Anglian Medical Musculoskeletal

Quality Report

Anglian Medical Musculoskeletal
BMI St Edmunds Hospital
St Mary's Square,
Bury St Edmunds,
Suffolk
IP33 2AA
Tel: 07786266070
Website: dexascanner.co.uk

Date of inspection visit: 6 November 2018
Date of publication: 11/02/2019

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

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Anglian Medical Musculoskeletal is operated by Anglian Medical Musculoskeletal. The service is a stand-alone, purpose built densitometry facility and provides a bone densitometry service to the adult population of West Suffolk and surrounding areas.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 6 November 2018.

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

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

The main service provided by this provider was dual-energy x-ray absorptiometry (DEXA) scanning.

Services we rate

We rated this service as good overall. We rated it as good because:

- All staff had received safeguarding training on how to recognise and report abuse and they knew how to apply it.
- The service had suitable premises and equipment and looked after them well.
- The service had staff with the right qualifications, skills, training and experience to keep people safe and to provide the right care and treatment.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt with staff.
- The provider followed an audit programme and audited practice against guidelines.
- Staff were competent for their roles. Staff had appraisals and were provided with training and support.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the providers policy and procedures when a patient could not give consent.
- We observed staff treating patients with kindness, dignity and respect.
- Staff offered emotional support to patients. They talked to the patient throughout the scan and checked regularly that the patient was ok.
- The service was planned and managed in line with the commissioning agreement in place.
- The service took account of patients' individual needs.
- The provider treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

However, we also found:

- Scales used to weigh patients were not included in the equipment service schedule and had not been calibrated.

Summary of findings

- The technician kept the door to the scanning room locked with a key whilst scanning patients to prevent people from accessing the room during scanning. However, this meant that, in case of emergency, access to the room was restricted.
- Although electronic copies of policies were in date and version controlled, we found two hard copies of policies that had not been updated.
- The service did not have a formal vision or strategy.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

Amanda Stanford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We rated this service as good overall. Safe, caring, responsive and well led were good. We do not rate effective. Staff received mandatory training and regular appraisal and competency assessments. There were processes in place for infection prevention and control and equipment maintenance. Policies were in line with national guidance. Staff were caring and treated patients with dignity and respect. The service was responsive to the needs of patients and leaders were visible, engaged with staff and patients and promoted a positive culture.

Summary of findings

Contents

Good

Anglian Medical Musculoskeletal

Services we looked at; Diagnostic Imaging

Summary of this inspection

Background to Anglian Medical Musculoskeletal

Anglian Medical Musculoskeletal is operated by Anglian Medical Musculoskeletal. The service opened in 2010. It is a private dual-energy x-ray absorptiometry (DEXA) scanning facility in Bury St. Edmunds, Suffolk. The service primarily serves the community of Bury St. Edmunds.

Anglian Medical Musculoskeletal is co-owned by two service leaders. These were the only employed staff members. The service is registered for the activity of diagnostic and screening procedures. The service has had a registered manager in post since April 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Information about Anglian Medical Musculoskeletal

Anglian Medical Musculoskeletal (AMM) occupies one room at a local independent health provider, which houses a dual energy X-ray absorptiometry (DEXA) scanner and patient changing facilities. A DEXA scan, also called a bone density scan, is a common technique used to measure bone density. This completely painless procedure is easily performed and exposes the patient to minimal radiation.

The service has use of other shared hospital facilities including toilets, reception and waiting room.

The service is located on the ground floor, is wheelchair accessible and there are disabled parking spaces available.

During the inspection, we visited the scanning room and waiting area. We spoke with two staff including; the service lead and a DEXA technician. We spoke with three patients. During our inspection, we reviewed five sets of 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.

This was the services first inspection since registration with CQC.

Activity (August 2017 to July 2018)

In the reporting period August 2017 to July 2018 there were 1600 patients scanned. Track record on safety

- No Never events
- No Clinical incidents
- 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

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

Are services safe?

We rated safe as good because:

- The service provided mandatory training to staff and made sure everyone completed it. The mandatory training compliance rate was 100%.
- All staff had received safeguarding training on how to recognise and report abuse and they knew how to apply it.
- The service had suitable premises and equipment and looked after both well.
- 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with staff.

