Alliance Medical Imaging Centres - Harley Street

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?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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.

Summary of findings

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

Overall summary

Alliance Medical Imaging Centres – Harley Street is operated by Alliance Medical Limited. The service consists of two ultrasound rooms, two X-ray rooms with back-up ultrasound capabilities, a fluoroscopy room, and control/viewing room.

The unit provides diagnostic imaging services mainly for adults, and children above 13 years of age. Services offered include ultrasound, X-ray, fluoroscopy, musculoskeletal imaging, prostrate imaging and biopsy, and uro-radiology. The unit serves both privately funded and NHS patients as well as overseas patients.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 11 January 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.

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

- There were effective systems to protect people from harm. Learning from incidents was discussed in unit and governance meetings and action was taken to follow up on the results of investigations.
- Staff kept records of patients' care and treatment. Staff completed comprehensive risk assessments and followed escalation protocols for deteriorating patients.
- Medicines were stored and administered safely.
- Staff provided evidence based care and treatment in line with national guidelines and local policies. There was a program of local audits to improve patient care.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff were aware of their responsibilities under the Mental Capacity Act 2005 and we saw appropriate records in patient's notes.
- There was effective multidisciplinary working, including liaison with referring clinicians.
- Feedback from patients about the service was positive. Staff respected the confidentiality, dignity and privacy of patients.
- Services were developed to meet the needs of patients and people could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service had a vision for what it wanted to achieve and plans to turn it into action. Managers promoted a positive culture that supported and valued staff.

However,

- A split in the stair railings to the basement posed a risk of falls to patients and members of the public.
- Some of the policies we reviewed during our inspection did not have a review date.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

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Summary of this inspection

Background to Alliance Medical Imaging Centres - Harley Street

Alliance Medical Imaging Centres – Harley Street is operated by Alliance Medical Limited. The service was registered by the CQC in October 2010. The unit had previously operated as an independently owned diagnostic imaging provider for over 50 years.

The unit provides a range of imaging services to NHS and private patients.

The unit operates an appointment based service from 9am to 5.30pm, Monday to Friday. The service provided what they described as a 'one stop shop' and instant access to appointments. Staff explained where necessary they see patients on the same day they are referred, conduct imaging procedures and the patient goes back to the referrer with the result.

The unit has had a registered manager in post since January 2011.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

Information about Alliance Medical Imaging Centres - Harley Street

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder and injury

During the inspection, we visited the diagnostic unit. This consisted of two ultrasound rooms, two X-ray rooms, a fluoroscopy room, control/viewing room, the manager's office, and the main office and reporting area.

We spoke with seven staff members including administrative staff, radiographers, medical staff and the unit manager. We spoke with three patients and reviewed six sets of electronic patient records.

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 was inspected in June 2012, and the CQC found the service was meeting all standards of quality and safety it was inspected against.

Ten medical staff worked at the unit under practising privileges. The service employed one registered manager, two radiographers and two administrative staff.

Activity (January 2018 to December 2018)

- In the reporting period January 2018 to December 2018, there were 4,950 patient attendances. Of these, 2,698 (approximately 55%) were NHS funded patients. Seven of the patients were children aged 13 to 15 years, nine were aged 16 and 17 years and 4,934 were 18 years and above.

Track record on safety

- There were no never events, serious incidents or Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reportable incident in the last 12 months.
- There were no hospital acquired infections in the last 12 months.

Services accredited by a national body:

- Imaging Services Accreditation Scheme July 2018 to July 2021

Summary of this inspection

- International Organisation for Standardisation – Information security management systems ISO27001 October 2017 to October 2020
- Investors in People award 2017 to 2020

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. All areas of the imaging unit were visibly clean and tidy. Staff used control measures to prevent the spread of infection.
- Staff kept records of patients care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well.

However:

- A split in the stair railings to the basement posed a risk of falls to patients and members of the public.

Are services effective?

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff of different disciplines 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.

However:

- Some of the policies we reviewed during our inspection did not have a review date.

Summary of this inspection

Are services caring?

