

TMI House







Quality Report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Not sufficient evidence to rate	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

Overall summary

Trinity Medical Imaging is operated by Trinity Medical Imaging Ltd. It is an independent nuclear medicine service. The service was registered with the CQC in 2017 and provides nuclear medicine services to children, young people and adults.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection unannounced on 5 November 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.

Summary of findings

Services we rate

We rated it as **Good** overall.

Our key findings were as follows:

- Patients received care in a clean and suitably maintained environment. Staff were aware of and applied infection prevention and control guidelines.
- Staff had the right qualifications, skills, knowledge and experience to undertake their roles and responsibilities. They had access to training and were supported by service leaders. All the staff were up to date with their mandatory training and had received an appraisal in the last 12 months.
- Patients had timely access to appointments. There was some flexibility in appointment times to meet the needs of patients who were working or had other responsibilities.
- There were processes to ensure safety checks and maintenance of equipment was completed in line with manufacturers' guidelines.
- We observed staff taking time to interact with people who used the service in a respectful and considerate manner.
- Risk assessments were undertaken through the relevant channels.
- Each procedure undertaken had a specific pathway, and these were displayed for staff to follow.
- Staff told us they felt well supported by their colleagues and leaders of the service.
- Records were stored to maintain patient confidentiality at all times. Imaging reports were legible and contained relevant information.
- The service sought the views of staff, patients and stakeholders to drive improvement within the service.
- Policies and procedures were reviewed yearly and there was clear oversight in relation to the management and development of policies and procedures.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Summary of each main service

Good



The care provided by the service was safe, effective, caring, responsive and well led.

The environment in which nuclear medicine services were provided in was safe and safety checks were completed and recorded.

Staff were caring, compassionate and we observed positive interaction between staff and patients.

Patient feedback was consistently positive.

The nuclear medicine service was carried out by trained and experienced technologist. The service followed national guidelines and practices.

The service was responsive to patient's needs. Patients could choose appointments that suited them. One hundred per cent of reports were written and sent to the referrer within 24 hours of the scan being completed.

Equipment was well maintained, tested regularly and serviced yearly. Services were planned and delivered in a way which met the needs of the local population. Waiting times and cancellations were minimal and managed appropriately.

There was a clear vision and strategy and staff were positive about the leadership of the service.

Summary of findings

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Good 

Trinity Medical Imaging

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to TMI House

Trinity Medical Imaging is operated by Trinity Medical Imaging Ltd. The service opened in 2017. It is a private nuclear medicine service in Carshalton, Surrey. The service primarily serves the communities of south London and Surrey. It also accepts patient referrals from outside this area.

The service has had a registered manager in post since August 2017.

The service offers a nuclear medicine service, providing imaging such as bone, kidney and brain scans.

Our inspection team

The team comprised a CQC lead inspector who had completed the single speciality diagnostic imaging training and a radiographer as a specialist advisor. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

Information about TMI House

Trinity Medical Imaging is a purpose-built nuclear medicine facility. Services were provided on the ground floor with appropriate disabled access and facilities.

There was a waiting room at the front of the building with a reception desk. There was a hot lab and injection room, nuclear medicine (SPECT-CT) scanning suite and a secured patient toilet for patients who were injected with isotopes as part of their scan. A hot lab is where nuclear medical technologists prepare the radioactive medicines needed to perform the scan tests. There was a waiting room for nuclear medicine patients who were on a trolley, which also doubled as a changing room for patients. There was a disabled toilet for staff and visitors.

The service employed two permanent technologists and one locum technologist to cover absences and annual leave. There was one radiologist, who was also the registered manager.

During the inspection, we visited the scanning room and waiting room. We spoke with three technologists, the registered manager, and a volunteer. We spoke with three patients and reviewed the patient satisfaction survey. We also reviewed seven sets of patient records.

Activity (September 2017 to August 2018)

From September 2017 to August 2018, Trinity Medical Imaging service provided approximately 1,000 nuclear medicine scans to patients. Patients could be referred via their NHS hospital, or through private consultants.

Track record on safety

- No never events
- No serious incidents
- No incidences of healthcare acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive Staphylococcus aureus (MSSA), Clostridium difficile (C. difficile) or Escherichia coli (E-Coli).

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Good** because:

- There were no reported incidents. Staff were aware of how to report incidents and shared learning.
- There were effective systems for safeguarding vulnerable adults and children.
- All staff had completed their mandatory training, and they were trained to use all the diagnostic equipment.
- All areas of the centre were visibly clean and tidy. Staff had access to personal protective equipment and hand gel dispensers were available within the centre.
- The environment was suitable for the services offered. Staff had access to a range of specialist equipment and equipment was adequately maintained.
- Equipment was regularly checked and cleaned in line with best practice guidance.
- Records were safely stored and kept confidential.

Good



Are services effective?

