The Manor Alliance MRI Unit

Quality Report

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

Ratings

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

The Manor Alliance MRI Unit is operated by Alliance Medical Limited. Facilities include a static Magnetic Resonance Imaging (MRI) scanner only.

The service is co-located on the second floor of an independent host hospital. The service receives referrals from consultants within the host hospital, local GP's and occasionally from NHS trusts.

The service provides diagnostic imaging for children and adults. It is registered to provide the activity of diagnostic and screening procedures.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced visit (the service did not know we were coming) to the service on Wednesday 3 April 2019.

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.

Services we rate

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

We found areas of practice that require improvement in relation to diagnostic imaging:

- All staff had received training on how to protect patients from abuse. However, the safeguarding lead could not demonstrate a level of safeguarding knowledge relevant for their role.
- Staff kept detailed records of patients' care and treatment, however staff did not ensure consistency when recording in the patients records.
- The service provided care and treatment based on national guidance, however not all guidance had been version controlled, was up to date and the service could not assure themselves staff had read it.
- The service did not have processes in place to monitor the effectiveness of care and treatment in the unit. There were limited quality assurance audits for both the safety of the MRI machine and image quality.
- The service had enough staff with the right qualifications and skills, however, the service did not provide the radiographers protected time for continuous professional development.
- Risk assessments were not completed for all staff who worked within the MRI scanning area.
- Staff were well presented however they did not use effective control measures to prevent the spread of infection.
- Managers in the service did not have the right skills and abilities to run a service providing high quality sustainable care and we were not assured all senior members of the team were equipped with the appropriate skills to manage others.
- The service did not have a comprehensive local governance framework that allowed them to review performance and safeguard high quality care.
- The service engaged well with patients to plan and manage appropriate services. However, engagement with staff was lacking.

Summary of findings

- Although the service was committed to improving services by learning from when things went well or wrong, there was a lack of emphasis on staff training, research and a lack of innovation.

However, we found good practice in this service:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff completed and updated risk assessments for each patient, managed patient safety incidents well and followed best practice when prescribing, administering, recording and storing medicines.
- Patients had access to enough hydration services to meet their needs and monitored patients to see if they were in pain during procedures.
- Staff of different professional groups worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- The service cared for patients and their carers with compassion and kindness. The service supported carers to be with patients for reassurance during their imaging procedures and the service took account of patient's individual needs.
- The service planned and provided services in a way that met the individual needs of local people. Patients could access the service and appointments in a way and at a time that suited them.
- The service had a complaints policy and treated concerns and complaints seriously.

Following this inspection, we issued the service with a warning notice and told the provider that it must take some actions to comply with the regulations and that it should make other improvements. Details are at the end of the report.

Nigel AchesonDeputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Requires improvement 	This is a diagnostic imaging service run by Alliance Medical Limited. The service is based in Oxford, Oxfordshire and is co located within an independent hospital. We rated this service requires improvement because it required improvement within the safe and well led domains. We do not rate effective for this type of service.

Summary of findings

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Requires improvement

The Manor Alliance MRI Unit

Services we looked at
Diagnostic imaging

Summary of this inspection

Background to The Manor Alliance MRI Unit

The Manor Alliance MRI Unit is operated by Alliance Medical Limited. The service opened in 2004 and is part of the Alliance Medical Limited group. It is a service that is co-located within an independent host hospital in Oxford in Oxfordshire. The hospital primarily serves the communities of Oxfordshire. It also accepts patient referrals from outside this area.

The service offers booked appointments for Magnetic Reasoning Imaging (MRI) scans only.

The hospital has had a registered manager in post since July 2018.

The inspection took place on the 3 April 2019.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in diagnostics. The inspection team was overseen by Amanda Williams Interim Head of Hospital Inspection for South Central and South London region.

Information about The Manor Alliance MRI Unit

During the inspection, we visited the areas where staff carried out magnetic reasoning imaging (MRI) scans, the reception area, changing areas, scanning office and the manager's office. We spoke with five staff including registered radiographers, administration staff and managers. We spoke with two patients. During our inspection we reviewed a range of documents relating to the management and safety of the service. We also reviewed four patient scan records and reports.

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once before which took place in 2013 and we found the service was meeting all standards of quality and safety it was inspected against.

A management team, one lead radiographer, three senior radiographers and two administrators worked at the service as well as having its own bank staff.

Activity (December 2017 – November 2018):

- In the reporting period December 2017 to November 2018 There were 6115 MRI scans performed of these 34 were NHS-funded and 247 were on children under the age of 16 years old.

Track record on safety:

- No Never events.
- Clinical incidents 13 in total including two very low risk, nine low harm, two moderate harm, No severe harm and no death.
- No serious injuries.

No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA).

No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA).

No incidences of hospital acquired Clostridium difficile (c.diff).

No incidences of hospital acquired E-Coli.

No complaints.

Services provided at the hospital under service level agreement:

Summary of this inspection

- Clinical and or non-clinical waste removal.
- Interpreting services.
- Grounds Maintenance.
- Laundry.
- Maintenance of medical equipment.
- Pathology and histology.
- Registered medical officer provision.

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?

Are services safe?

Requires improvement 

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

- Most staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse but not all staff knew how to apply it. The safeguarding lead could not demonstrate a level of safeguarding knowledge relevant for their role.
- Staff reported and we observed they did not always sign out of their log in when leaving the computer. This resulted in other radiographers documenting patient details under the incorrect log in. Therefore staff were not following the AML records management policy.
- Staff completed and updated risk assessments for each patient. However risk assessments were not completed and up to date for all staff accessing the MRI scanner.
- Staff were well presented however they did not use effective control measures to prevent the spread of infection.

However:

- The service provided mandatory training in key skills to all staff and ensured everyone completed it.
- The service had suitable premises and equipment and looked after them well.
- The service had enough staff with the right qualifications and skills.
- Appropriate systems were in place for prescribing, administering, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The registered manager 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.

Are services effective?

Are services effective?

We do not have enough evidence to rate effective for this type of service

Summary of this inspection

- The service provided care and treatment based on national guidance, however not all guidance had been version controlled, was up to date and had assurance staff had read it.
- The service did not have processes in place to monitor the effectiveness of care and treatment in the unit.
- The service did not provide staff with development or clinical supervision opportunities. Staff appraisals were out of date and there was no clinical supervision available for staff or protected time for radiographers to complete continuous professional development.

However:

- Patients had access to hot and cold drinks to meet their needs.
- Staff monitored patients to see if they were in pain during procedures.
- Staff of different professional groups worked together as a team to benefit patients.
- The service ran a seven-day service if required and could accommodate urgent diagnostic scans.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff followed the service policy and procedures when a patient could not give consent.