Good

We rated caring as **Good** because:

- Staff cared for patients with compassion. Feedback from patients confirmed 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

We rated responsive 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.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Are services well-led?

Good

We rated it as **Good** because:

- Managers had the right skills and abilities to run a service providing sustainable care.
- The service had a vision for what it wanted to achieve and plans to turn it into action.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to improve the quality of its services and care.
- The service was committed to improving services by learning, promoting training and innovation.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it**.
- Staff completed mandatory training via an online portal and in face to face training sessions. Staff informed us they completed manual handling and resuscitation training in face to face sessions. Mandatory training also included complaints handling, conflict resolution, equality and diversity, fire safety at work, health and safety awareness, infection control, information governance, medicines management and safeguarding amongst others. In addition, radiographer staff completed two modules of the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) training.
- The provider's mandatory training report showed that overall, 90% of staff had completed their mandatory training in line with the provider's target.
- Staff spoke highly of their opportunities for training and said it enabled them to keep up to date with best practice.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff were aware of their responsibilities in relation to safeguarding vulnerable adults and children. A safeguarding lead was in post for children and adults. The children's safeguarding lead was trained to level four. Staff informed us they escalated safeguarding concerns to the safeguarding lead and the lead was accessible.
- The service saw very few children and we noted only seven children aged between 13 years and 15 years attended the unit between January 2018 and December 2018.
- Staff on the unit had completed both adult and children safeguarding training. Safeguarding training records showed 100% of staff had completed safeguarding adult level one and level two training. All (100% of) staff had also completed safeguarding children level one and level two training while 25% of staff (one staff) had completed safeguarding children level three training.
- We reviewed the safeguarding policy and found it to be comprehensive. The policy covered topics dealing with staff duties and responsibilities, types of abuse, indicators of abuse, management of safeguarding concern, adults at risk, information sharing and mental capacity act 2005. The policy also highlighted modern slavery and radicalisation as a type of abuse. It identified the government's PREVENT strategy as a means to prevent people from being radicalised.
- The provider had a separate safeguarding children policy and procedure. This also covered a range of topics including radicalisation and female genital mutilation. The policy highlighted the duties and responsibilities of staff at various levels and management of safeguarding concerns.

Good

Diagnostic imaging

Cleanliness, infection control and hygiene

- **The service controlled infection risk well.** Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- All areas of the imaging unit were visibly clean and tidy including the X-ray rooms, ultrasound rooms, fluoroscopy room, rest rooms and staff area.
- The service had established systems for infection prevention and control, which were accessible to staff. These were based on the Department of Health's code of practice on the prevention and control of infections, and included guidance on hand hygiene and the use of personal protective equipment, (PPE) such as gloves.
- There was easy access to PPE. Gloves were available in the diagnostic rooms and we observed staff using PPE as required. There was also sufficient access to antibacterial hand gels as well as hand washing and drying facilities. The unit displayed signage prompting people to wash their hands and gave guidance on good hand washing practice.
- Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing and using hand sanitisers, and wearing PPE when caring for patients.
- Waste management was subcontracted to another company. We observed waste was managed in line with national standards and a colour coded waste disposal system was in use. There were housekeeping staff for cleaning the unit and staff understood cleaning frequency and standards. Clinical staff (radiographers) were responsible for cleaning imaging equipment. We observed a cleaning checklist was in use and completed daily by staff.
- An infection prevention and control lead was in post and all staff had completed mandatory training for infection prevention and control.
- Staff demonstrated how they cleaned ultrasound probes and this was in line with the provider's policy and national standards. Staff followed the provider's policy to decontaminate probes before and after use. This involved cleaning the probes with dry paper towel, disinfected wipe and soaking it in specified solutions. Staff applied a probe cover before conducting scans. Staff informed us they consistently updated their cleaning procedures in line with national guidelines.
- Needle sharp bins were available on units. We noted they were correctly labelled and none were filled above the maximum fill line.