We did not rate effective for this service, however, we found that:

- Staff delivered care based on a range of best practice guidance. The service's policies and procedures were in line with the Ionising Radiation (Medical Exposure) Regulations 2017.
- The service followed national guidance on diagnostic reference levels, for adults and children. These were regularly audited to monitor staff compliance.
- There was a program of local audits to monitor and improve patient care. Audit outcomes were mostly in line with expected outcomes.
- Patients were cared for by appropriately qualified staff who had received an induction to the centre.
- There was good multidisciplinary team working and with other organisations.
- Staff had a good understanding of the need for consent and obtained verbal consent before proceeding with scans.

Not sufficient evidence to rate



Are services caring?

We rated caring as **Good** because:

- Staff treated patients with respect, dignity and compassion and ensured their privacy was maintained.
- Patients' privacy was respected and addressed by all staff.

Good



Summary of this inspection

- The environment within the centre allowed for confidential conversations.
- All patients we spoke with, consistently gave positive accounts of their experience with the centre and its staff. They told us staff were excellent and that they were always polite and courteous.
- Patients felt fully informed about their care and treatment. All the patients we spoke with had a good understanding of their condition and the proposed diagnostic test they were there for.

Are services responsive?

We rated responsive as **Good** because:

- Patients were provided sufficient amounts of information about the service and the procedure before attending.
- Staff took account of patient's individual needs.
- There was a system and process to deal with and manage complaints and comments. Staff were aware of the process and able to provide the necessary support should a patient wish to make a complaint.
- Patients had the choice of booking the dates and times of their diagnostic imaging appointments to suit their needs. There was no waiting list during the inspection and there were no cancellations in the last 12 months.
- Services were planned and delivered in a way that met the needs of the local population.

Good



Are services well-led?

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

- The leadership team had a clear vision and strategy and all staff we spoke with were aware of the service's priorities.
- The centre had a risk assessment completed and had the necessary precautions available to mitigate potential risks.
- We saw good leadership within the centre and staff reflected this in their conversations with us. Staff were positive about their managers. Staff told us the manager was approachable and they could raise concerns with him.
- There was a culture of training and development opportunities for staff. Staff said they were supported in their role.
- There was evidence of good staff engagement and patients were also engaged through feedback forms.
- The diagnostic service had implemented a number of innovative services and developed these to meet patient's needs.

Good








Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

Information about the service

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Services we rate

We rated it as **Good** overall.

Our key findings were as follows:

- Patients received care in a clean and suitably maintained environment. Staff were aware of and applied infection prevention and control guidelines.
- Staff had the right qualifications, skills, knowledge and experience to undertake their roles and responsibilities.

They had access to training and were supported by service leaders. All the staff were up to date with their mandatory training and had received an appraisal in the last 12 months.

- Patients had timely access to appointments. There was some flexibility in appointment times to meet the needs of patients who were working or had other responsibilities.
- There were processes to ensure safety checks and maintenance of equipment was completed in line with manufacturers' guidelines.
- We observed staff taking time to interact with people who used the service in a respectful and considerate manner.
- Risk assessments were undertaken through the relevant channels.
- Each procedure undertaken had a specific pathway, and these were displayed for staff to follow.
- Staff told us they felt well supported by their colleagues and leaders of the service.
- Records were stored to maintain patient confidentiality at all times. Imaging reports were legible and contained relevant information.
- The service sought the views of staff, patients and stakeholders to drive improvement within the service.
- Policies and procedures were reviewed yearly and there was clear oversight in relation to the management and development of policies and procedures.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London)

Diagnostic imaging

Summary of findings

The care provided by the service was safe, effective, caring, responsive and well led.

The environment in which nuclear medicine services were provided in was safe and safety checks were completed and recorded.

Staff were caring, compassionate and we observed positive interaction between staff and patients. Patient feedback was consistently positive.

The nuclear medicine service was carried out by trained and experienced technologist. The service followed national guidelines and practices.

The service was responsive to patient's needs. Patients could choose appointments that suited them. One hundred per cent of reports were written and sent to the referrer within 24 hours of the scan being completed.

Equipment was well maintained, tested regularly and serviced yearly. Services were planned and delivered in a way which met the needs of the local population.

Waiting times and cancellations were minimal and managed appropriately.

There was a clear vision and strategy and staff were positive about the leadership of the service.

Are outpatients and diagnostic imaging services safe?

Good 

Mandatory training

- Nuclear medicine technologists received the required amount of training to be able to undertake their roles and keep patients safe.
- Mandatory training was mainly provided online, and compliance was recorded electronically and in paper form.
- Examples of the training provided included the following topics, fire awareness, health and safety, infection control, moving and handling, information governance and customer service.
- Training compliance targets was set at 100%. At the time of the inspection, all mandatory modules had been completed. This was good practice and met the provider target.

Safeguarding

- The provider had systems and process available, which were known to staff and used to protect patients from the risk of abuse. Staff demonstrated the right skills and knowledge to be able to safeguard its service users from abuse. Staff told inspectors how they would raise concerns and the actions that would be taken as a result of raising concerns.
- The provider had a safeguarding adults' policy which reflected national guidance and was easily accessible to staff.
- Staff received level two safeguarding training which was delivered as an annual online training program. Training records showed that 100% of staff had completed level one and two safeguarding training.
- The provider's Statement of Purpose and business contracts specified that the service could meet the needs of all their client group. At the time of the inspection, all the staff were trained in safeguarding level three.
- Additional information provided post inspection site visit showed that all staff had completed safeguarding level three training, and were aware of their local safeguarding lead from the local authority whom they can contact when the needed.