Are services caring?

Good

We rated it as **Good** because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

Good

Are services responsive?

We rated it as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs, it had a proactive approach to understanding individual needs, was accessible and promoted equality.

Summary of this inspection

- Patients could access the service and appointments in a way and at a time that suited them.
- The service ran a six-day service increasing to seven days if the need arose and could accommodate urgent diagnostic scans.
- The service had a complaints policy, treated concerns and complaints seriously, investigated them, and learned lessons from the results in a timely manner, which they shared with all staff.

Are services well-led?

Requires improvement 

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

- Although the corporate arrangements for governance was clear, the service did not have a comprehensive local governance framework that allowed them to review performance and safeguard high quality care.
- The service collected, analysed, and used information well to support all its activities, using secure electronic systems with security safeguards. However, the service did not ensure electronic systems were used safely and effectively by staff.
- The service engaged well with patients to plan and manage appropriate services. However, engagement with staff was lacking.
- Although the service was committed to improving services by learning from when things went well or wrong, there was a lack of emphasis on staff training, research and a lack of innovation.
- The service had systems in place to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. However, we were not assured the service's quality assurance processes were effective in identifying risks.

However:

- Managers at most levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Requires improvement

Diagnostic imaging

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

Are diagnostic imaging services safe?

Requires improvement

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

Mandatory training.

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

- Mandatory training was a mixture of face to face and on-line training. Subjects included: basic life support, complaints handling, conflict resolution, equality and diversity, infection control, information governance, fire safety at work, health and safety, the mental capacity act, safeguarding adults, and safeguarding children training. This ensured all staff had information to care for patients with a diverse range of needs.
- Clinical staff were also required to complete additional mandatory training, including: immediate life support children and adults, medicines management in imaging, and patient handling.
- All staff we spoke with told us they had completed mandatory training. They said their mandatory training was easily accessible and staff could track their own mandatory training compliance through an electronic training system. The registered manager monitored mandatory training completion and reminded staff to complete it. In addition, staff received a reminder email 60 days and 30 days before their mandatory training expired.
- Mandatory training completion was linked to performance pay and annual increments and was monitored closely at corporate level.
- Data we reviewed showed a 97% compliance with the mandatory training curriculum (both face-to-face and e-learning). This was above Alliance Medical Limited (AML)'s target of 95%. This evidenced that staff complied with mandatory training requirements.

Safeguarding.

Although all staff had training on how to recognise and report abuse, not all staff knew how to apply it. We were not assured all staff had sufficient knowledge and confidence to recognise and report abuse.

- Staff had training on how to recognise and report abuse and were required to undertake vulnerable adults safeguarding training and level one and two safeguarding children's training. We saw all staff had received adult and children's level two safeguarding training. This met the intercollegiate guidance 'Safeguarding children and young people: roles and competences for health care staff' (January 2019).
- However, four out of the five staff we spoke with were not aware who the lead for safeguarding within AML was or who the lead within the host hospital was. While there was a corporate safeguarding lead, who was available to provide support to staff, they were unable to name the individual.
- Staff we spoke with had not made any safeguarding referrals; and most staff were unable to confidently tell us how they would identify a safeguarding issue and what action they would take. Four out of five staff we

spoke with reported they would inform the lead radiographer or registered manager but were unaware of the providers pathway within the safeguarding policies.

- The service had a safeguarding lead who had received safeguarding children's training to level three, which is in line with the intercollegiate guidance which states a safeguarding lead for a service that sees children should be trained to level 3 in children's safeguarding training. Through conversation with the safeguarding lead we were not assured they could demonstrate enough safeguarding knowledge for their role, for example they were unable to describe any of the six safeguarding principles.
- All staff we spoke with were aware of female genital mutilation, child sexual exploitation and had completed PREVENT training. Prevent focuses on all forms of terrorism and operates in a 'pre-criminal' space'. The Prevent strategy is focused on providing support and re-direction to individuals at risk of, or in the process of being groomed /radicalised into terrorist activity before any crime is committed.
- The service had up-to-date safeguarding adults and children's policies in place. Both policies reflected relevant legislation and provided staff with information about what constitutes abuse, and advice on what to do in the event of a concern.
- Staff had access to a children's nurse through the host hospital. When a child who might require distraction, due to their age was due for a scan, the children's nurse attended the unit to support the child. For older children, the children's nurse would only attend on the request of staff in the MRI unit, but could always be contactable for advice and support. Children were always booked on to a list when a children's nurse was on duty.

Cleanliness, infection control and hygiene.

Staff were well presented however they did not use effective control measures to prevent the spread of infection.

- AML had infection prevention and control (IPC) policies and procedures in place, which provided staff with guidance on appropriate IPC practice. There was also a corporate lead for IPC, who was responsible for ensuring standards were maintained and provided IPC support.
- The service kept a daily cleaning log to record the area's and equipment that required daily or weekly cleaning/checking. We reviewed the last four weeks 25 February 2019 to 25 March 2019 and noted on two Thursdays there was no documentation completed. For the week commencing 25 March 2019, the pump injector that administers contrast had only been checked two out of six days. For two out of four weeks the trolley bed had not been checked or cleaned. We saw there were no explanations documented regarding whether equipment was broken, not cleaned or any actions taken by staff.
- AML's senior IPC team conducted a yearly infection control audit. The last audit in September 2018 identified areas of improvement required such as sharps bins to be correctly assembled, labelled with date, locality & signed. We observed this to be evident during inspection and sharps bins were clean, dated and not overfilled. The service was 92% compliant with the audit compared to 88% in the previous year.
- During inspection we saw staff to be compliant with uniform policies, which included all staff to be bare below the elbows and for long hair to be tied up, which followed infection control best practice.
- The host hospital used an external company for cleaning who also provided the cleaning products which we observed to be stored safely.
- Personal protective equipment such as gloves and aprons were available to staff. We saw appropriate use of gloves when staff cleaned couches and equipment after patient use.
- We saw hand sanitiser dispensers placed in prominent positions throughout the service to encourage use by both staff and patients. We observed staff use the hand sanitiser appropriately and washing their hands between patients.
- The service stored clean and dirty laundry separately. Waste was handled and disposed of in a way that kept people safe. Staff followed policy to handle and sort different types of waste.

Diagnostic imaging

- Staff who inserted intravenous access devices to patients had received training on the specific procedures necessary for the safe insertion and maintenance of the device, and its removal. Monthly peripheral vascular device (PVD) audits were completed for all clinical staff who inserted PVDs.
- We saw evidence that in March 2019 82% of patients were very satisfied with the cleanliness of the department.
- There had been no incidences of healthcare acquired infections at the service in the 12 months prior to our inspection.

