Staff ensured parents were well informed about the procedure and they could stay with their child throughout the scan subject to scanner safety screening.
- Managers told us the service did scan bariatric patients but the scanner weight limit was 200kgs and if the patient weighed more than this they would be referred elsewhere.
- We saw evidence patients were given choices around their appointment times which were discussed at the point of booking. The service offered appointments within working hours and could accommodate requests outside the usual working hours where required.
- Requests for a scan or diagnostic procedure referrals were followed up by a pre-assessment questionnaire asking the individual to identify if they have any conditions including allergies preventing them from undergoing a scan or procedure.
- All patients were given appropriate information and support regarding their care and treatment prior to procedures using patient information leaflets posted to the patient before they attended the clinic. If patients had any concerns they were given further advice through a phone call. All information was recorded on the patient pre-assessment referral letter.
- There was paper and crayons for the children to use but no toys. Pictures which children had done were displayed above the table. There was a poster displayed asking for consideration of other patients and visitors and asking that children were supervised always within the unit.
- Discharge information was given to the patient post treatment and further observations carried out prior to discharge which were recorded on to the patient pathway. Any concerns were noted and appropriate action taken.

Access and flow

- We saw evidence capacity and demand were continuously assessed so sufficient magnetic resonance imaging appointments were made available for all referral types to meet national, local and contractual waiting times.
- The appointment summary between November and December 2018 showed there had been a total of 772 magnetic resonance imaging appointments of these 707 or 92% were completed, 45 or 6% were incomplete and 20 or 3% of patients did not attend.
- Of the 707 completed appointments 668 or 94% were NHS patients, 14 or 2% were other NHS patients which were patients referred by a general practitioner or clinical commissioning group and those referred for medicolegal examinations, and 25 or 4% were private patients.

Good

Diagnostic imaging

- The annual appointment summary between November 2017- November 2018 showed there had been 7336 completed scans of 12,258 areas, 216 or 3% incomplete scans and 346 or 5% appointments when patients failed to attend.
- The service was also contracted to deliver advanced complex procedures such as cardiac, breast, and prostate scans.
- To facilitate specialist scans each week either a morning or afternoon is blocked out. For example, arthrograms were done between 9.30am and 12.30pm or occasionally during an afternoon but this was depending on radiology staff availability. An is an X-ray image or picture of the inside of a joint, for example, a shoulder, knee, wrist, ankle, after a contrast medium, sometimes referred to as a contrast agent or "dye" is injected into the joint.
- Referrals were prioritised by clinical urgency. Should a patient referral indicate an urgent scan was needed, those patients were offered an appointment within 48 hours.
- There were evidence all two-week cancer pathway patients were scanned within timeframes and scheduled allocated customer record information system diary sessions were blocked out for cardiac and prostate referrals.
- If more appointments or capacity was required to avoid breaching waiting times the radiologist or cardiologist liaised with the administration team to identify additional appointments or re-scheduled routine scans to a later date as was clinically necessary.
- Contractually there was maximum six weeks wait for the local NHS trust routine referrals and 14 days for the clinical commissioning groups CCG referrals.
- There was evidence in the trust weekly reports on waiting times and in CCG monthly data reports the standard key performance indicator was being met, however, some extended days and additional mobile dates had been planned at one of the trust local sites should capacity have become limited.
- Occasionally timescales were extended due to patient choice, for example, selecting an appointment slot that was convenient to them or preferring a later date rather than accepting the first available appointment slot.
- Between October 2017 and September 2018 there were 143 or 1.55% of all cancellations due to non-clinical reasons.
- The main reasons were, table docking issues (three events with 23.5 hours service lost), chiller pump failure (one event with 31 hours service lost) and a radio frequency board issue (one event with three days three hours service lost).
- During inspection we saw evidence of monthly audits of waiting times (over all sites by month) which covered the host NHS trust opening hours, utilisation log, patient tracking, friends and feedback percentage returns for site by month, external hospitals data and extended days. The information was used to identify gaps in service and how to rectify them.
- To minimise lost appointments, patients were sent text reminders or phoned in advance of their appointment to confirm attendance and to avoid unnecessary unused appointments.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service had received one complaint in relation to the magnetic resonance imaging service in the 12 months before the inspection which was investigated in accordance with company policy
- There were complaint forms available for patients in the waiting room reception area which outlined how to make a compliant.
- Staff we spoke with told us if patients, relatives or carers raised an issue with them they would try to resolve it, however if they could not, they would encourage the patient, relative or carer to raise any concerns or issues with most senior member of staff on duty or the person in charge of the unit in the first instance.