Diagnostic imaging

- We were informed that, the service would make a safeguarding referral using the multi-agency safeguarding hub within the patient catchment area as outlined their safeguarding policy, the service will make an appropriate referral depending on the catchment area of the service user.
- There were flow charts detailing the actions to be taken and who to contact in the event of adult safeguarding issues arising. Staff demonstrated an understanding of their safeguarding responsibilities and an understanding of safeguarding procedures.
- There were leaflets in the reception area, which gave details of who patients or relatives could contact if they had concerns.
- The location lead for safeguarding was the registered manager / medical director, he had been trained to level three safeguarding children in line with national guidance.
- There were no safeguarding concerns reported to CQC within the last twelve months.

Cleanliness, infection control and hygiene

- Service users were protected against the risk of healthcare acquired infections.
- We saw all staff apply best practice during the inspection. They were bare below the elbows, washed their hands in between patient contact, wore personal protective equipment (PPE) correctly, and cleaned and prepared equipment in line with the provider's own policies and best practice.
- There was an appropriate infection prevention and control (IPC) policy which reflected best practice guidelines. We saw good standards of infection prevention and control being applied during the inspection.
- We saw appropriate waste disposal facilities. Sharps bins were signed and dated and clinical waste was managed in line with Health Technical Memorandum (HTM) 07-01. Radioactive waste was disposed of appropriately and in line with current safety guidelines.
- The environment was visibly cleaned to a high standard. The service had a regular cleaner who was not employed directly by the service, but was embedded into the team. Staff worked collaboratively with the cleaner to ensure the premises were clean. We were told when cleaning issues were escalated to the cleaner, these were resolved quickly.

- The provider carried out an independent six-monthly audit of IPC in the service. This audit included the quality of IPC in clinical practice as well as the condition of the environment. The last infection control audit was carried out in September 2018, and found the service was 97% compliant. However, the frequency of this audit only provided assurance that the environment met the standards once a year. There was no system to ensure compliance was continuously monitored, and trends and themes identified.

Environment and equipment

- The maintenance of the environment and use of equipment kept people safe.
- There was a spacious waiting area with adequate and comfortable seating for both patients and relatives.
- The service had systems and processes to monitor the servicing and electrical testing requirements of equipment. We observed that all equipment servicing and electrical testing details were monitored, and records kept at the centre.
- We reviewed records of clinical staff completing daily quality assurance checks. The checks were to evaluate the safety and performance of the scanner ensuring that the information obtained in a clinical procedure is accurate and clinical practices are safe. The registered manager conducted monthly audits to check which pieces of equipment would need servicing or testing in the near future to prevent any disruption to the service.
- The service had one SPECT CT scanner located in a designated clinic room. The room was spacious and had good lighting which, when dimmed, allowed scans to be clearly seen.
- Staff had access to all equipment and supplies they needed to provide a good service. The service was well stocked with all items needed for nuclear medicine scans. Supplies and consumables were kept in a lockable cupboard. There was a checklist to check stock levels. We were told if stock was low, staff would inform the registered manager, who was responsible for ordering additional stock. The service had radioactive spillage kit available and staff had been trained on how to use it and action taken post spillage. All the technologists had radiation monitoring badges on them, and these were checked and tested regularly.
- The service had emergency equipment which included a defibrillator. The equipment was maintained by staff. Staff we spoke with were aware of where the equipment

Diagnostic imaging

was located, and had been trained to use it in the event of a patient emergency. The staff carried out daily and weekly checks on the emergency equipment, and we have seen records which demonstrated that the emergency equipment was checked regularly. There was an emergency resuscitation bag and oxygen cylinder available, these were checked and signed on a weekly basis.

- Fire safety training was included in mandatory training, and staff completed this every year. Training records showed that 100% of staff were compliant with fire training. Fire alarms were tested weekly. We observed fire exit signage throughout the premises. There were fire extinguishers throughout the service, which had been serviced by an external company within the last 12 months. All fire exits and doors were kept clear and unobstructed.

Assessing and responding to patient risk

- Patients attended the centre for routine pre-planned non-invasive diagnostic scan in a non-acute outpatient clinical setting, and staff informed us they did not carry out procedures on patients who were known to be acutely unwell. Training records showed all staff had completed basic life support training to care for patients in an emergency.
- There was a medical emergency policy and procedure in the unlikely event that a patient deteriorated whilst on the premises. The policy highlighted the procedure for staff to when dealing with a deteriorating patient. These included contacting the emergency services by calling 999, providing basic life support, and contacting the referrer to inform them of the patient's situation.
- There was a comprehensive risk assessment in line with the application of the Ionising Radiations Regulations 2017. The risk assessment covered protection measures for staff involved in radiography and people outside the radiography room, dose assessment and investigations, pregnant employees and young workers; and maintenance, quality assurance and testing.
- The service referral form included prompts to ensure the referrer had discussed pregnancy risks with the patient, and identified any special needs (such as mobility, cognition or translation services).
- Staff confirmed they carried out a check of patient identity, discussed and confirmed the area to be scanned, and obtained the patients' verbal consent. They also checked patient removed jewellery and

verified pregnancy status were appropriate. We reviewed pregnancy awareness letters provided to women. This highlighted the radiation risks to such women, and we observed they were signed off by the relevant patients.