Environment and equipment.

The service had suitable premises and equipment and looked after them well.

- Patients arrived in the reception area and the reception team greeted them. The environment was private, and patients were not overheard when providing their personal details. Patients were directed to one of two waiting areas, both of which had comfortable chairs and changing areas with lockers which met patient's needs. The waiting areas were clear of clutter.
- The service was located on the second floor of the building, accessed by a lift or stairs and had access to toilets for the disabled.
- The service had one MRI machine only and shared the scanning operation room with the host hospital's Computerized Tomography (CT) scanning staff.
- When patients were ready for their scan, a member of staff escorted them through swipe card access doors to the appropriate room. This reduced the risk of patients or visitors accessing radiation restricted areas.
- Staff escorted patients to the imaging rooms on the second floor. When the scan was finished staff escorted patients back to the changing areas.
- All equipment had a sticker detailing when the external companies last tested them. All equipment we observed was up to date with servicing. The registered manager held a database of when each piece of equipment required a service. We saw evidence of all external servicing paperwork.
- The service had working magnet warning signs outside the MRI room which lit up when the magnet in the MRI scanner was turned on, a lockable MRI door and a safety barrier pulled across when a patient was in the scanner to prevent unauthorised access.
- Staff labelled all equipment, such as the wheelchair, in both MRI areas as MRI safe (were safe to use in the same room as the magnet), in line with The Medicines and Healthcare products Regulatory Agency (MHRA) recommendations. The service had a MRI safe stretcher that staff could use to transfer a patient from the scanner into the corridor in the case of a medical emergency.
- Fire extinguishers outside of the MRI scanning room were clearly labelled as MRI unsafe.
- The service had easily accessible resuscitation trollies that were checked and maintained by the host site staff. Staff from Manor Alliance MRI unit checked the trollies were where they should be at the start of the day. We saw this was evidenced and completed for the last four weeks on the daily checklist.
- The service stored cleaning materials securely in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the legislation which requires employers to control substances which are hazardous to health.

Assessing and responding to patient risk.

Staff completed and updated risk assessments for each patient. However risk assessments were not up to date for all staff accessing the MRI scanner.

- Each morning all staff had a briefing meeting to discuss the MRI scans booked for the day and if there were likely to be any potential concerns that could be addressed quickly. This ensured all staff were informed of the day's workload and any potential risks for patients.
- Administration staff kept clear records of referrals and reports and asked for support when necessary from the radiographers if required. Radiographers screened the referrals against a set criterion and determined whether there were any reasons why the scan could not be undertaken. If they had concerns they passed

the referral to the appropriate radiologist for review before offering an appointment. This was to ensure they could achieve good diagnostic image quality and timely MRI scan appointments.

- All patients were required to complete an MRI safety checklist prior to receiving a scan. Questions on the checklist included asking whether the patient (or visitor) had a pacemaker, a prosthesis, if they were pregnant or if they had any shrapnel injuries. The checklist also included an aide memoire to ensure all aspects of MRI safety concerns were covered.
- All staff working within the MRI department were also required to complete an MRI safety checklist due to the likelihood they may enter the scanning area during the working day. During our inspection, staff asked us to complete a safety checklist form.
- However, during inspection, we asked to review all staff's completed MRI safety checklists which staff were unable to locate. After the inspection we were provided with completed checklists for all staff who worked within the MRI scanning area. Nine out of 11 forms had been signed after the date of the inspection.
- Staff told us what action they would take if a patient became unwell or distressed while waiting for, or during, an investigation. The action taken depended on the specific situation and staff provided examples which showed they would take appropriate action.
- There was a defined pathway to guide staff on what actions to take if unexpected or abnormal findings were found on a scan. The pathway included the contact numbers for radiologists at the host hospital. Reports for such findings were completed urgently to ensure further investigations or treatment was provided promptly.
- Staff described a situation where they discovered abnormal findings on an MRI scan. The staff member followed the pathway of contacting the referrer immediately and at the same time calling an ambulance and letting the local NHS trust know of the patient's imminent arrival. They produced their report immediately and gave it to the patient to share with the NHS trust whilst keeping the patient calm and reassured.
- All patients who required intravenous contrast during their scan underwent a specific blood test to check their kidney function. The radiologists or the resident medical officer (RMO) from the host hospital were responsible for reviewing blood test results prior to prescribing contrast medium for a patient. Contrast media is a substance administered into a part of the body to improve the visibility of internal structures during radiography. This was in line with the National institute of Clinical Excellence (NICE) acute kidney injury guidelines and the Royal College of Radiologists (RCOR) standards for intravascular contrast agent administration.
- In accordance with Alliance Medical policy, there were two members of staff that were immediate life support (ILS) trained on duty at any one time. All staff had had training in adult and children's ILS.
- The service fitted all waiting rooms, the MRI scanning area and changing areas, with emergency bells to alert staff of any potential concerns. All emergency call bells activated a bleep system which alerted the host hospitals emergency response team to attend the emergency.
- From November 2017 to December 2018, there were no medical emergencies recorded which required transportation out of the service.
- To safeguard patients against experiencing incorrect investigations, staff asked patients to confirm their identity by providing their full name, date of birth and site for the scan. This evidenced staff followed the Society and college of Radiographers (SCOR) best practice by using the 'paused and checked' checklist which the service displayed in the scanning room.
- A buzzer was given to patients whilst on the bed within the MRI scanner which patients could press if they wanted to alert the radiographer to stop the scan.
- The service had up-to-date local rules for the MRI scanning, describing safe operating procedures and a framework of work instructions for staff in line with best practice. We saw evidence all staff had signed they had read the local rules.
- The lead radiographer was the MRI responsible person and the service was supported by a medical physics expert who was external to the service and the MRI

safety officer. However, only three out of the five staff we spoke with were aware who this was or how they could contact them. Staff who were aware could not recall the last time they contacted the expert. This did not assure us staff were accessing and receiving safety advice regarding the MRI scanning processes on a regular basis.

- There was a process for the assessment of patients who may be pregnant. Posters in all waiting areas requested patients to talk to staff if they suspected they may be pregnant. Staff used a checklist to assess any potentially pregnant patient prior to any investigation and patients verbally confirmed they were not pregnant.
- Staff reported a registered professional clinical training company had recently demonstrated a training scenario where a patient had collapsed during an MRI scan. However, it was identified staff from the host site were not involved in the scenario training, which was not in line with the AML Management of Medical Emergencies Policy and Procedure policy which states "A cardiac arrest practice/run through will be conducted in conjunction with the host site". Staff we spoke with reported this did not happen, however they did assure us regarding their ability and knowledge to remove the patient from the MRI scanner in a emergency situation.
- Each evening the radiographers reviewed the next day's scheduled scans and highlighted to staff on duty the next day if there were any concerns. Communication would be written in the handover book and/or emails would be sent to the individual members of staff.