However, we also found the following issues that the service provider needs to improve:

- The height measure and scales used to weigh patients were not included in the equipment service schedule and had not been calibrated.
- The technician kept the door locked whilst scanning patients, this meant that, in case of emergency, access to the room was restricted.

Are services effective?

Are services effective?

We do not rate effective: We found the following areas of good practice:

- The service provided care and treatment based on national guidance.
- The provider had an audit programme in place to audit practice against guidelines and completed it.
- Staff were competent for their roles. The manager appraised staff's work performance and provided training and support.
- Staff worked together as a team to benefit patients. The consultant, service lead and technicians supported each other and worked with healthcare professionals to provide good care.

Summary of this inspection

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the providers policy and procedures when a patient could not give consent.

However, we also found the following issues that the service provider needs to improve:

- Although electronic copies of policies were in date and version controlled we found two hard copies of policies that had not been updated.

Are services caring?

Good

We rated caring as good because:

- We observed staff treating patients with kindness, dignity and respect.
- Staff offered emotional support to patients whilst they were having their scan. They talked to the patient throughout the scan and checked regularly that the patient was comfortable.
- The provider carried out a patient survey twice a year. Results showed that 98% of patients who responded were satisfied with the service.

Are services responsive?

Good

We rated responsive as good because:

- The service was planned and managed in line with the commissioning agreement in place.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to appointment were monitored and consistently met key performance indicators.
- 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 well-led as good because:

- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- The service manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with patients, staff, the public and local organisations to plan and manage the service and worked with partner organisations effectively.

Summary of this inspection

However, we also found the following issues that the service provider needs to improve:

- The service did not have a formal vision or strategy.

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.
- The provider did not employ staff directly. Staff were subcontracted from the host provider and mandatory training was delivered by the host provider. Staff received mandatory training in safety systems, processes and practices as a combination of online learning and class room sessions.
- Data supplied by the provider pre-inspection demonstrated staff were 100% compliant with mandatory training. We reviewed three staff records which confirmed this.
- One member of staff had received training in dementia awareness, this was in date and due for review in December 2018. Another member of staff had received training in learning disabilities and autism. The training was in date and due to expire March 2019.

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.
- The provider had a safeguarding adults policy. The policy was in date and due for review March 2019. The policy detailed who staff should contact in case of a safeguarding concern.
- Data supplied by the provider pre-inspection stated staff were 100% compliant with safeguarding adults level two and safeguarding children level two training. We reviewed three staff records which confirmed this. The provider did not scan children.
- There was a safeguarding adult's handbook 2015. This included information about female genital mutilation (FGM) and PREVENT among other relevant topics. It also included details of the Mental Capacity Act as well as a questionnaire and flow chart to complete a mental capacity assessment if required. Two members of staff we spoke with could tell us what founded a safeguarding concern and knew how to report it.
- The provider had a policy for the justification of scans. The policy was in date and due for review in March 2019. The request for a scan must contain sufficient clinical information to justify the exposure to ionising radiation. This ensured patients were not scanned inappropriately.
- The service used three points of identification to check the correct patient was receiving the correct scan. We observed two patient examinations and saw that the technician confirmed the patients name, date of birth and postcode.
- We saw a notice regarding safeguarding from abuse displayed in the patient areas where patients would see it.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept themselves and the premises clean. They used control measures to prevent the spread of infection.
- All areas we visited were visibly clean and tidy.