Good

Diagnostic imaging

- Staff were empowered to attempt to resolve concerns locally wherever possible. Where a patient or relative chose to raise a 'formal' complaint, information leaflets explaining the process were available. Escalation pathways were available in each location where services were provided.
- There was a process for formal complaints to be logged and recorded using the organisations electronic risk management system. InHealth aimed to acknowledge all complaints within three working days and investigate and formally respond within 20 working days.
- InHealth operated a three stage complaints management policy; stage one was local resolution, which was an investigation and response coordinated by the local service CQC registered manager, stage two was an internal director review, and stage three was an external independent review. An external review was provided by either the Parliamentary Health Service Ombudsman for NHS funded patients or Independent Healthcare Sector Complaints Adjudication Service (ISCAS) for privately funded patients.
- Reception staff were observed handing patients feedback forms and asking they be completed when they booked in for their appointment.

Are diagnostic imaging services well-led?

Good

We rated well-led as good.

Leadership

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The regional management consisted of a director of operations north, a head of imaging services north and an operations manager responsible for the scanner sites in the region.
- The operations manager supervised the superintendent radiographer who had responsibility for two senior radiographers and four magnetic resonance imaging radiographers and the administration manager who had responsibility for three patient administrators.
- The administration services manager was on site Monday to Friday and covered some weekend days to assist with administrative issues. The superintendent and senior radiographers were experienced and could assist day to day running of the clinical areas and to perform magnetic resonance imaging scanning.
- The unit and the operational manager was supported by the regional InHealth head of imaging services.
- The management team were described as approachable, open and honest. The unit was described by staff we spoke with as, a lovely environment to work in.
- Locally the unit was assisted by the local NHS trust deputy director of clinical cancer services, the trust operations services manager, the clinical governance lead and the trust chief executive director.

Vision and strategy

- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.
- InHealth had four core values: Care, Trust, 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 the cooperate induction and these were linked to staff appraisals.
- InHealth have a mission statement on their internet page which is, to make healthcare better, which would be achieved by working with hospitals and commissioners across the NHS and independent sector.
- The internet page also outlined the primary goal of the service which was to make healthcare better by providing rapid and accurate assessment of every patient's condition, enabling the right treatment to be delivered swiftly and effectively by specialist providers.

Culture

Good

Diagnostic imaging

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- During the inspection staff told us they felt part of a team and everyone supported each other.
- We observed good team work and support during the inspection.
- Staff we spoke with told us that the quality of the scan was more important than the quantity of scans done.
- The staff we spoke were very positive about the department. They told us they felt the patient care was excellent and the ability to turnaround scan reports quickly was part of that. They all spoke about good communication between staff and positive management support to obtain additional training qualifications.
- Staff told us they felt they could raise any issues with their supervisors and they were able to maintain a good work life balance.

Governance

- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- We saw evidence InHealth operated a clinical governance framework which aimed to assure the quality of services provided.
- Quality monitoring was the responsibility of the location registered manager and was supported through the InHealth 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 CLIC meeting for review of incidents and identification of shared learning.
- All those meetings had a standard agenda and outputs which included minutes and an action log which ensured actions to improve were recorded and monitored for completion to ensure a continuous improvement cycle.
- The operational manager submitted monthly reports and has regular meetings with the north of England commissioning support contract manager to review contractual compliance.
- During inspection we saw evidence InHealth held quarterly contract review meetings. We reviewed the minutes of the meeting held in October 2018. There was a set agenda with actions, updates and owners.
- We saw evidence the service was involved in the local NHS trust weekly Clinical Support and Cancer Services meeting.
- The lead radiologist told us the department held daily meetings with staff. The purpose of the meetings was to confirm and check that day's work and to review the patient referral forms to identify any risk or concerns.
- There was a certificate of employers' liability insurance and CQC certificate of registration on display on the wall next to the reception desk.
- During inspection we saw evidence of regular local management team briefings with a set agenda and weekly team leader's meetings with a set agenda. The meetings were documented and actions noted.
- Managers told us they held scheduled weekly and monthly staff meetings. Some were held using a Skype business link. We saw evidence of set agendas and recorded minutes.
- We were told managers did speak to staff on a regular basis when they saw them and this was evidenced in the staff files which showed managers had recorded signing off competencies, IPC audit activity and appraisal meetings.
- Managers told us any important time critical information would be emailed to all the staff.