Radiographer/administration staffing.

The service had enough staff with the right qualifications and skills.

- The service employed two full time radiographers, two part time radiographers, two part time administration staff and a manager for the unit, who was also the CQC's registered manager. There was currently one vacancy for a part time administrator.
- The service followed AML's safe staffing requirement pathway to ensure staffing levels in the unit were safe. Usual daily staffing consisted of two radiographers, one administrator and a unit manager. However, due to staff sickness, the unit manager had sometimes needed to complete administrative duties.
- In the period of July 2018 to November 2018 the service had a 0.01% sickness rate and used bank staff to cover the staff absence.
- Staff reported agency use was minimal and in the reporting period of December 2017 to November 2018 agency had been used once to cover a radiographer's shift. Where possible the service used agency staff that had worked at the service before.
- The service ensured there were always at least two staff members on site during working hours, to support the needs of patients and maintain staff safety.

Medical staffing

- The service did not directly employ any medical staff. However, staff did have access to onsite radiologists and a registered medical officer (RMO) who worked for the host hospital. They were available for the core working hours of the service.
- The service liaised with the different radiologist specialities who reported on the MRI images. Most radiologists were NHS employed and worked within the host hospital using practicing privileges. Staff reported all radiologists were easily contactable either via email, phone or face to face.

Records

Records were clear, up to date and easily available to all staff providing care. However staff did not always sign out of their log in when leaving the computer and therefore the service could not always identify the staff member responsible for the entry.

- Staff reported, and we observed, they did not always sign out of their log in when leaving the computer. This resulted in other radiographers documenting patient details under the incorrect log in. Therefore, staff were not following the AML records management policy and this posed a risk to patients.
- The service received referrals by email, or in person. Administrators scanned the referral forms onto the

electronic patient system, and then shredded the information. Completed MRI safety consent forms were also scanned onto the electronic system in the same way.

- Staff could access electronic patient records easily. The service kept these records securely on electronic systems to prevent unauthorised access to data.
- The service had an electronic radiology information system (RIS) for storing completed images and the associated reports, which was password protected. Staff completed patient records, with details of all investigations and their findings electronically on RIS and on the host hospitals system. These were accessible only to radiology staff for reporting and clinicians who had requested the image.
- Scan reports were completed by the reporting radiologists and were sent electronically to the referring clinician. If urgent medical attention was required, this was immediately reported, and a copy of the report was sent with the patient to the local acute hospital. The service aimed to send all other reports within three working days of the patient's scan. For March 2019, the service was producing reports within two days of the patient's scan.
- During our inspection, we reviewed four reports. We found all reports were written clearly and included patient identification, reason for the scan, clinical information, as well as a description of findings, conclusions, and recommendations.

Medicines.

Appropriate systems were in place for prescribing, administering, recording and storing medicines.

- A corporate medicines management policy was available to staff on their electronic system, which was in date and followed national guidance. Staff had access to a pharmacy advisor for medicine management support from within the host hospital as well as AML.
- Medicines were stored in lockable cupboards which were temperature controlled by an external company who had a service level agreement with the host hospital. Staff were not aware of this until it was discovered during the inspection. However, staff assured us if there had been any issues with the temperature storage of the medicines the external company would have alerted the host hospital.
- The service did not store or administer controlled drugs.
- All patients who required contrast or a muscle relaxant required a prescription which had been written by the appropriate radiologist and documented on the prescription chart.
- Patients who required contrast were only booked if there were two radiographers on duty due to the risk of reaction to the contrast.
- If children required contrast they would have the intravenous cannula inserted either within the MRI department or on the children's unit by a paediatric nurse. Staff told us it was rare that children required contrast.
- All clinical staff had completed a medicines management in imaging module to increase their awareness in the correct processes and procedures.
- Allergies were clearly documented on the referral forms and on the electronic patient records. Staff verbally checked allergies during the patient safety questionnaire.

Incidents.

The service managed patient safety incidents well.

- Staff recognised incidents and reported them appropriately. The registered manager 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.
- Staff reported incidents on an electronic reporting system although two out of the five staff we spoke with had never reported an incident but could describe what how and when an incident should be reported. Staff were aware of their roles and responsibilities for reporting safety incidents and near misses. The registered manager encouraged staff to report incidents.

Requires improvement

Diagnostic imaging

- Never events are serious patient safety incidents which should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. From December 2017 to November 2018, the service did not report any incidents classified as a never event taking place in their diagnostics services.
- In accordance with the Serious Incident Framework 2015, the service did not report any serious incidents in the 12 months prior to our inspection.
- In the period of November 2017 to December 2018 the service documented 13 incidents which varied from human resources errors, patients fainting, and a lost phone. The service documented actions taken, and lessons learned.
- Staff discussed incidents in team meetings including incidents that may have occurred across other AML sites as a source of learning. Staff shared an example of where a patient in another AML unit had been locked in the MRI unit as staff had left without checking the changing area. It was now process for staff to check all areas of the MRI department before leaving.
- AML issued a monthly 'Risky Business" newsletter which detailed any incidents that had occurred across AML to share learning with all staff members. All staff we spoke with reported they read it every month.
- Staff and the registered manager were aware of the types of incidents that they must report to the CQC and other bodies and we saw evidence this was displayed in the manager's office.

Are diagnostic imaging services effective?

This was the first time we have rated this service. We do not rate effective for this core service.

Evidence-based care and treatment.

The service provided care and treatment based on national guidance however not all guidance had been version controlled, was up to date and had assurance staff had read it.

- Staff had to sign and date a checklist to confirm they had read policies and guidance. We saw evidence of these completed checklists for policies and the local rules however we did not see evidence of a checklist for the hard copy protocols or safety information.
- The service worked in line with the Royal College of Radiologists (RCR) and the College of Radiographers as well as other national bodies.
- We reviewed 10 policies and three standard operating procedures. We reviewed hard copies, but we also noted these were on the service's intranet system. All policies and protocols contained a next renewal date, which ensured the service reviewed them in a timely manner.
- We reviewed nine hard copy MRI safety documents including MRI compatibility of Amplatzar occluders (a device used in heart surgery), patients with gastric bands and implants, and eye ring retinas. Seven out of the nine documents were more than five years old with no version control, date of review or evidence of staff signatures and dates to show staff had read them. Staff told us these documents were not available on line. Therefore, we did not have assurance the provider was using up to date, relevant safety documents which could therefore place patients at risk due to staff not being aware of current MRI safety recommendations.
- There were no standardised audits completed to demonstrate the safety performance of the MRI scanner. Staff relied on the manufacturer's quarterly services to gain assurance. We saw some evidence staff checked the helium and coils, but staff did not formally document or complete these audits daily or weekly. Therefore, the provider was not consistently and effectively using quality assurance audit to monitor the quality and safety of the MRI scanner.
- Radiographers used protocols for scanning individual areas or parts of the body. Mostly radiologists

provided the protocols for use for individual patients, but some protocols were standard for example a scan of the lumbar spine could be done using a pre-programmed protocol on the MRI scanner.