- The examination couch was covered with disposable paper towel which was changed between each patient. The couch and equipment were wiped clean using appropriate wipes after four patients. This was not in line with best practice and the couch should be wiped clean after every patient.
- The room was deep cleaned once a week including damp dusting of the scanning equipment. We saw records that showed that the weekly clean had been completed for the previous eight weeks prior to inspection.
- There were disposable curtains around the patient changing area. The curtains were visibly clean. Staff told us that they were changed every six months. We observed that they were last changed on 19 October 2018.
- A member of staff told us that they would wash their hands after every patient contact. We observed two examinations and the staff member did not wash their hands. However, they did not have contact with the patients. We observed the staff member using hand sanitiser after inputting data in the computer. Hand hygiene audits were carried out by the host provider who sub contracted staff to the service.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- The service ran daily quality assurance (QA) checks of the scanning equipment to ensure that radiation levels were within acceptable limits. The scanner would not operate until the QA had been completed. We saw evidence that the daily QA was completed for the previous six months. Staff told us that if the QA showed levels outside of the acceptable parameters they would notify the engineer. If necessary the clinic would be postponed until the equipment was repaired. This had not occurred to date.
- Scanning equipment servicing was managed by an external supplier. We reviewed the service contract and saw that it included cover for breakdowns and yearly maintenance servicing. We saw records that showed that the scanner had been serviced 24 April 2017, 31 August 2017 and 25 July 2018. Each service entry was signed and dated by an engineer.
- There were scales to weigh patients before their scan and a height measure to record their height. These details were inputted into the scanner prior to the scan. We did not see evidence that either piece of equipment had been calibrated. We asked the service manager and they confirmed that there was not a schedule to calibrate or service this equipment. They told us that they would ensure that the scales and height measure would be added to the equipment service schedule.
- The service did not generate clinical waste. Domestic waste was disposed of appropriately.
- The scanning room was clearly sign posted. There was a notice on the door to the scanning room to indicate access was restricted. The door had a chub lock which was locked whenever the room was empty. The key was held by the DEXA technician and kept in the diagnostic imaging key safe at the host location. The door to the scanning room did not have a warning light. However, the service manager told us that a risk assessment had been carried out by the radiation protection advisor and they had advised that this was not required due to the low dose radiation emitted by the machine.
- The technician kept the door locked whilst scanning patients to prevent access during scanning. However, this meant that, in case of emergency, access to the room was restricted. We highlighted this at the time of inspection. The service manager confirmed that they were not aware of this and access to the room had not been risk assessed. They told us that they would review this to ensure patient and staff safety.
- A risk assessment by the radiation protection advisor stated that radiation dose badges were not required to be worn when carrying out DEXA scanning. However, staff wore radiation dose badges (dosimeters). These were monitored by the host location who employed the technicians. The service manager told us that they reviewed the records and there had been no significant dose recorded on the staff badges.

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.

Good

Diagnostic imaging

- There was resuscitation equipment located outside the scanning room. This equipment was checked and maintained by the host location. We saw records that the service carried out a weekly check to ensure that the daily checks of the equipment had been completed. Records reviewed showed that checks had been completed weekly for the previous eight weeks prior to inspection.
- The service manager was the radiation protection supervisor (RPS). We reviewed their certificate of RPS competence dated October 2017.
- There was a contract in place with the radiation protection advisor (RPA) dated April 2018 to March 2019. We reviewed the RPA certificate of competence and saw that is was valid for five years from January 2015. The RPA provided audit of radiation protection, local rules and provide telephone advice. Staff told us that the RPA was responsive when contacted to provide radiation advise.
- Local rules were in line with ionising radiation regulations 2017 (IRR) and employee's procedures were in line with ionising radiation medical exposures regulations (IR(ME)R). These guidelines and regulations protected patients and staff from ionising radiation. We saw that these were signed by the two business owners and two DEXA technicians in 2017.
- There were signs in the department waiting area informing people about areas where radiation exposures were taking place.
- There were processes to escalate unexpected or significant clinical findings. The service manager told us that incidental findings were noted on the imaging report provided to the patients GP or referring clinician.
- There was an emergency call button within the scanning room with appropriate emergency procedures in place in case of a medical emergency. There was a resident medical officer (RMO) on site if a patient required medical support.

Imaging 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.
- One of the two business owners was the service lead. They were a qualified radiographer trained to carry out DEXA scanning.
- The service did not employ any additional scanning staff directly. DEXA technicians were sub contracted from the host location on the days clinics were booked.

Medical staffing

- Clinical leadership of the service was provided by a consultant rheumatologist who was also a co-owner of the business. Staff told us that they were available to offer support and advice regarding scanning and patient care if required.