- There were exposure protocols and diagnostic reference levels available in the centre. These were available in both diagnostic rooms and pasted on walls. Diagnostic reference levels and paediatric diagnostic reference levels were available.
- The service had up to date local rules that described the safe operation of the scanner, who may operate the scanner and the name of the radiation protection supervisor. The registered manager was the radiation protection supervisor (RPS), and had received appropriate training for the role. Their role was to ensure the service's compliance with the Ionising Radiations Regulations 2017 (IRR2017) to support safe working practices.
- The unit had access to a radiation protection advisor (RPA), and a RPA check on diagnostic equipment had been conducted in the month prior to our inspection. There was an appointed medical physics expert.
- If there were any immediate life threatening findings that required immediate action, staff raised their concerns via telephone with the dedicated contact at the nuclear medicine team at the referring trust.
- The service monitored missed appointments. In the first instance, staff called patients who did not attend. They also contacted the referrer to make them aware of any missed appointments.

Radiology staffing

- There were two whole time equivalent (WTE) nuclear medicine technologist staff employed by the service, and the registered manager was the radiologist for the service. There were always two nuclear medicine technologists on shift each day, and depending on the work schedule of the day, the provider could also book a locum technologist to support the staff.
- The centre operated an appointment system and staff saw between four and six patients per day depending on the type of scanning they were having. Staff felt there were adequate staffing numbers for the service.

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- All staff were subjected to the appropriate pre-employment checks, and all staff had received an enhanced Disclosure and Barring service (DBS) check. Staff had the relevant qualifications and references checked before starting work.
- The staff worked flexibly, and opted to work additional hours to ensure the needs of the service was met during the recruitment phase. The centre had one permanent locum technologist, who only worked when needed.
- The registered manager told us sickness rates were relatively low. Information provided by the service demonstrated that in the three months before the inspection, there were no episodes of sickness amongst staff.

Records

- Patients' individual care records were managed in a way that protected patients from avoidable harm. We reviewed seven patient records. All the records we checked were accurate, fully completed, legible, up to date and stored securely. Electronic records were available through the centre's computer system and were only accessible by authorised staff with a secure password. Staff completing the scan updated the electronic records, and submitted the scan images for reporting.
- The Radiology Information System and Picture Archiving and Communication System used by the service was secure and password protected. Each staff member had their own personally identifiable password to access the system.
- Patients personal data and information were kept secure and only authorised staff had access to the information. Staff received training on information governance and records management as part of their mandatory training programme; there was 100% compliance for these training modules. The centre conducted an information governance audit as part of their organisation wide audit and results showed staff were compliant with their record handling policy and patient confidentiality.

Medicines

- Medicines and contrast media were stored, handled and disposed of, in line with national guidance. Nuclear medicine was stored securely, shielded labelled and disposed of in line with best practice guidance.

- The provider had a valid Administration of Radioactive Substances Advisory Committee (ARSAC) licence. This licence must be obtained to carry out research-indicated nuclear medicine procedures.
- The radiologist was the clinical lead for medicine management. The centre had a service level agreement with the pharmacy department in the local NHS trust to provide medicines, advice and additional support. No controlled drugs were stored at the centre.
- The centre had developed and adapted their service specific Patient Group Directions (PGDs). PGDs allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription.
- Medicines covered in the PGDs included furosemide, oxygen and potassium iodine. These directives were developed in line with healthcare professionals' guidelines, with input from the local NHS trust pharmacy staff. Staff were assessed to ensure they were competent to administer these medications. We reviewed a sample of PGDs and saw they were in date and in line with National Institute for Health Care Excellence guidance. There was a set process to review PGDs in line with the local protocols.
- We saw allergies were documented on referral forms. Patients were asked about their allergies, as part of the routine checks in line with best practice guidance, prior to any medication or contrast being administered.

Incidents

- The centre used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the new staff induction program.
- Staff were able to identify and describe situations requiring completion of an incident form. Staff told us there was a conscientious reporting culture. They told us they were encouraged to report 'near miss' situations as well as incidents.
- Patient safety was promoted through shared learning. Patient safety issues were discussed at staff meetings and lessons learnt were shared through electronic bulletins and in-house newsletters.
- There were eight reported incidents in the last 12 months. There had been no serious incidents as defined by the incident reporting policy reported in the last 12 months. There had been no reported IR(ME)R incidents reported to the CQC in the previous 12 months either.