  We reviewed the unit's annual infection prevention and control report from July 2018. The report showed the hand hygiene audit score for the 12-month period to the July 2018 was 95%. There were no reported incidents in relation to infection prevention and control during the period.
- The service displayed information about patient satisfaction with the cleanliness of the unit. The information was displayed in a chart format and showed virtually all patients were either very satisfied or satisfied with the cleanliness of the unit

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The diagnostic unit was located on the ground floor and basement floor.
- Visitors could access the basement floor via stairs. Railings were provided on both sides of the stair case, however, we noted a split in the railings which could cause a potential fall. We raised this with senior staff and they promised to review it. The steep stairs were identified as a risk on the risk register and staff mitigated this risk by placing a 'mind the stairs' signage on the approach to the stairs and by verbally warning visitors.
- Radiology staff had access to protective equipment to carry out X-rays and scans. There was suitable signage showing if a room was a controlled area for radiation. The controlled light sign in front of the rooms turned on automatically when the diagnostic rooms were in operation, as a safety warning.
- The unit consisted of two X-ray rooms, control/viewing room, a fluoroscopy room and two ultrasound rooms. Staff informed us the fluoroscopy machine was scheduled to be decommissioned on 31 January 2019.

It would be replaced with a new dose modulation scanner and the fluoroscopy unit would be closed for six weeks pending the installation of the new equipment.

- We reviewed the radiation protection advisor report for 2018. The report stated radiology equipment was maintained to a very high standard and all equipment was subject to a comprehensive preventative maintenance programme of regular servicing. The report stated the in-house quality assurance programme was well established and included essential tests in accordance with national guidelines.
- Staff maintained a documented programme of daily checks including equipment checks, call bell checks and fire checks. Equipment inspected had maintenance stickers showing they had been serviced within the last year. We checked a random sample of supplies on trolleys within the unit and saw they were all in their original packs and in date.
- Equipment maintenance was carried out on a provider wide level. Staff informed us technicians responded promptly and usually within 24 to 48 hours.
- The reporting work station was in the main office with administrative staff. We raised this issue with radiologists present during our inspection and asked if they were disturbed by the presence of other staff and able to deem the light as required. They informed us they could work as required and people did not disturb them. They also informed us they could work remotely from home.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.
- The service had a policy for the management of deteriorating patients and transfer protocol and there was a clear resuscitation plan in the event of a patient deteriorating. The resuscitation plan required staff or resident radiologist to commence
- There was a resuscitation bag on each floor of the unit and all staff had completed resuscitation training to care for patients in an emergency. The unit manager and the two radiographers had completed intermediate life support training while administrative staff had completed basic life support training.
- The service completed annual resuscitation scenario audits to ensure that staff could respond to emergencies in a real-life situation. The most recent unannounced resuscitation simulation report (30 November 2018) showed that staff were competent to carry out assessment and complete the correct process. The service scored four in the resuscitation services quality grade. This meant the simulation was managed well overall. The resuscitation met current guidelines and should it have been a real patient, the outcome would likely have been very positive.
- The service had a comprehensive risk assessment for X-ray and fluoroscopy procedures in line with the application of the Ionising Radiation Regulations 2017. The risk assessment covered protection measures for radiographers, radiologists, members of the public and service engineers and physicists. It covered hazard assessments, pregnant employees, dose assessments and investigations, and quality assurance and testing.
- The service had adopted the Society and College of Radiographers 'Paused & Checked' approach to carrying out diagnostic imaging and adapted it for their specific purposes.
- Staff confirmed they carried out a check of patient identity, discussed and confirmed the area to be scanned, and obtained the patient's verbal consent. Staff also checked the patient's pregnancy status where appropriate.
- Staff also completed an imaging checklist. Checklists reviewed showed staff confirmed patient identity, the procedure being performed and site side. In addition, staff completed checks to verify patients' pregnancy status. Information completed on the imaging checklist included whether patients were diabetic, on anti-retroviral therapy or anti-coagulants and their allergy status. All checklists reviewed were signed by staff.