- We found the protocols were stored within the MRI scanner, printed out in hard copy and stored on the Alliance Medical Limited's (AML) intranet. The service also used the local areas musculoskeletal imaging service protocols which were detailed on the services website.
- Staff were unable to assure us the printed protocols matched those on the Alliance Medical Limited's intranet and protocols stored within the MRI scanner. Therefore, the provider could not be assured the protocols the radiographers were using were up to date and relevant which could place patients at risk of staff using the wrong protocols which in turn could affect image quality and the final investigation outcome.
- Staff also reported if they were unsure which protocol to use they would review previous patient MRI scans to find the most appropriate protocol for the patient. This did not assure us the pre-programmed protocols the service was using were up to date and appropriate for use.
- A corporately developed audit schedule was in place, which the service participated in. This included hand hygiene, patient satisfaction surveys and Nuffield Static Image Quality. We did not see evidence of the image quality results and there was limited evidence that audit findings were discussed and disseminated with staff.
- Staff told us they were kept up-to-date with changes in policies through the unit manager, by email from corporate managers and in the monthly newsletter.
- We saw no evidence of any discrimination, including on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief, and sexual orientation when making care and treatment decisions.
- The service held a dual policy contract with the host hospital which included and was not limited to infection prevention and control, fire policy, non-medical referrers standard operating procedures and children and young person's pathway. This had been signed by both the matron of the host hospital and the registered manager in March 2019.

Nutrition and hydration.

Patients had access to enough hot and cold drinks to meet their needs.

- There was a water dispenser and complimentary tea, coffee and hot chocolate available in the waiting area.
- The service offered people appointment times to reflect their needs and preferences if they had specific cultural needs, were fasting or diabetic.

Pain relief.

Staff monitored patients to see if they were in pain during procedures.

- Due to the nature of the service, if required, patients self-managed their pain prior to their appointments. However, if a patient expressed concerns about pain, staff assessed patients on an individual basis informally and provided guidance and support to manage the situation accordingly.
- Pads and supports were available for patients to minimise pain whilst in the scanner, and staff checked throughout the scan if the patient was comfortable.

Patient outcomes.

The service did not have processes in place to monitor the effectiveness of care and treatment in the unit.

- There were limited audits to review the quality of MRI scans. The host hospital's radiologists reviewed a very small percentage of the scans completed by AML for another private provider. This accounted for 130 – 180 out of 400-650 of patients and the service sent only 10 percent for review. No further audits or peer review of image quality were carried out. The service therefore did not have assurance the standards of their images were consistently high.

Diagnostic imaging

- There were no discrepancy meetings held as per the Royal College of Radiologists recommendations and staff reported they did not receive feedback from the audits, which meant that areas for learning and improvement were not being addressed.
- AML participated in the Imaging Service Accreditation Scheme (ISAS) with a date of accreditation from July 2018 until July 2021. ISAS has been developed to support diagnostic imaging services to manage the quality of their services and make continuous improvements; ensuring that their patients consistently receive high quality services delivered by competent staff working in safe environments.
- There were no formal meetings with the radiologists nor the host hospitals radiography lead to discuss discrepancies around images. Staff reported the radiologists would contact individual staff directly to discuss concerns regarding image quality. Staff we spoke with reported this rarely happened.
- AML had recently started to implement an average daily scanning target which was monitored by the registered manager as part of the services performance targets. Information received by the service showed the service had exceeded their average daily scanning target in February and March 2019. The registered manager reported the service was the busiest Nuffield MRI unit across AML.

Competent staff.

The service did not provide staff with development or clinical supervision opportunities. Staff appraisals were out of date and there was no clinical supervision available for staff or protected time for the radiographers to complete continuous professional development.

- Radiographers reported they were not given any protected time to complete continuing professional development as the unit was very busy. This was against the Society of Radiographer's recommendations who advise "The science of MR and technological developments in equipment and device implants evolves rapidly and radiographers must ensure that their knowledge skills and competencies keep pace with these advances in order to ensure a quality and safe service."
- Staff reported they did not have any formal clinical supervision opportunities at the unit. Access and interaction with other Alliance Medical Limited staff were minimal which reduced other opportunities to complete any supervision.
- The human resources (HR) for AML were responsible for ensuring staff held the right qualifications, skills, knowledge and experience to do their job when they started their employment and were responsible for ensuring staff remained competent in their role on an on-going basis. The registered manager only had access to staff's Disclosure and Barring Service (DBS) certificates which were all up to date.
- All staff we spoke with were due for an appraisal and the registered manager reported they had diarised the appraisals for April 2019.During inspection the registered manager reported they did not have access to staff's previous appraisals, however following the inspection these were provided. The appraisals showed they were completed in February 2018 and were aligned to the AML's values and vision. However, none of the appraisals detailed future objectives. Therefore, the new registered manager was unable to assess if staff had achieved their objectives.
- We saw evidence each radiographer had signed to say they had read the MRI safety policy, however all staff we spoke with reported they had not received any safety training around entering the MRI scanning area and when requested the service was unable to provide us with any evidence of training. The society of radiographers recommend that "all staff working within the MRI unit should have knowledge and understanding of the threats posed by the static magnetic field".
- Each radiographer had to complete five cannulations per month to demonstrate they retained their competence to do so. Records of this were kept in the individual member of staff's online file.

Multidisciplinary working.

Staff of different professional groups worked together as a team to benefit patients.

- Healthcare professionals supported each other to provide good care. Staff at the service worked closely

with referrers to enable patients to have a prompt diagnosis and promote a seamless treatment pathway. If they identified concerns from scans, they escalated them to the referrer.

- The administration team were an integral part of the team and were instrumental in improving the administrative processes. We observed good joint working between the radiologists, radiographers and the administration team.
- We observed the local team working well to provide safe and effective care and treatment for patients who required an MRI scan. All staff commented on how well they worked as a team despite being a small team.
- During our inspection, we also observed the local team working well with staff of all backgrounds from the host hospital. Staff from the MRI unit were equally as complimentary about their interaction with staff from the host hospital and knew they could approach staff for advice and support if required.