Diagnostic imaging

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- All staff we spoke with had good awareness of duty of candour requirements. Staff explained that they would inform patients if an incident occurred which met the requirements of duty of candour, give an apology and tell them that an investigation would take place. Staff were able to give examples of incidents where the duty of candour requirements had been applied at a different location.
- During our inspection, we found all staff were open and transparent with patients. The centre had a local protocol in place to ensure that all staff had adequate knowledge and skills to be able to report an incident. We reviewed this protocol and noted it was in date.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

Evidence-based care and treatment

- The service used a range of evidence-based guidance, legislation, policies and procedures to deliver care, treatment and support to patients.
- Staff had access to policies and guidelines via an online system. All the guidelines we reviewed were easily accessible via an online system and were up to date.
- We also observed paper copies of local protocols and these were in line with national guidance, and were readily available to staff. All protocols and guidelines we reviewed were in date. There were diagnostic reference levels in place for adults and children.
- Policies and procedures were developed in conjunction with statutory guidelines and best practice such as the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017). The Local Rules were up to date and reflected the equipment, staff and practices at this centre. There was a signature sheet to confirm that staff had read and signed the local rules. The provider's policies and procedures were subject to review by the Radiation Protection Advisor and the Medical Physics Expert, in line with IR(ME)R 2017 requirements.
- The service applied the Public Health England guidance on National Diagnostic Reference Levels when setting their local diagnostic reference levels (DRLs). These were based on national DRLs for nuclear medicine, for both adults and children.
- There was a programme of local audits to monitor patient outcomes in relation to radiation safety and imaging examination, completion of patient safety checklist and management of bookings and discharge arrangements. The results of the audits were shared and discussed at staff team meetings. Results that were available showed good performance and improvement plans in place where needed.

Nutrition and hydration

- Staff told us that patients were not generally offered food in the centre; however, they were offered coffee, tea or water before or after their scan. There was a water cooler fountain for patients and visitors to the centre.
- Patients were offered food and drinks if they need to stay in the department between their injection and scan. Most patients were informed about the local amenities and will go out for lunch before returning in the afternoon for their scan.

Pain relief

- The service did not provide pain relief to patients. Staff informed us they ensured patients were comfortable throughout the procedure.

Patient outcomes

- Patients were happy with reporting times as indicated in the patient survey. We were told diagnostic images or reports could be made available on the same day or within two days depending on the urgency of the request and investigation.
- The centre had an audit programme which monitored patients' outcomes and the effectiveness of the scanning. Benchmarks were set against other providers of similar services within the private healthcare economy.
- The annual radiation protection advisors audit in August 2018 found that the service was fully compliant with the current regulations, standards and reference guidance

Diagnostic imaging

relating to the use of ionising radiations in diagnostic imaging. We saw an action plan from the audit report recommendation which showed that all recommendations made by the RPA were implemented successfully.

- The provider undertook picture archiving and communication system (PACS) image quality audit to assess the quality of scans and images, the results of these audits showed all images and scans sent to PACS were graded above 90% from August 2017 – May 2018. Action plan submitted along with the audit report showed the action taken by the provider to improve their image quality. PACS is a medical imaging technology, which provides economical storage and convenient access to images from multiple modalities and used primarily in healthcare organizations to securely store and digitally transmit electronic images and clinically-relevant reports.
- There was no discrepancy meeting because the service does not report on scans, however the provider used their governance meetings to discuss incidents, image quality and safety of scans and shared learning. The provider had a current policy on discrepancy meetings, should they decide to have one. The Royal College of Radiologists “standards for learning from discrepancy meetings 2014” does not require a provider to have a discrepancy meeting if they do not report on scans.
- Diagnostics reference levels (DRL’s) audit were undertaken to check the dose levels of their scans, the report showed over 95% compliance with DRL audit. There was an audit of patient radiation dosage so that the service knew that patients were within the national guideline dosage for radiation.
- Radiation protection meetings were held to discuss RPA reports, IR(ME)R regulations, radiation incidents, staff doses, radiation risks, image quality, clinical audits and equipment management reports. Minutes of these meetings confirmed the above issues were discussed at these meetings.
- Clinical supervision meetings were held monthly with staff to discuss the quality and safety of their work and any issues and challenges arising out of their work.
- Two separate clinical audits were performed by the Medical Physics Expert and the radiopharmacist. The former looked at radiation protection procedures and quality systems. The radiopharmacy audit was based on the UK Radiopharmaceutical Group guidelines and

looked at the governance and procedures around safe handling, storage and disposal of radioactive pharmaceuticals and medicines management. The actions from these audits were implemented.

- There was an evidence of MPE involvement in clinical audit which included patient dose measurements, SPECT – CT scanner equipment performance assessment and support for in-house quality control. The audit results indicated the service performance to be at a frequency greater than that recommended in professional guidance. The involvement of the MPE satisfied minimum requirements of IR(ME)R. There was evidence of greater involvement of MPE in the governance arrangements for IR(ME)R related issues.
- Following the inspection, the provider told us the performance of the centre (turnaround times of scans) and feedback from patients were sent to our referrers each month. This allowed referrers to be assured that their patients were receiving the best possible care.