Good

Diagnostic imaging

- We saw information displayed in over 20 languages asking patients to inform the radiographer before their X-ray if they thought they might be pregnant. This was also reiterated in information leaflets.
- We noted latex free examination gloves were available in consideration of patients who had allergies to latex.
- Radiographers had access to protective equipment to carry out X-rays and scans. In addition, staff stayed in control rooms where they could oversee the X-ray. Warning lights on the entrance to the X-ray rooms indicated when the rooms were in use.
- A radiation protection supervisor as well as a medical physics expert was in post. The unit had access to a radiation protection advisor (RPA) and RPA checks were conducted annually. We reviewed the RPA report for 2017. The report stated the overall management of radiation protection was found to be excellent and was judged to be incompliance with all relevant protection legislation and guidance.
- Senior staff informed us they had a triple faced electric supply system into the building. Hence if one power supply was cut off for some reason, there were other sources of power to keep the unit running.
- The unit displayed a fire plan with instructions for visitors in the event of a fire and there was a business continuity plan.

Radiography staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment**.
- There were two full time radiographers including the lead radiographer. The two radiographers were rostered to cover the unit from Monday to Friday. The unit had a vacancy for one radiographer and was actively recruiting to fill the position.
- Staff informed us there were sufficient staffing for the unit. They said staffing could be a bit stretched on the odd day when they had two scanning rooms and X-ray in use, however, this was an exception.
- Staff informed us the service used agency staff to cover shifts if necessary. Staff said they tend to use the same agency staff who were familiar with the unit and had been inducted to the unit.
- Two administrative staff provided administrative support on the unit.

Medical staffing

- The provider's medical director was responsible for clinical oversight for the unit. The unit employed 10 doctors working under practising privileges. The unit offered radiologist led ultrasounds and ultrasound guided injections and we noted there were two consultants on shift during our inspection.
- There was a signed contract between the service and doctors working under practising privileges. This listed the obligations and responsibilities for each party. The service reviewed medical staff on regular basis to ensure they fulfilled their obligations including appraisals, mandatory training, registration with the GMC and professional indemnity insurance.

Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- Patient records were stored on an electronic record system. We looked at a random sample of six patient records. All records had details of the patient and the healthcare professional referring them. The records included a client log or chronology which reflected details of events following the referral including correspondence between the patient and staff. The records reflected the date of each event and details of staff making the notes.
- Records also reflected scanned copies of paper forms including the registration form, imaging safety checklist and consent signed by patients.
- Following each diagnostic imaging procedure, a copy of the report was sent to the referring clinicians. Patient records reviewed showed that electronic copies of the report had been uploaded onto the system.

- Patient images were sent to the referrer via a secure email or on an encrypted disk. Images for NHS funded patients were sent via a secure online system.

Medicines

- **The service followed best practice when prescribing, giving, recording and storing medicines.**
- The service did not store or administer controlled drugs on the unit. Medicines were stored in locked cupboards within imaging procedure rooms and the keys were held by the radiographer rostered for the list in each room.
- Medicines were prescribed and administered by consultants, and radiography staff informed us they did not administer medication.
- Patient records reflected their allergy statutes, and any prescriptions and administration of medication.
- We checked random samples of medicines and found them in date.

Incidents

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- There were no incidents of deaths, never events, serious incidents or IR(ME)R reportable incident in the last 12 months.
- An incident reporting procedure was in place and staff reported incidents via an electronic system. Staff knew how to report an incident and informed us they received immediate feedback from any incidents reported because they were a small team.
- Staff reported 23 incidents between October 2017 and July 2018. Of these, 22 were classified as low risk while one was classified as moderate risk. The moderate risk was in relation to a potential data breach. This was investigated and lesson learned was shared with the team.
- The most commonly reported incidents (under various categories) were in relation to patient discomfort or a reaction to steroid injections (11). These incidents were classified as low risk and staff recorded actions taken in relation to the incidents. In each case, staff (including the resident radiologist) monitored the patient until they were assured they were comfortable and ready to leave the premises.
- The duty of candour 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. Staff we spoke with were aware of their responsibility to apologise and be open and honest and share the information with the patient and their carer's.
- There was no incident requiring a duty of candour notification in the last 12 months.

Are diagnostic imaging services effective?