Seven-day services.

The service ran a seven-day service if required and could accommodate urgent diagnostic scans.

- Primarily the service offered six-day services for MRI scanning but could accommodate a scanning list on a Sunday if required to meet demand. The service was open 8 am to 8 pm during the week and 8 am to 6 pm during the weekend.
- The service kept one appointment a day for an emergency which staff reported was generally used.

Health promotion.

- Information leaflets were available for patients to inform them what to expect during their MRI scan as well as infection prevention and control leaflets. However, we did not observe any additional information in the MRI unit to support healthy living and lifestyle choices in line with national priorities.

Consent and Mental Capacity Act.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

- Staff followed the service policy and procedures when a patient could not give consent.
- Mental Capacity Act (MCA) 2005 training was completed as part of mandatory (safeguarding vulnerable adults) training. All staff had completed this training.
- Staff told us the training they received focused on obtaining consent from adults prior to completing the MRI scan. Discussions with patients included a description of the scan, the possible side effects and the recovery period. Staff gave patients the opportunity to discuss concerns or queries prior to confirming consent.
- Staff recognised and respected a patient's choice; for example, if they chose not to have any imaging when they arrived for their appointment.
- We saw the service correctly using an MRI safety consent form to record patient consent, which also contained their answers to safety screening.
- AML's consent policy covered children under and over the age of 16 years and referenced Gillick competency. Gillick competency is a test in medical law to decide whether a child of 16 years or younger is competent to consent to medical examination or treatment without the need for parental permission or knowledge. It clearly stated only a doctor could determine if the under 16-year-old was competent to consent to the MRI scan. Staff we spoke with were aware of the consent policy.
- Staff would normally receive information regarding a patient's capacity to consent from the referrer. Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. For example, being aware of who could consent for the patient.
- Staff stated it was unlikely they would see patients with mental capacity issues in their service, but they were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions.

Are diagnostic imaging services caring?

Requires improvement

Diagnostic imaging

Good

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

Compassionate care.

Staff cared for patients with compassion.

- Feedback from patients confirmed that staff treated them well and with kindness.
- Staff demonstrated a kind and caring attitude to patients. This was evident from the interactions we witnessed on inspection and the feedback provided by patients.
- Staff introduced themselves and explained their role and went on to fully describe what would happen during the procedure. Staff wore name badges which were visible and clear.
- Staff ensured they maintained patients' privacy and dignity during their time in the department and the scanner by using blankets. The service did not require all patients to undress for the MRI scan.
- All patients we spoke with said they would recommend the service to friends or family.
- Patients reported:

"Really good service I would recommend to friends and family".

"We received and understood all the information that was given to us and have been kept well informed and are happy with the service provided" "We felt very welcomed and were treated well".

- The service had an up to date chaperone policy and the administration staff would on occasion act as a chaperone if required.

Emotional support.

Staff provided emotional support to patients to minimise their distress.

- Staff supported patients through their scan, ensuring they were well informed and knew what to expect.
- Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calming and reassuring demeanour so as not to increase anxiety in nervous patients.
- We observed staff providing ongoing reassurance throughout an MRI scan, updating the patient on how long they had been in the scanner and how long they had left. Patients could communicate directly with the radiographer during the scan by way of an intercom and held an emergency button if they needed to come out of the scanner.
- One patient reported administration staff explained about the MRI scan at the point of booking the appointment and completed the MRI safe checklist over the phone. On arrival, staff checked it again on the day of the MRI scan.

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.

- Staff said they took the time wherever possible to interact with patients and their relatives. We observed staff taking time to speak with patients in a respectful and considerate way.
- The service allowed for a parent or family member or carer to remain with the patient for their scan if they were anxious. This meant patients did not have to be alone for their scans. Staff ensured the patients carer completed an MRI safety questionnaire and provided them with headphones to reduce the noise.
- Patients we spoke with told us they were involved with decisions about their care and treatment and were aware of what the next steps in their treatment were.
- The service collected patient comments with 98% of 67 patients who visited the service in March 2019 being very satisfied with the service.

Requires improvement

Diagnostic imaging

Are diagnostic imaging services responsive?

Good

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

Service delivery to meet the needs of local people.

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

- The service was accessible to people with mobility constraints. There was underground parking including spaces for disabled badge holders, and there was wheelchair access throughout the patient areas. The reception area had a low desk to enable staff to greet patients in wheelchairs. The reception desk had access to a hearing loop for people who were hard of hearing.
- The environment was appropriate, and patient centred with comfortable seating areas, adequate toilets and drinks machines. However, the waiting area did not contain any child friendly books or toys had did not have a separate waiting area for children. However, children were also able to wait in the paediatric unit's play area.
- There was free car parking for patients, but this often became full quickly. To mitigate the risk of running late for appointments, the service requested patients arrived 15 minutes before their appointment time. Patients we spoke with reported they did not have any concerns with the car parking arrangements.
- The service provided early morning, evening and weekend appointments to accommodate the needs of patients who were unable to attend during the working day. The service opened Monday to Saturday (although the Alliance Medical Limited's (AML) website states Monday to Friday) and would accommodate patients on a Sunday if the demand was great enough.
- The MRI scanner was a wide bore scanner which could accommodate patients with a weight of up to 250 kg. Staff assessed each patient on an individual basis as to whether the scan would be appropriate or safe for them. If a scan was not appropriate, staff would refer the patient back to the referring clinician to discuss suitable alternative imaging.
- Information the service provided showed there were 459 cancelled MRI scans in the period of December 2017 – November 2018.387 were cancelled by patients and eight were due to scanner breakdowns. The others were due to patient illness and other unspecified reasons.

Meeting people's individual needs.

The service took account of patients' individual needs, it had a proactive approach to understanding individual needs, was accessible and promoted equality.

- The service supported patients to have a carer with them for the MRI scan. Staff explained the risks regarding the magnet where relevant and asked the carer to sign consent and to complete a safety checklist for their attendance during the scan. This meant patients could have a relative or friend with them during a procedure for reassurance.
- Staff invited patients to bring their own music to listen to in the MRI scanner, but also had a radio station for patients to listen to which helped to distract them from the scan.
- Staff booked most appointments with the patient face to face or over the telephone. We observed staff spending time with patients to explain the procedures. Staff commented it was nice to be able to spend time with patients without feeling too rushed. All patients we spoke with commented they did not feel rushed throughout their procedure.
- If the service had to cancel a scan due to mechanical failure for example, staff informed patients immediately and offered the next available appointment that was suitable for their needs. Staff told us they did everything possible not to cancel patient appointments. This included accommodating patients who arrived late for their appointments and staying on later than the closing time if necessary for emergency scans.
- Staff invited anxious patients or patients with a diagnosis of dementia or learning disabilities to have a

look around the scanner prior to their appointments if required. This ensured they could familiarise themselves with the room and the scanner to decrease any apprehension. Staff also encouraged patients to bring someone with them to support them, who could be present in the scan room if necessary.