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- DEXA reports were sent via Royal Mail or courier service to the referrer, the patients GP and the patient for integration into their personal medical records. An electronic copy of the report was kept securely within the service.

Medicines

- The provider did not use any medicines as part of providing the service.

Incidents

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The provider had a policy for dealing with incidents. The policy was in date and due for review in March 2019.
- Information provided by the provider stated that there had been no never events during the reporting period August 2017 to July 2018. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic proactive barriers, are available at national level, and

should have been implemented by all providers. The event had potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

- Information provided by the provider stated there had been no incidents which met the serious incident (SI) reporting criteria during the reporting period August 2017 to July 2018.
- Information provided by the provider stated there had been no IR(ME)R or IRR reportable incidents during the reporting period August 2017 to July 2018.
- Staff knew how to report an incident. Incidents were reported on the host location incident reporting system. A staff member told us that they would tell the service manager about any incident relating to the service and gave an example of an incident where a patient report had been sent to the wrong GP. They told us that as a result the process for sending out reports had been reviewed and an additional check had been put in place when sending out patient reports.
- The provider had a Duty of Candour policy which was version controlled and within review date. Duty of Candour: As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.

Are diagnostic imaging services effective?

We do not rate effective.

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 in line with national guidelines
- We reviewed the policies folder. Five out of six policies were within review date and version controlled. However, we checked the data protection policy and found that it was due for review in February 2018. We raised this with the service manager. They showed us the electronic version which had been reviewed and was due for review in February 2019. This meant that staff referring to the hard copy in the folder could refer to out of date guidance.
- The radiation protection advisor provided an annual report. We reviewed two reports dated 24 October 2017 and 3 May 2018. Both reports stated that "the overall management of the DEXA service was found to be excellent". The report confirmed that the service fully complied with ionising radiation regulations (IRR) 1999 and IR(ME)R 2000 with no recommendations for improvements were required.
- The provider had an audit programme in place to audit practice against guidelines. The programme included an annual radiation protection advisor audit, an annual patient dose audit, a quality assurance audit, a report audit and an audit of a sample of scans performed by each operator. We reviewed records which showed that the audits had been completed in line with the audit programme. We saw that where there was non-compliance an action plan was put in place and the audit repeated. For example, we reviewed that scanning audit completed in September 2018. We saw that an action was put in place to advise a technician to stop the scans earlier.A follow up audit showed that the technician's technique was compliant and required no further action.

Nutrition and hydration

- Due to the nature of the service, the assessment of patients' nutrition and hydration needs were not formally assessed.
- Due to the short length of time patients spent in the unit the provider did not offer meals. Staff offered patients hot drinks while they waited for their appointment. Water was available in the waiting room.

Pain relief

- The provider did not provide patients with pain relief.

Patient outcomes

- The provider performed an annual dose audit to ensure patients were receiving the minimum radiation dose required to perform the scan. We reviewed the dose audit for July 2015, October 2016 and November 2017. All audits evidenced no action was required as the radiation dose was within acceptable limits.

Competent staff

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The DEXA scanning staff were subcontracted from the host hospital who delivered staff induction and mandatory training. At the time of our inspection three members of staff worked as DEXA technicians.
- Training in the operation of the scanner was delivered by the DEXA scanner applications specialist. New staff received supervised training for several weeks with a trained operator in house and were then assessed by the applications specialist. We reviewed staff records and saw that all technicians had completed the training and had a certificate of competency.
- As staff were not directly employed by the service the host location conducted staff appraisals. However, the manager was involved in the appraisal process. The manager appraised staff's work performance and provided training and support. All staff were up to date with their annual appraisal.
- The scanning of each operator was audited annually. We reviewed the audit data for two technicians. We saw that 10 scans were reviewed. Areas for improvement were identified and an action plan was put in place to provide feedback and additional training to the technician if required. Follow up audits were completed to ensure improved compliance. For example, we saw that it was identified that a technician was not inputting full patient details correctly. Follow up audit showed improved compliance in this regard.
- The business manager had completed a DEXA reporting course. We saw their certificate confirming the successful completion of the course. A report audit was completed annually. The audit was conducted by an external independent advisor. The result of the audit conducted in April 2018 showed that of 27 reports reviewed 100% were accepted with no change.