We did not rate effective for this service**.**

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness**. Managers checked to make sure staff followed guidance.
- 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) as well as the National Institute for Health and Care Excellent (NICE), the Society and College of Radiographers.
- Adherence with guidelines was encouraged through the development of proformas and algorithms to prompt use of best practice guidelines. For example, we saw evidence of the use of an imaging checklist in line with the Society and College of Radiographers 'Paused & Checked' approach to carrying out diagnostic imaging.
- Staff we spoke to were aware of the most up to date national guidance for diagnostic imaging. However, we noted the units IRMER protocol was out of date

(July 2018). In addition, the fluoroscopy standard operating procedure (SOP) and plain X-ray SOP did not have a review date. We reviewed eight other policies during our inspection and they were up to date.

- The radiation protection advisor (RPA) report for 2018 indicated the service procedures and associated protocols and records relating to IRMER were well presented and compliance with regulations was demonstrated to be at a very high level.
- The RPA report indicated the service was fully compliant with the use of ionising radiations in diagnostic imaging in line with regulations and national guidelines. However, it recommended that an exposure index audit should be carried out for four named parts (abdomen, cervical spine, lumbar spine and pelvis) to optimise the procedures where the local diagnostic reference levels exceeded the national diagnostic reference levels.
- The service had carried out the exposure index audit by the time of our inspection, which showed three of the four parts audited where within the recommended range. The audit indicated a few of the cervical spine radiographs were out of the recommended range and a re-audit was planned. However, the audit indicated there had not been many radiographs for this part.

Nutrition and hydration

- Patients who required an abdominal ultrasound procedure observed a fasting period. Staff informed us they arranged the ultrasound scan early in the morning to minimise any inconvenience caused to patients. We observed staff offering refreshments to patients following their procedure.

Pain relief

- The service did not provide pain relief to patients. Staff contacted referring clinicians and referred patients back to them for pain relief if necessary. Staff informed us they ensured patients were comfortable throughout the procedure.

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**
- The service conducted an internal audit of diagnostic examinations carried out within the unit including the technical merit and quality of reporting. The double reporting and imaging quality audit for 2017/18 showed the technical merit of all (119) X-ray images examined were classified as good and the auditors agreed with all reports.
- The service audited report turnaround times for diagnostic images. Between June and December 2018, the average time it took from the scan being completed to the referring clinician receiving the report was less than a day. During our inspection, staff confirmed the report turnaround time was the same day.

Competent staff

- **The service made sure staff were competent for their roles**. Managers appraised staff work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff (including agency staff), went through a period of induction and observed another member of staff until they were signed off as competent to work independently. We reviewed the induction file which showed staff (including administrative staff) signed to indicate they had read and understood the unit's procedures. Staff had also received training in the use of medical devices and equipment.
- Radiographers were registered with the Health Care Professional Council (HCPC). The service had implemented a formal appraisal system. Data received from the service showed all staff had received an appraisal in the 12-month period before our inspection. In addition, all staff had their registration checked during the same period to make sure they remained eligible to practice.
- The provider conducted a yearly audit of work conducted by medical staff under practising privileges including their appraisals, indemnity insurance and training. Doctors we spoke to informed us they received prompts to ensure all requirements were up to date in line with their contract with the provider.

Good

Diagnostic imaging

- Doctors informed us they received feedback from referrers including NHS trusts about their work at the unit.

Multidisciplinary working

- **Staff of different disciplines worked together as a team to benefit patients**. Doctors and radiographers supported each other to provide good care.
- Staff reported they had good working relationships with each other. These included radiography staff, medical staff, administrative staff and the unit manager.
- Staff also informed us they worked closely with patients and referring clinicians to support a seamless treatment pathway. Medical staff confirmed they could access results for images taken elsewhere if required.
- Two of the doctors working under practising privileges informed us they attended a musculoskeletal multidisciplinary team (MDT) meeting with other clinicians. The meeting was also attended by orthopaedic consultants and physiotherapists from referring clinicians. The meeting provided education for the clinicians through case presentations and discussion. The MDT meeting also provided a means of getting feedback from referrers.

Seven-day services

- The service did not provide seven-day services. The service opened from 9am to 5.30pm, Monday to Friday.