Managing risks, issues and performance

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

- We saw evidence risks were assessed and recorded and where applicable recorded on the risk register and escalated to senior managers.
- 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.
- 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.
- Copies of the local risk registers were saved to the company intranet for review by the director of imaging services north. Any immediate concerns were raised with the head of imaging services north once identified and escalated concerns were reviewed and considered for the functional and corporate risk registers.
- Individual risk assessments including clinical, general and local were updated and reviewed on an annual basis or as and when the risk changed.
- There was a system of risk assessments in place and risks with higher scores were added to the local risk register. Those with high post mitigation scores were added to the regional risk register.
- A quarterly report on new and updated risks were sent to the quarterly risk and governance committee where it was reviewed for comment and action as necessary.
- Support with risk assessments was provided by a health and safety advisor and the risk and governance lead who also advised registered managers on the correct process to add a risk to the risk register and how to complete the quarterly risk report.
- During inspection we reviewed 37 general risk assessments relating to the building and general systems of work. All were in date and the information provided was current.
- During inspection we saw evidence 30 products stored at the North Tyneside magnetic resonance imaging site had been Control of Substances Hazardous to Health (COSHH) assessed. There were 38 accompanying risk assessments which were in date.
- There was evidence patient risk was discussed at the clinical governance meeting. There was evidence the service held regular health and safety meetings. The minutes of the meeting for September 2018 were reviewed. The meeting covered matters arising from the previous meeting, new business and health and safety related items for discussion and actions with owners.
- The service had a current ISO/IEC 270001 certificate of approval.

Engagement

- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- InHealth provided every service user the opportunity to complete the NHS friends and family test and indicate their likelihood to recommend the service. There was also an opportunity to add free text comments on any positive or negative aspects.
- The results were collated by an external provider and delivered to service managers via the InHealth intranet weekly and via a web-based dashboard accessible to all managers. Service managers reviewed the results which summarised response rates the average was 32% for this location, and overall likelihood to recommend the service currently 97%+ and unlikely to recommend currently 1%.
- The free text comments were interrogated to enable positive staff feedback and individuals could be praised. Negative comments were scrutinised for opportunities to drive improvement in the service which included changes to premises, staff training or patient information.
- Monthly friends and family results were viewable on the InHealth intranet and the InSite /Clinical Quality patient feedback reports section. These were shared with staff by email.
- Comments including compliments and any learning opportunities were shared for to encourage staff to continually improve the patients' experience.
- Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions plans implemented from the feedback received.

Good

Diagnostic imaging

- During inspection we reviewed the employee survey outcomes action plan which showed there were four actions which were actioned and were subject to on-going review.

Innovation, improvement and sustainability

- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.
- In the reported period, improvements had been made to increase scanning capacity to meet the year on year increasing demand for referrals.
- In 2018 the North Tyneside diagnostic centre was requested by the host trust to meet a five-day referral to scan KPI for prostate scans as compared to the previous two-week prostate magnetic resonance imaging pathway. This was part of the Trust target to meet standards of the national patient prostate cancer pathway
- To achieve this InHealth had blocked identified diary space to accommodate patient scans generated from urology clinics, and provided additional mobile sessions at both North Tyneside and Hexham sites to expand capacity.
- Extended days had been used whenever possible to increase opening hours and support service demands. Additional cardiac session time had been provided for cardiac scanning.
- The new wide bore scanner had enabled higher numbers patients who were claustrophobic to be able to complete their scans and reduce the number of referrals to another provider with an open scanner which benefited the Trust financially as well as reducing the need for the patient to be scanned elsewhere and incur additional inconvenience.
- We saw evidence of an audit of claustrophobic and large patients referred to InHealth for magnetic resonance imaging at North Tyneside, Wansbeck, Hexham and Cramlington sites between October 2017-Nov 2018.
- The result of the audit showed the previous audit from October 2009 to June 2015 showed that the patients referred to the open scanner had almost doubled from 135 patients per year October 2009- 10 to 324 patients per year October 2013-14. This reduced significantly to 116 per year with the installation of the wider bore scanner at North Tyneside in February 2014.The wider bore scanner was installed at Wansbeck in September 2016.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should have systems in place to ensure staff always follow aseptic non- touch techniques when dealing with patients.
- The service should consider reviewing their policy of allowing staff discretion to use family members to translate information between staff and patients.