Multidisciplinary working

- The business manager told us that they had a good working relationship with the host hospital. Appointments were booked via the hospital diagnostic imaging booking team. The appointments manager liaised with the service manager to ensure that staff were available to cover lists.
- The service worked closely with the falls and fracture liaison service offering treatment recommendations through the reporting process.

Seven-day services

- The provider did not provide a seven -day service. Standard opening hours were Monday, Tuesday Thursday and Friday 8.30 am to 5pm. However, weekend and evening appointments were available if patients were unable to attend during the day.

Health promotion

- The service manager told us that as part of the reporting process they would provide advice to patients. For example, for patients that showed signs of osteoporosis they might advise increasing vitamin D intake.
- The service provided information to GP's to offer health advice to their patients including maximising exercise and reducing body mass index (BMI).
- The service signposted patients to information provided by the osteoporosis society that provided information about health and life style to improve bone density.

Consent and Mental Capacity

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.
- The provider had a policy for obtaining patient consent. The policy was in date and due for review March 2019. The policy referenced Ionising Radiation (Medical Exposure) Regulation 2018 (IR(ME)R).
- Staff we spoke with confirmed they had received training in consent and the Mental Capacity Act 2005. Staff demonstrated an understanding of mental capacity and could describe what they would do if a person lacked capacity to consent. They told us that

Good

Diagnostic imaging

as they did not carry out emergency care if a patient did not consent to having the scan they would respect their decision and notify the referrer that the patient had refused the scan.

- Patients signed a consent form prior to attending their scan. The consent form was included in the information provided to the patient with their appointment letter. When the patient arrived for their scan the technician confirmed that the patient knew what diagnostic imaging they were receiving and obtained verbal consent that the patient was happy to proceed. We observed two patients having a scan and saw that the consent form was signed and verbal consent was obtained for both patients.

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.
- The provider had a policy for chaperoning patients. The policy was in date and due for review in March 2019. Staff from the host location were available to chaperone.
- We observed staff treating patients with dignity and respect. There was a curtained area in the scanning room where patients got changed. The technician ensured that the curtain was closed and checked with the patient that they were ready before opening the curtain.
- Patients we spoke with told us that staff were very kind and caring. One patient said that, “all staff I came into contact with could not have been more helpful.”
- The provider carried out a patient survey twice a year. Results from October 2017 showed that 97% of patients who responded were satisfied with the service. This figure was 98% for April 2018. The service had carried out a patient survey for October 2018 but the responses had yet to be collated. However, the service manager told us that they had received 60% response rate.

Emotional support

- Staff provided emotional support to patients to minimise their distress.
- Staff offered emotional support to patients whilst they were having their scan. They talked to the patient throughout the scan and checked regularly that the patient was ok.
- One patient told us that she was very anxious coming to her appointment but the technician had been very supportive and had put her at ease.
- If the patient was diagnosed with osteoporosis they were given a postcard giving them the opportunity to request a free book from the National Osteoporosis Society that provided further information.
- The manager told us that they offered the opportunity for patients who were anxious about their scan to visit the scanner prior to their appointment in order to reassure them.Longer appointment slots were offered to patients with additional needs so the technician could offer support as required.

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 told us that the procedure was explained to them and they had the opportunity to ask questions. We observed two patient scans and saw that the technician explained the procedure clearly and checked if the patient had any questions before proceeding.
- Staff explained to patients how to access their results.

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 local people.

Good

Diagnostic imaging

- The service was commissioned by three clinical commissioning groups(CCG's). Patients were referred by their GP or hospital consultant team. Private patients could also access the service through self-referral.
- Patients attending the service for a scan reported to the main reception area of the host hospital. The waiting room had sufficient seating area and access to toilet facilities. There was a drinks machine serving tea, coffee and water.
- There was sufficient car parking available. Patients paid for parking by the hour. Parking vouchers were available to patients attending for a private appointment.
- The department was clearly signposted. However, we observed the technician collected the patient from the waiting room and escorted them through to the scanning room.
- Patients received a letter prior to their appointment with helpful information re the appointment location and information about what to expect when attending their appointment.
- Twenty-minute appointments were scheduled in blocks of four. Longer appointments of forty minutes were scheduled regularly. The longer appointment slot was used for patients that had additional needs such as people living with dementia or learning difficulties. This meant the technician could give the patient additional time without impacting on the list running late.