- The service provided patients with information leaflets for example infection prevention and control, 'MRI – a guide to your scan' and how patient information is stored. However, the leaflets did not contain a review date therefore the service could not be assured the leaflets contained the most up to date information. There was no information regarding obtaining the leaflets in different languages, braille or large print.
- The service had access to a language translation telephone line and face to face interpreters through the host site. Staff reported most patients brought an independent interpreter with them especially if they were from overseas.
- Leaflets were also available on the services website however at the time of inspection the leaflets were inaccessible. This was raised with the registered manager during inspection who reported the information technology team within AML were aware of the issue and were working to resolve it.
- A sign was available at reception to alert patients if there was just a female or male only radiographer team on duty. Staff reported they would ask most patients if they preferred a same sex radiographer to complete their scan and would book the appropriate appointment.

Access and flow.

Patients could access the service and appointments in a way and at a time that suited them.

- The service offered appointment times before and after working hours to suit the patient. The patient could speak to an administration member of staff if there was not a suitable appointment available.
- The current waiting times for an MRI was two to three days but there was one slot a day reserved for any urgent scans.
- The service completed a monthly quality score card which contained performance measures on referral to scan time, scan to report time, did not attend rates, and patient engagement and satisfaction information. Information for March 2019 showed the service was currently scanning patients eight days from referral, and reports were completed within two days of the scan which met AML's targets.
- We observed, and patients told us, they waited no more than 10 minutes for their investigation. On the day of inspection, we noted at lunch time the appointments were running 20 minutes late. We observed the reception staff give clear waiting times and they reassured the patient in a calm and pleasant manner. However, the service did not audit the patient waiting times as an opportunity to identify any areas of service improvement.
- The service aimed to send results of investigations to the referrer as quickly as possible and advised patients the GP or referring consultant would contact them to discuss the results. The service monitored these times and for March 2019 turnaround times from scan to publication was two days.
- The service would call the patient before 2:30 pm, the day before their scheduled appointment as a reminder and confirmation of their appointment.
- The service had a 'did not attend' policy for those patients who did not arrive for their scan. If the patient did not attend, the booking remained in the system and arrangements would be made with the patient to re-schedule their appointment. If the patient did not attend on three occasions, they would be referred to the referring clinician.

Learning from complaints and concerns.

The service had a complaints policy and treated concerns and complaints seriously.

- The service received no formal complaints in the period between December 2017 and November 2018.
- AML had a policy for managing complaints, which included timescales for acknowledging a complaint (two working days) and responding within 20 working days. The policy also outlined the duty of candour which ensures providers of healthcare services must 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.

- Staff were aware of the requirement to enter all complaints on to the electronic recording system and to alert the registered manager. This was in line with AML's Management of Concerns and Complaints policy and procedure.
- There were information leaflets detailing how to make a complaint or compliment available in the reception and waiting areas and available on AML's website.
- All patients we spoke with were very happy with the service received and saw no reasons to make a complaint.
- We saw evidence staff discussed complaints and compliments regularly within the clinical team meetings as the need arose.
- The registered manager had received route cause analysis training which enabled them to use a quality improvement approach to identify, understand and resolve any root causes of complaints or incidents.

Are diagnostic imaging services well-led?

Requires improvement

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

Leadership.

Not all senior team leaders in the service did not have the right skills and abilities to run a service providing high-quality sustainable care.

- The registered manager for the service led the team and oversaw four radiographers and two-administration staff. The registered manager reported into the Alliance Medical Limited (AML) regional director who reported to the AML managing director. The lead radiographer had oversight and team management of the radiographers.
- Staff said the registered manager was approachable for advice or to make suggestions. They felt well supported and reported the registered manager kept staff informed of any developments for the service.
- However, we were not assured the senior members of the team had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs. We observed a lack of awareness regarding quality and safety assurance processes and the lack of audits from most staff.

Vision and strategy.

The service had a vision for what it wanted to achieve and workable plans to turn it into action.

- The service integrated Alliance Medical Limited's (AML) vision and values into their everyday work. AML's values included collaboration, excellence and learning.
- The service was awaiting to see if the contract with the host hospital had been renewed as it was due to expire in May 2019. Staff reported a strategy was in place to increase the numbers of patient referrals. All staff were aware of the contract renewal.

Culture.

The registered manager for the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- Staff told us they felt valued and respected in their roles. They praised the registered managers' support and efforts taken to make them feel valued both as a team and as individuals. All staff spoke proudly about their roles.
- A whistle blowing policy, duty of candour policy and freedom to speak up guardians (FTSUG) supported staff to be open and honest, however all staff we spoke with were unable to identify who they were and only two members of staff out of five were aware AML had a FTSUG.
- Staff felt empowered to talk freely by the registered manager and felt supported to drive forward any improvements to the service. However, staff felt there was a lack of time available to implement changes.

- Staff told us they had monthly clinical team meetings where clinical staff would attend. We reviewed minutes of meetings and saw they were well attended by staff. Minutes were available to all staff on line to read if they could not attend in person.
- There was a strong emphasis on patient-centred care. Staff promoted openness and honesty and understood how to apply the duty of candour.
- The service had an open 'no blame' culture, where the registered manager actively promoted and encouraged incident reporting, which they used for training and to improve care. However, staff were unable to recall a change of practice that resulted from an incident.

Governance.

The service did not have a comprehensive local governance framework that allowed them to review performance and safeguard high quality care.

- The registered manager did not have oversight of the governance around the safety monitoring of the MRI scanner or the protocols used for MRI scans. The lead radiographer took full responsibility for this area. The service therefore, did not have a clear systematic governance process to continually improve the quality of service provided to patients.
- Corporate clinical governance meetings were held every three months, and an integrated governance and risk board meeting every six months. There was evidence of discussions regarding incidents, complaints, policies, performance and updates from sub committees with actions allocated to individuals with appropriate timescales included. Staff recorded minutes from these meetings.
- The service regularly reviewed the services' performance, which staff discussed at meetings. These meetings were minuted and shared via email.
- All staff personnel files were managed by the corporate human resources (HR) department. The registered manager held files on staff development, such as appraisals, continuous professional development, local competencies, and training data. However, there was not a process in place to review and update these. For example, the registered manager was unable to view previously completed staff appraisals and MRI competency assessments. Therefore, we could not be assured the service, nor the registered manager had oversight of the competencies, skills and capabilities of staff working for their service. However, we did receive the previous staff appraisals following the inspection.
- The registered manager explained the unit did not have formal contract meetings with the host hospital diagnostics team but met if there were issues or concerns.
- A corporate bulletin called 'Risky Business' was circulated monthly to all staff by email. This described incident and complaints that had occurred across the business, and key learning points for staff.
- The service did not require individual practitioners to hold their own indemnity insurance. All staff working for the service were covered under the provider's insurance.