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 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.
- The service had a consent policy and staff informed us they explained imaging procedure to patients and obtained verbal consent before proceeding. For imaging procedures requiring the use of injections (for example MSK injection procedure), staff completed a checklist and consent form which patients were required to sign.
- We reviewed forms for MSK injection procedure during our inspection and noted all required sections had been completed. These included details about whether the patient had received an information leaflet. In addition, the form listed the common side effects of steroid injections and patients were required to confirm they understood the information leaflet, the risks and side effect, and consent to undergo the procedure. All forms we reviewed had been signed by patients and staff.
- The service saw seven children under the age of 16 in the 12-month period to our inspection. Children attending the service were assessed to be Gillick competent by the referring clinician in line with the provider's consent policy and paediatric service standards. Where the child was not legally competent, those with parental responsibility where required to give consent. Where written consent was required for an examination, then a paediatric consent form was obtained from the referrer.
- Staff said they had a discussion with children and young people and obtained consent to have their scan taken.

Are diagnostic imaging services caring?

Good

Compassionate care

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- We spoke with three patients during our visit. Patients were positive about their care and said staff were professional and treated them with dignity. Patients described the care as "excellent" and one patient said, "staff are very friendly, helpful and make me feel relaxed".
- During all our observations, we saw staff treat patients with warmth and care. Staff were engaging, courteous and professional in their interactions with patients.

Good

Diagnostic imaging

- The service carried out patient satisfaction surveys. Friends and family test results displayed within the unit showed over 90% of patients would recommend the service. A similar number of patients indicated they were either very satisfied or satisfied with their overall experience at the unit. Over 95% of patients indicated they were either very satisfied or satisfied with the way staff cared for them. A similar number were either very satisfied or satisfied with staff attitude and appearance.
- Patients were offered the option of a chaperone and we saw information displayed within the unit asking patients to speak with a member of staff if they would like a chaperone present during any part of their examination.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff informed us they ensured patients were comfortable and reassured and we confirmed this from our observation of patient care. Patients we spoke to confirmed staff helped them to feel relaxed.
- Staff informed us they often used tact when dealing with patients, especially if imaging results reflected abnormal tissues that would require breaking bad news to patients. In this case they were sensitive to patient's needs, discussed the issues with referring clinicians, and referred them back to the clinicians who would inform them of the findings.

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.**
- Patients informed us they were involved in their care and given explanations about diagnostic procedures. They said staff explained procedures and obtained their consent before conducting them.
- Staff informed us they provided details of payment options and cost when booking appointments.

Are diagnostic imaging services responsive?

Good

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of their patients.**
- The unit operated an appointment based service and opened from 9am to 5.30pm on Mondays to Fridays. Patients were offered a choice of the most convenient appointment for them.
- The unit was located on the ground floor and basement floor of the building. Patients and visitors to the unit could access the basement floor via a staircase. Staff enquired about patients' ability to use the stairs when booking appointments. Patients who were unable to use the stairs were either seen on the ground floor or booked to attend a nearby location. There were ramps available for disabled patients to access the building.
- The service provided what they described as a 'one stop shop' and instant access to appointments. Staff explained to us this meant they saw patients on the same day they are referred, conducted imaging procedures and the patient went back to the referrer with the result.
- The provider's website provided useful information about the services offered and the referral process.
- The main shared reception area for the building was spacious and had adequate seating arrangements. There was a smaller waiting area within the diagnostic unit, however, we did not note any overcrowding in this area during our inspection.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- Visitors had access to a variety of information leaflets on a range of topics including infection prevention and control, and imaging procedures.

- Staff confirmed they could access interpreting services for patients through a help line or face-to-face. Staff said they organised interpreting services for NHS patients whilst most privately funded patients attended with their own interpreters.
- Visitors had access to a water dispenser in waiting areas and staff offered patients beverages whilst on the unit. We noted visitors could hang their coats in a closet by the corridor and keep their possessions in a locker.
- Staff had completed dementia training. They informed us patients living with dementia usually attended the unit with their carer and they were equipped to care for such patients.
- There was a ramp for disabled patients to access the building from the main entrance.
- Administrative staff informed us they had received training to ask relevant questions when booking appointments. Staff asked questions to determine if patients required an interpreter, if they could use the stairs, and if they were aware of the procedure they were referred for. Staff provided relevant information including any fasting requirements, and details of payment options and cost.
- Information displayed within the unit showed that most patients (over 90%) were either very satisfied or satisfied with the information they were given about how they would receive their results.