Competent staff

- New nuclear medicine technologists completed an induction program and observed another member of staff until they were signed off as competent to work independently.
- In addition to mandatory training, staff completed competencies for all modality of the scans provided at the centre, and records we reviewed showed staff had been signed off for these.
- The service had implemented a formal appraisal system. Data received from the service showed 100% appraisal rate for the two nuclear medicine technologists employed in the last 12 months.

Multidisciplinary working

- All the nuclear medicine technologists confirmed they had good working relationship with their manager, as well as administrative staff from the referring trust.
- Staff worked closely with patients and referrers to support a seamless treatment pathway. For example, staff informed us of a situation where they had identified concerns from a scan, and obtained permission from the referrer to increase the scope of the imaging procedure.
- Following the inspection, the provider told us they had provided written information leaflets for referring

Diagnostic imaging

clinicians so that they were fully informed about the indications for each type of scan on offer. This allowed the service to make sure that their referrers made appropriate referrals.

- The service offered core training programmes in nuclear medicine services, and this was in line with industry standards and promoted safe practices in patient referrals.
- Following the inspection, the provider told us a list of all the cancer patients referred to the service were sent to the cancer MDT coordinators at the referring centres on a weekly basis. This allowed the MDT coordinators to track each cancer patient on their pathway and ensured that patients' scans were ready for review in the MDT.
- There was evidence of participation in MDT meetings with consultants of the referring trust via teleconference, the meeting was meant for discussions on meeting the diagnostic reference levels and quality of images and scans undertaken by the provider. The radiologist had demonstrated attendance at MDT meeting with his colleagues at his substantive employer.

Seven-day services

- The centre opened Monday to Friday from 9am – 5pm. There were no services in the evenings and weekends.

Consent and Mental Capacity Act

- Staff were clear about their responsibilities in relation to gaining consent from people, including those people who lacked capacity to consent to their care and treatment. They said they would normally receive information in the referral form about a patient's capacity, and they understood the Mental Capacity Act 2005. They had not had experience of supporting a patient assessed as lacking capacity to make decisions about the imaging procedure.
- Staff understood their responsibilities to gain consent from patients before continuing with the procedure. They recognised and respected a patient's choice if they chose not to have a scan when they arrived for their appointment.
- On the day of inspection, we saw patients gave informed consent before a scan was undertaken. This was verbally confirmed during the patient pre-scanning information review process and was form was then completed and signed by the patient and the nuclear medicine technologist, prior to imaging.

Are outpatients and diagnostic imaging services caring?

Good 

Compassionate care

- We observed that staff treated patients and their families with care, dignity and respect. Staff welcomed patients into the centre and directed them to free refreshments in the waiting area.
- There were posters available informing patients about the availability of chaperones and staff were readily available to act as chaperones when needed. All patients were offered the choice of having a chaperone during their scans.
- We observed staff treating patients with dignity and respect by speaking softly and sitting with them to offer re-assurance. Staff reflected that they recognised the importance of maintaining patient's confidentiality, privacy and dignity.
- Patients were positive about the centre's clinical staff. A patient told us the staff were "excellent". We observed the reception staff answering patient enquiries and interacting with patients in a friendly manner.
- We saw that all interactions were respectful and considerate. Staff spoke to patients in a supportive manner.

Emotional support

- Staff gave patients support and time to discuss their treatment. We saw that staff spoke to patients about their most recent visit to their local NHS hospital.
- Staff understood the impact that patients' care, treatment and condition had on their wellbeing. Staff we spoke with stressed the importance of treating patients as individuals.
- A member of staff described talking to patients during procedures to put them at ease. They talked about managing anxious patients' by offering them a glass of water, sitting with them and talking with them until they were ready to leave.
- A member of staff explained how they had supported a young patient during their scan by explaining how the scans were taken, provided simulation experience and being at hand to reassure them.

Diagnostic imaging

Understanding and involvement of patients and those close to them

- Staff communicated with patients so that they understood their care, treatment and condition. Patients reported that they were satisfied with the information they were provided by staff. They also told us that when they called the department with a question, staff were always quick to answer with detailed information.
- Patients reported that their conditions and treatment were explained to them in way that they understood.
- Patients and their relatives were encouraged to participate in their treatment. Staff encouraged patients to take responsibility for parts of their treatment. The centre manager told us patients were encouraged to do what they could for themselves to make the service more inclusive.
- Following the inspection, the provider told us music is played in the scanning room during the scan, and patients can choose their preference before the scan. Patients can also bring in a CD or plug in their music device if they had their own music.
- Following the inspection, the provider told us they had provided written information for carers to better understand nuclear medicine examinations and potential risks to carers from the radiation dose.

Are outpatients and diagnostic imaging services responsive?

Good 

Service delivery to meet the needs of local people

- The service was planned and delivered in a way that reflected the needs of the population served and gave choice and continuity of care to patients locally.
- The service provided planned nuclear medicines scans for patients at their convenience through the choice of appointment days and times to suit their needs.
- Staff told us that patients appreciated the accessibility of the service. The centre was located within a residential area close to public transport and major NHS hospitals and independent hospitals. The centre offered ample free parking.