Managing risks, issues and performance.

The service had systems in place to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. However, we were not assured the service's quality assurance processes were effective in identifying risks.

- The registered manager was responsible for inputting risks onto the local register which were sent to the regional director for review and approval. At the time of our inspection, the local risk system comprised of 26 risks, and included a description of each risk, alongside mitigating actions. An assessment of the likelihood of the risk materialising and its possible impact were also recorded.
- All risks were reviewed yearly, and we saw evidence the register was up to date although it was missing a review date for one risk which detailed the manual handling risk of moving a patient from a wheelchair to a table.
- Performance was monitored on a local and corporate level using the quality scorecard, annual corporate audit programme and the annual quality assurance review. Any actions or areas of improvement identified through these methods of monitoring performance required local action plans to be produced.

Diagnostic imaging

- However, upon review of the annual quality assurance review completed in September 2018, it was noted "whilst staff advised a weekly quality assurance check was completed for the modality scanner, no evidence was available." During inspection this was still not evident although the registered manager reported the quality assurance action plan had been completed. The same was found for the protocols where the audit found "documented protocols required version control." During inspection we found the protocols were not version controlled. This did not assure us the service completed or reviewed the action plans as requested at corporate level.
- The provider had a business continuity policy in place. Staff we spoke with were aware of who to contact if they had issues effecting the running of the unit.

Managing information.

The service collected, analysed, and used information well to support all its activities, using secure electronic systems with security safeguards. However, the service did not ensure electronic systems were used safely and effectively by staff.

- The service had access to AML's and the host hospitals computer systems. Staff could access policies and resource material from the AML intranet.
- AML has held the ISO 27001 accreditation since 2005, which provides external assurance of the service's approach to information security management. The organisation had maintained compliance in 2018, and recertification was achieved for a further three years.
- There was enough information technology equipment for staff to work with across the diagnostics service although staff still did not log out of their log ins on the computer system in the scanning area.
- We observed the reception area staff log in and off their computers when they left the computer unattended and closed and locked the reception office door to prevent unauthorised access.
- The registered manager had been nominated by AML to be the information governance lead for the region.
- Radiologists accessed the scans within the host hospital and scans could be saved on to a computer disk and given to patients. This ensured radiologist could give timely advice and interpretation of results to determine appropriate patient care.
- Patients consented for the service to store their records as part of their signed agreement within the referral and patient checklist for imaging. This demonstrated the service's compliance with the General data protection regulation (GDPR) 2018.
- AML had a Caldicott guardian who had responsibility for protecting the confidentiality of people's health and care information and ensuring the service used information properly.
- The service had processes for ensuring staff reported notifiable incidents to relevant external agencies and staff we spoke to were aware of these processes. For example, they were aware of what to notifiable incidents to report to the Care Quality Commission (CQC).

Engagement.

The service engaged well with patients to plan and manage appropriate services. However, engagement with staff was lacking.

- Patient satisfaction surveys were sent electronically automatically to patients to give feedback about their experience. The results were analysed every month and recorded on the service's quality scorecard. We saw the feedback was positive however the information we saw did not detail the response rate.
- There was a corporate website for members of the public to use. This held information about the MRI scans and what preparation was required. There was also information about how patients could provide feedback regarding their experience.
- We saw limited evidence of staff engagement. Staff reported their only communications from AML was through the 'Risky Business' bulletin.

Learning, continuous improvement and innovation.

Requires improvement

Diagnostic imaging

Although the service was committed to improving services by learning from when things went well or wrong, there was a lack of emphasis on staff training, research and a lack of innovation.

- Staff reported due to clinical pressures it was difficult to undertake any continuous improvement or innovations.
- Staff reported they did not receive feedback from the audits, which meant that areas for learning and improvement were not actively addressed.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to meet the regulations:

- The provider must ensure all staff who are likely to enter the MRI scanning area receive MRI safety training
- The provider must ensure there is a robust process to monitor the quality of their scan images, which is representative of the service they provide.
- The provider must ensure staff log off the computer when they have inputted patient details on the electronic system to ensure a clear audit trail within patient records that follows the AML records management policy.
- The registered manager must have clear oversight around the governance of safety monitoring of the MRI scanner.
- The provider must ensure staff appraisals are reviewed and updated regularly and are completed by an appropriate individual.
- The provider and manager must ensure all policies and standard operating procedures are current, version controlled and read by all staff.
- The provider and manager must ensure the safety documents are current, version controlled and have been signed by all staff to say they have read them.
- The provider and manager must ensure staff complete and document regular quality assurance audit's regarding the MRI scanner's safety.

Action the provider SHOULD take to improve

- The service should review their current safeguarding procedures to ensure all staff know how to escalate safeguarding concerns and be aware of how they can access further advice and support.
- The safeguarding lead should have comprehensive knowledge of safeguarding training and processes to be able to advise staff.
- Staff should undertake emergency simulations with the host hospital staff as stated within the AML policy.
- All patient information leaflets should be available in a range of different languages, large print and braille.
- Radiographers should be given enough time to complete CPD activities to ensure their knowledge skills and competencies keep pace with these advances to ensure a quality and safe service.
- Staff should have regular documented contact with the MRI safety officer.
- The provider should provide appropriate toys and reading material for children and young people waiting in the waiting room.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure all staff who are likely to enter the MRI scanning area receive enough MRI safety training. Regulation 12 (1)(2)(c)

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Staff must log off the computer when they have inputted patient details on the electronic system to ensure patient records remain contemptuous and follow the AML records management policy. Regulation 17(1)(2)(a)(e)(f)

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider must ensure staff appraisals and competency assessments are reviewed and updated regularly and are completed by an appropriate individual. Regulation 18 (1)(2) (a)(b)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	S29 Warning Notice Regulation 17, (1) (2), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found MRI scanning protocols were not in order, updated regularly, version controlled, reviewed and signed by staff or the radiologists. We reviewed nine MRI safety documents and seven out of the nine were more than five years old with no version control, date of review or evidence of staff signatures and dates to show staff had read them. There were no standardised audits completed to demonstrate the safety performance of the MRI scanner.