Access and flow

- **People could access the service when they needed it.**
- The service accepted referrals from both private and NHS healthcare providers as well as overseas patients.
- Staff informed us appointments were pre-booked in line with patient preference. They also left gaps for urgent clinics and on the day referrals. Patients we spoke to confirmed they were offered a choice of the most convenient appointment for them.
- The service audited turnaround times from the date when a patient was referred to the date of their appointment or scan. Information displayed within the unit showed the turnaround time from referral to scan for fluoroscopy was seven days. The turnaround time for ultrasound was five days while turnaround time for X-ray was 6.8 days.The turnaround time was better than the (10 days) target indicated within the contract for NHS patients.
- There were 44 cases where patients "did not attend" (DNA) their appointments between July 2018 and December 2018. This was significantly small when compared to the number of patients seen during the period. Staff contacted patients following DNA and re-arranged appointments. Staff informed us they referred patients back to the referring clinicians if they were unable to reach patients.
- Information provided by the service indicate there were a few (24) delayed procedures for non-clinical reasons between August 2017 and July 2018. The most frequent reason for delay was identified as 'radiologist (clinical emergencies)'. There were no cancellations during the same period.
- Information displayed within the unit showed between January and December 2018 most patients (over 90%) were either very satisfied or satisfied with the booking process for their examination. A similar number of patients were satisfied with the choice of appointment date and time offered.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- There were two formal compliments and four complaints about the unit between August 2017 and July 2018.
- Staff were aware of the complaints procedure and how to escalate concerns. Staff informed us they would seek to deal with complaints informally, however, they would refer patients to their customer care team if a complaint could not be managed at the unit level. NHS patients were referred to the Patient Advice and Liaison Service (PALS) at the referring trust.
- Unit manager reviewed complaints and provided a response in line with the providers guidelines. We reviewed complaints during our inspection and noted

the unit responded to complaints in line with the provider's target. The unit provided a first response within two working days or less and a final response within a month of the complaint.

- Leaflets providing information to patients about how to make a complaint were readily available in patient waiting areas. We reviewed the services patient guide for "compliments, concerns and complaints" and noted it provided information about the provider's internal complaints process. This included information about PALS for NHS patients, the Parliamentary Health Service Ombudsman and independent local Health Watch.

Are diagnostic imaging services well-led?

Good

We rated well-led as **good.**

Leadership

- **Managers had the right skills and abilities to run a service providing sustainable care.**
- The unit was led by a manager, who was the registered manager for the location. The manager was also the interim manager for a nearby location pending recruitment to the vacant position. The manager reported to the senior manager for London who in turn reported to the regional director with operational responsibility for London sites on the executive board. The United Kingdom corporate management structure for Alliance Medical Limited included the managing director and the UK medical director. The medical director provided medical oversight for the unit.
- Staff were complimentary about the manager of the unit and said management was open and the unit was guided by clinical support. Staff said there was no hierarchy on the unit and they felt part of the same team.
- Staff, including doctors working under practising privileges said the leadership was visible and approachable and they could get things done quickly.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action.**
- The service outlined their aims and objectives in their statement of purpose. Their aim was to provide high standards of diagnostic imaging to meet the needs of referrers and their patients.
- The service stated they maintained a clean well furbished environment with equipment of agreed specification in accordance with manufacturers requirements. They aimed to employ and retain capable and competent people and support their professional development through mandatory and staff group training programmes. The service aimed to learn from incidents, complaints, audits and respond to customer feedback to continually improve services.
- Staff recognised the key organisational value to provide high standards of diagnostic imaging and we found this embedded within the unit.