- The environment was appropriate and patient centred. There was a comfortable waiting area with sufficient seating, cold water fountain and toilet facilities for patients and visitors.
- Signage directing patients to the imaging centre was clear, visible and easy to follow. We followed the signs from the main entrance to the imaging centre with ease.
- Staff were trained to use the portable hearing loop to help patients who are hard of hearing. A portable loop which can be used in the scanner room was in use at the centre.
- Following the inspection, the provider told us staff were trained to use the portable hearing loop to help patients who are hard of hearing. A portable loop which can be used in the scanner room was in use at the centre.
- Following the inspection, the provider told us large print information leaflets were available for patients who have poor vision.
- Patients were provided with appropriate information about their visit including maps and directions to the imaging centre.

Meeting people's individual needs

- The service took account of patients' individual needs.
- A detailed assessment of the patients' needs was made prior to the scans been taken. All referrals were reviewed twice, once upon receipt and again the day before the scan to ensure the service could meet the needs of patients.
- If specific needs were identified, they were communicated to the referring consultant to ensure appropriate planning was done prior to the scan. If the referral was for an inpatient from the local NHS trust, contact was made with the clinical area to make sure the following areas were discussed: the condition of the patient, existing medical history, availability of nurse escort, translation requirements, transport arrangements
- Patients were provided with verbal and written procedure-specific information to help them make informed choices about their care and treatment. The patient survey indicated high levels of satisfaction with the information provided pre-procedure. Staff provided patients with more detailed information as part of the consent process.

Diagnostic imaging

- Staff told us that patients with a learning disability or mental health condition were identified prior to the procedure. This allowed staff to assess the individual care needs of this patient group before their appointment.
- Staff provided detailed explanations of the procedures prior at the consent stage. This provided an additional opportunity for patients to raise a concern or ask questions.
- Patients were given information regarding the next steps in their pathway, i.e. the scans were sent with electronically with immediate effect to be reported. This was given verbally alongside written information including who to contact in the event of any side effects.
- The service had several reserved parking spaces for disabled badge holders which were next to the building.
- A play specialist was employed to be around when children were being scanned to support the children through the experience of having a nuclear medicine scan. Children's scans were performed on a separate day to the adults to allow the service to create a more child friendly environment by providing cartoons on display and activities for the children to do while they waited for their scan. During the scan itself, children's DVDs is played on the wall or project colourful characters as wallpaper to make the room more inviting for children.
- Following the inspection, the provider told us feedback from patients were routinely obtained after each scan, and had evidence of feedback from every patient scanned. This feedback was shared with commissioners monthly.
- Following the inspection, the provider told us feedback from patient satisfaction surveys was communicated back to patients if they leave their contact details.
- Following the inspection, the provider told us a play specialist was employed to be around when children were being scanned to support the children through the experience of having a nuclear medicine scan. Children's scans were performed on a separate day to the adults to allow the service to create a more child friendly environment by providing cartoons on display and activities for the children to do while they waited for their scan. During the scan itself, children's DVDs was played on the wall or project colourful characters as wallpaper to make the room more inviting for children.
- People could access the service when they needed it, and there was enough capacity in the service to facilitate urgent scan requests.
- The service updated the referring organisations of the availability of scanning slots approximately four weeks in advance. Referrers determined the priority of individual patients for scanning based on clinical priority, pathway requirements e.g. routine, cancer and waiting times.
- Appointments were made according to urgency specified in the referral. This meant patients requiring urgent procedures had access to the service.
- The service had contractual key performance indicators (KPIs) agreed with the local NHS trust. The service was compliant with all access and flow KPIs. Appointment cancellations were rare. The provider continuously monitored performance to make sure the service was meeting these requirements.
- Appointment times were tailored to meet the needs of individual patients. For example, patients who had diabetes and were taking insulin were scheduled for later in the day. Non-insulin dependent diabetic patients were scheduled earlier to ensure minimal disruption to medicine regimes. Memory assessment patients tended to be scheduled for later in the day as the service showed this suited this type of patient best, as highlighted by recent research.

Learning from complaints and concerns

- We saw a complaints policy which reflected best practice. It was easily accessible to staff. The provider had systems to ensure patients comments and complaints were listened to and acted upon effectively. Patients could raise a concern, and have it investigated and responded to within a realistic time frame as set out by the provider.
- Patients who had concerns about any aspect of the service received were encouraged to contact the centre in order that these could be addressed. These issues were managed through the complaints procedure. The registered manager was responsible for the management of complaints.
- We saw a leaflet displayed at the centre that included their complaints procedure. Information on how to make a complaint was highlighted in the patient information leaflet. Patients we spoke with were aware of how to make a complaint.

Access and flow

Diagnostic imaging

Are outpatients and diagnostic imaging services well-led?

Good 

Leadership

- The registered manager was a radiologist and acted as the centre's radiation protection supervisor (RPS).
- The registered manager was onsite five days a week, the senior technologist acted as the manager in the absence of the registered manager.
- All the staff we spoke with said the registered manager was approachable and could be contacted at any time if required. Staff informed us they felt supported by the management team.