Meeting people's individual needs

- The service took account of patients' individual needs.
- The service supported people with learning difficulties. One member of staff had received training in dementia awareness and another member of staff had received training in learning disabilities and autism meaning that they could better plan care and support patients with these additional needs. Extended appointments were available as well as the opportunity for the patient to visit the scanner prior to their appointment to familiarise themselves with the scanning room.
- There was a telephone translation service available if required for patients whose first language was not English.
- The service was located on the ground floor of the host hospital and was accessible by wheelchair and stretcher. Disabled parking was available for patients if required.

Access and flow

- People could access the service when they needed it. Waiting times from referral to treatment were in line with good practice.
- The service aimed to scan patients within six weeks of referral.Records showed that this was achieved. Audit data for July 2018 showed that of 101 referrals 97% were scanned within six weeks of referral. 100% of patients were offered an appointment within six weeks but three chose to reschedule to a time outside of the six-week target.
- The service ran morning and afternoon lists on Monday, Tuesday, Thursday and Friday. The list started at 8.30am and finished at 5pm. The service manager told us that they could scan patients outside of these times if the patient could not attend an appointment within these hours.
- All the staff worked part time and flexed their hours according to capacity requirements to suit referral rates, annual leave and sickness. The service manager told us that clinic lists were opened once a member of staff has been allocated. This included evenings and weekends if required.
- Between August 2017 and July 2018 eight scans were cancelled for non-clinical reasons. This was due to short notice staff sickness causing a list to be cancelled.
- The referral form and appointment letter requested information regarding patient's mobility and any specific special needs for example, if two members of staff needed to be available to assist with mobility. If a patient's additional needs were not known before the patient arrived for their appointment then another member of staff was requested to help from another department within the host hospital. The service

manager told us that if nobody was available to assist then the patient would be rebooked for a day when additional staff were available. However, they told us that this had not occurred.

- Patients who did not attend were given a second appointment. If they failed to attend again the referral was sent back to the referrer for follow up. Another referral would then be required to book another appointment.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The provider had a policy for dealing with complaints from patients. The policy was in date and due for review in March 2019.
- Data supplied by the provider pre-inspection showed the provider had received no formal complaints in the reporting period August 2017 to July 2018. The service received 23 compliments during this period.
- We reviewed the providers log of complaints and incidents. The provider recorded 14 episodes where patients had contacted the provider with complaints. These had occurred prior to the reporting period above.
- Staff recorded outcomes and changes in procedures on the complaints and incident record, this evidenced there was learning from complaints and concerns. For example, a GP practice complained that they had received the incorrect patient report. The provider reviewed and changed the process by which reports are sent introducing a final check stage. There have been no further incidents relating to wrong reports being received.

Are diagnostic imaging services well-led?

Good

Leadership

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The two business co-owners were the leaders of the service. The service lead was a radiographer by background and managed the business operations. The clinical lead was a consultant rheumatologist and had oversight of scan reporting. Business decisions were managed jointly by both business owners.
- Staff told us that the managers were visible and approachable. They felt comfortable raising concerns and felt that the leaders were responsive.

Vision and strategy

- The service did not have a formal vision and strategy in place. The service lead told us that their vision was to deliver a high quality, flexible service to their patients. They explained that due to the small size of the service they could proactively monitor demand and capacity and had flexibility within the work force to manage this demand.

Culture

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service lead told us that the culture was one of openness and no blame. They told us that they were always looking for opportunities for learning and improvement.
- A member of staff told us that the service was a positive place to work and that the leaders promoted the open culture. They felt supported and respected.They told us that they were encouraged to raise concerns and felt valued.
- Staff received training in duty of candour and could explain what it meant. Duty of candour means that providers of healthcare services must be open and honest with patients and other 'relevant persons' (people acting lawfully on behalf of patients) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology.
- The provider was very patient focused. Patients were given adequate time for their appointment and staff were friendly and supportive to patients and provided them with information about their scan and results.