Culture

- **Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- All staff we spoke with including radiographers, administrative staff and medical staff reported there was a positive culture within the service. Staff said they loved working there.
- The service had a high retention rate and some of the staff had worked with the provider for 10 to 30 years.
- Staff reported good working relationships with each other and said they worked in a friendly environment. Doctors working under practising privileges informed us staff were proactive and cooperative and they respond well with each other.
- Staff said they had opportunities for training and development.

Governance

- **The service used a systematic approach to improve the quality of its services and care.**

Good

Diagnostic imaging

- The provider had a governance lead in post to oversee the quality and risk department. Staff reported on governance, risk, infection control to the provider's quality and risk department.
- The provider's medical director was responsible for clinical oversight for the service. There was a signed contract between the service and doctors working under practising privileges. This listed the obligations and responsibilities for each party. The service reviewed medical staff on regular basis to ensure they fulfilled their obligations including appraisals, mandatory training, registration with the GMC and professional indemnity insurance.
- The service held monthly team meetings.We reviewed minutes of the last three meetings, which showed staff discussed incidents, governance, complaints, financial issues and information from the risky business bulletins (near misses).
- The unit manager attended bi-monthly unit manager meetings for the region (consisting of six service locations) and annual national unit manager meetings.
- The provider held quarterly clinical governance meetings attended by the medical director and director of quality and risk amongst others. Minutes of the meetings reviewed showed senior staff discussed incidents across locations, compliments and complaints, infection control, patient experience, policies, updates from sub-committees and the risk register.

Managing risks, issues and performance

- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- There were eight risks on the risk register. There were controls in place to mitigate the risks and the risks were regularly reviewed by senior staff.
- Risks included on the risk register included the steep stairs leading from the ground floor to the basement floor where the main clinical services were located. This had the potential to impact on patients with poor mobility and the potential risks to staff carrying supplies to the basement. Controls included non-slip laminate flooring with non-slip nosing, signage at the top of the stairs, and verbal information provided to visitors attending the unit (to mind the stairs).
- Staff informed us they asked patients if they had mobility needs when booking appointments to the location. If patients were unable to use the stairs, they were either seen on the ground floor or booked to attend another location with the same provider.
- Railings were provided on both sides of the stair case leading to the basement, however, we noted a split in the railings which could cause a potential fall. This was not identified as a risk on the risk register.
- The risk of slip, trip or fall was another risk on the risk register. The risk indicated wet or icy weather could affect the safety of surface steps into the building. Controls included use of signage to caution patients during wet or icing weather conditions.
- The service had completed several risk assessments in relation to risks identified within the service. These included access to the basement, ramp installation and manual handling risk, and wheel chair user access to main entrance amongst others.
- The provider had systems to monitor performance including incidents, patient satisfaction, mandatory training and quality assurance audits.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- Staff informed us they could access information needed to provide safe and effective care. Patient records were held on electronic systems and staff used electronic password protected systems effectively.
- Staff had access to an online training portal and could keep track of their training needs.

Engagement

- **The service engaged well with patients, staff and referrers to plan and manage appropriate services.**

Good

Diagnostic imaging

- The service held monthly staff meetings and updated staff about organisational priorities. Senior staff meetings were held on a regional and national level and information was disseminated to the wider team.
- The service maintained good working relationship with referrers and staff attended speciality multidisciplinary team meeting with referrers.
- The service engaged patients through feedback forms. Feedback from patients were used to improve the service.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation**.
- The service was accredited by the Imaging Services Accreditation Scheme.
- Learning from incidents was embedded within the team and on a provider – wide level. Minutes of meetings showed learning from incidents was consistently reviewed during team meetings and at clinical governance meetings.
- The service promoted continuous learning. Staff told us they were provided with opportunities to attend additional training which would help them in their roles.

Outstanding practice and areas for improvement

Outstanding practice

- Report turnaround time for the service was the same day. This meant that where patients needed to be followed-up urgently this could be done.

Areas for improvement

Action the provider SHOULD take to improve

- Continually review policies and procedures to make sure they are up to date.
- Continually review risk assessments to improve the work environment, in particular, steep stairs and split railings to the basement, and the reporting work station.