Vision and strategy

- The provider outlined their aims and objectives in their statement of purpose. The provider aimed to provide high quality nuclear medicine services to all patients. Their key objective was to provide state-of-the-art imaging (SPECT-CT scanner) services to patients at the right time and right place, and to provide a smooth service for both the patient and the referrer.
- The service had developed an annual plan for 2018, which summarised its priorities for the year. These included keeping staff up to date with regulatory changes, education of referrers, increasing patient feedback and quality assurance initiatives.
- Staff recognised the key organisational value was to provide a patient focused service.

Culture

- All the staff we spoke with reported there was a positive culture within the service. Staff said they had opportunities for training and development and felt they worked in a friendly environment.
- The service operated a "No Blame" culture and which meant employees were encouraged to speak about problems and mistakes.
- The service had a whistleblowing policy and staff confirmed they could raise concerns with management. Staff recognised their responsibility in relation to the duty of candour.

- Staff informed us there was good communication between staff and the management team and they were kept up to date with organisational priorities.

Governance

- The provider had clear and effective systems of governance and management.
- The service held weekly staff meetings on the day when there was no scanning. The minutes of these meetings were available for all staff to read and review. We reviewed minutes of the last four meetings, which showed staff discussed information uploaded to the online portal. Mandatory training modules, "Paused and Checked" checklists, and incidents and learning points were discussed at staff meetings. There was evidence that learning from incidents was included in discussion, as well as operational risks, supply of radiopharmaceuticals and contrast media, updates to policies and other topics relevant to the professionals attending the meeting.
- There were quarterly governance meetings. We reviewed minutes of the last four meetings and saw that it followed set agenda. Issues discussed included staffing, equipment and training, incidents and risks amongst others, this meant the service had a good governance practice.
- The centre provided information to staff during weekly meetings and via an online system. These included minutes of meetings, policies, changes in legislation, Medicines and Healthcare Regulatory Authority (MHRA) alerts and learning from incidents amongst others.
- The TMI board and the registered manager had monthly meetings to discuss performance and quality. In addition to the monthly meetings, Trinity Medical Imaging also uses the following initiatives to improve the quality of the service it provides; quarterly clinical governance / clinical supervision meetings, annual clinical audits of systems and processes, monthly medical procedure competency audits, staff appraisals and performance reviews, submission of performance data to referring trust, the registered manager also provided monthly quality performance update to staff, and had an oversight of review of current imaging guidelines to ensure best practice. These initiatives provided assurance for quality and safety of service provision. All the technologists we spoke with confirmed that, they had regular performance review to check the quality and accuracy of their scans.

Diagnostic imaging

- There was evidence that concerns and challenges were communicated through the governance processes to the board.
- There was an arrangement for risk management processes and saw evidence of these in written policies and procedure. During the inspection, we were provided with evidence that the service was aware of IR(ME)R and its requirements and that these had been addressed within service. We received assurances from staff that they understood their responsibilities under IR(ME)R and that radiation risk to the patient was being managed within the provider's governance structures. We saw evidence of referral, optimisation, training, involvement of MPE, dose assessment and clinical evaluation of scans and images.

Managing risks, issues and performance

- There was risk management policy which outlined the use of audits, incident reporting, risk registers, benchmarking and staff awareness as assurance of safety and quality service provision.
- Trinity Medical Imaging had completed a risk assessment, which covered hazards and precautions in relation to a range of factors, including abuse, infection control, electrical safety, fire safety and substances hazardous to health, regular fire inspection and maintenances of facilities.
- The provider had systems to monitor performance, including incidents, patient feedback, audits and staff appraisals. These systems highlighted areas of good practice and opportunities for learning.
- There was a business continuity policy, which highlighted key hazards and mitigations, contact details and relevant staff and an emergency response checklist.

Managing information

- The service uploaded diagnostic images on a secured electronic portal and the referrer could access this with a password. Images for NHS patients were uploaded to a national electronic portal, used widely in the NHS to support secure transfer of images.

- The registered manager informed us they were General Data Protection Regulation (GDPR) compliant and took into consideration Caldicott principles when making decisions on how data protection and sharing systems were designed and operated.
- The service had invested in an online portal for staff. Relevant information regarding such as policies and team meetings were uploaded on an online portal to keep track of staff awareness, this demonstrated an effective communication system at the centre.

Engagement

- The service held weekly staff meetings and updated staff about the organisational priorities and new business opportunities. Minutes of meetings as well as other relevant information were available on an online portal for staff to review.
- Senior staff informed us staff were encouraged to raise concerns through the online portal where necessary and this was audited to improve the service.
- The radiologist/registered manager was the referral liaison lead, who engaged with referrers to address any issues they might raise to improve the service quality accordingly.
- Feedback from patients were routinely obtained after each scan, there was evidence of feedback from every patient scanned. The feedback obtained were shared with commissioners on a monthly basis.

Learning, continuous improvement and innovation

- The radiologist contributed to the national guidance for use of Nuclear Medicine/SPECT CT. Technologists at the centre had been trained to work with specialist SPECT CT Scanner equipment.
- The provider offered information to referring trust/clinicians on the referral criteria, regulations, reporting and imaging software. This was to support improved understanding of SPECT CT scanning service.