- The service lead provided input to the staff appraisals and offered and encouraged staff to take additional training opportunities to enhance their skills and career development.
- There was supportive and collaborative working between the service and the host location. We observed DEXA technicians interacting with the staff at the host location in a friendly manner. Staff described good team work and told us that staff were available to assist if required.

Governance

- There were effective processes in place to support the delivery of a good quality service.
- The service leads held an annual meeting with the host hospital to review and monitor the service level agreement between the hospital and the service.
- The service contracted radiation protection support from an external medical physics expert (MPE) and a radiation protection advisor (RPA) The radiation protection advisor (RPA) conducted an annual report of the service. The service lead reported that they were easily contactable to offer advice if required.
- The service lead and the clinical lead held a monthly meeting. Governance was a regular agenda item. We reviewed three sets of minutes and saw that items discussed included audit results, patient satisfaction, policy and procedure updates, incidents and complaints.
- An external independent advisor conducted an annual review of the provider. This included carrying out audits of scanning practices of technicians and a review of the reports produced by the service leads. This provided a check and challenge for the service leaders.
- The service manager provided a monthly report for the clinical commissioning groups (CCG) for them to monitor service delivery. The reports showed that the service consistently met key performance indicators.

Managing risks, issues and performance

- The service had systems to identify risks, plan to eliminate or reduce them. However, this was not always formally recorded appropriately.
- The service had a risk register in place. We reviewed the register and saw that it had 23 risks identified. Risks were rated one to 12, one being insignificant and 12 being major. The risks did not have an owner and were not dated. It also did not record what action had been taken. We raised this at the time of inspection. The service manager could verbally tell us what action was taken and it was clear that they had oversight of the risk but this had not been recorded on the register.
- We asked the service manager of their top risks and saw that they were identified on the risk register. For example, they told us that the age of the equipment was a risk. We saw that this was recorded on the register as a level 12 risk with mitigating action being the regular equipment service. We asked what plans were in pace in case of terminal equipment failure. They told us that they would have access to alternative equipment and a new temporary scanner could be in situ within a week. However, this was not formally documented in a risk assessment.
- Annual radiation protection advisor reports confirmed that the overall management of the DEXA service was “found to be excellent”. The service complied fully with ionising radiation regulations (IRR) 1999 and IR(ME)R 2000 and no recommendations for improvements were required.
- There was an audit programme in place to monitor quality and operational processes. We reviewed the audits programme and saw that regular audits were completed. We saw that where there was non-compliance an action plan was put in place and the audit repeated to ensure improved compliance. We saw examples of improvement of practice from audit. For example, in ongoing audits conducted of staff scanning practice evidenced improvement in inputting patient demographics onto the system. This showed how audit was being used to monitor and improve the quality of care.

Managing information

- The service aimed to process 100% or reports within two weeks of the scan being completed in line with the requirements of the contract with the clinical commissioning group (CCG). Data provided showed that the service consistently met this target between August 2017 and July 2018.

Good

Diagnostic imaging

Engagement

- Due to the small size of the service staff engagement was informal with the service lead and DEXA technicians working together. A member of staff told us that they were consulted about any changes to the service and were involved in the planning of delivery of the service.
- The service lead told us that the contract with the clinical commissioning group (CCG) required an annual meeting to review the contract. They told us that to date no one from the CCG had been available to attend these meetings so they had not taken place. The service lead provided a monthly performance report for the CCG to keep them updated of the service performance against the key performance indicators outlined in their contract.
- The service conducted a patient satisfaction survey and feedback from this was used to plan service delivery, for example offering weekend appointments when required.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that any equipment, such as weigh scales, are serviced and calibrated prior to use.
- The provider should carry out a risk assessment to ensure that the scanning room is accessible in case of an emergency.
- The provider should ensure that if hard copies of policies remain in place this must be updated in line with changes.
- The provider should develop a formal vision and strategy.
- The provider should ensure that the risk register is up to date, actions recorded and progress against actions monitored.