InHealth Limited

InHealth North London Diagnostics Centre

Inspection report

Lincoln Road Medical Practice
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well and assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for a diagnostic procedure.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued and were focused on the needs of patients receiving care.
- Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not always use a three-point demographic check to correctly identify a patient before taking an x-ray or DEXA scan.
- The service did not have oversight of the cleaning contractors responsible for the daily cleaning of the premises.
- The changing facilities for the x-ray room were cluttered.
- The service did not have signs to inform patients and people visiting the centre that close circuit television surveillance was being used.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Our rating of this service stayed the same. We rated it 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 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 service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment visibly clean. • Radiographers and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. • Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. • The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. • Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. However: • Staff did not always use a three-point demographic check to correctly identify a patient before taking an x-ray or DEXA scan. • The service did not have oversight of the cleaning contractors responsible for the daily cleaning of the premises. • The changing facilities for the x-ray room were cluttered.

Summary of findings

- The service did not have signs to inform patients and people visiting the centre that close circuit television surveillance was being used.

Summary of findings

Contents

Summary of this inspection

Background to InHealth North London Diagnostics Centre

InHealth North London Diagnostic Centre is operated by InHealth. The service provides x-ray and dual energy x-ray absorptiometry (DEXA) diagnostic facilities for adults and young people over the age of 16 years.

This report relates to x-ray and dual energy x-ray absorptiometry (DEXA) services provided by InHealth North London Diagnostic Centre. The service primarily serves the communities of Enfield. However, it also accepts patient referrals from outside this area.

The centre provides a range of x-ray and dual energy x-ray absorptiometry (DEXA) examinations to private patients and NHS patients referred from the NHS through clinical commissioning group (CCG) contracts directly with InHealth and GP referrals. The service works collaboratively with Enfield CCG and local GP services. The centre provides services for young people and adults over the age of 16 years old.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 27 September 2021.

During the inspection visit, the inspection team:

- Spoke with the operations manager, operations support manager and four members of staff
- Spoke with four patients
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that staff always used a three-point demographic check to correctly identify a patient before taking an x-ray or DEXA scan
- The service should ensure it had oversight of the cleaning contractors responsible for the daily cleaning of the premises.
- The service should ensure the changing facilities for the x-ray room were de-cluttered.
- The service should ensure there were signs to inform patients and people visiting the centre that close circuit television surveillance was being used.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Diagnostic imaging safe?

Good

Our rating of safe stayed the same. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. Managers explained the challenges of providing classroom training during the pandemic.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. We reviewed the staff training matrix and saw 100% compliance with mandatory training.

The mandatory training met the needs of patients and staff. The mandatory training requirements included courses covering basic life support, infection control, safeguarding children and adults level two, the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff received training specific to their roles. For example, radiographers received further training on magnetic resonance imaging (MRI) scans.

Radiologists completed continuing professional development and provided annual confirmation to the service in line with the practising privileges policy.

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.

Good

Diagnostic imaging

Staff received training specific for their role on how to recognise and report abuse.Safeguarding children and adults formed part of the mandatory training programme for staff. Records showed that all staff (100%) had received safeguarding training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. An up-to-date safeguarding child and vulnerable adults policy was available. Staff knew how to make a safeguarding referral and who to inform if they had concerns and could access support from senior staff if needed.

Patients we spoke with said they felt safe and were always treated respectfully by staff.

The organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check and professional registration checks.

The service had an up-to-date chaperone policy to reflect the changes made during the pandemic.

There were no safeguarding incidents in the previous 12 months.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The service generally performed well for cleanliness. Staff cleaned equipment after patient contact. Radiographers were responsible for cleaning the diagnostic equipment. Items appeared clean and dust-free and we saw a daily cleaning check list. The service used single use equipment where appropriate.

The service had Covid-19 policies and procedures and information was sent to patients prior to their appointment. Staff followed infection control principles including the use of personal protective equipment (PPE). The centre provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors. We observed all staff wore PPE where necessary. Recent hand hygiene audits found 100% compliance.

Clinical areas were clean, and furnishings were clean and well-maintained. Hand-washing and sanitising facilities were available for staff and visitors in the centre.

Imaging appointment times had been adjusted to reduce the number of patients waiting to be seen to help maintain social distancing.Patients we spoke with said the environment was clean.

Cleaning records were up-to-date and demonstrated that areas were cleaned regularly. An infection control audit is completed quarterly. Records showed the service achieved 100% compliance. The service rented the premises from a GP surgery who were responsible for providing cleaners and the service did not have oversight of this process. We observed one of the bathrooms was visibly dusty. We discussed this with the operations manager who provided assurance this would be rectified with the centre's cleaners.

Staff disposed of clinical waste safely. Clinical and non-clinical waste was correctly segregated and collected separately.

Environment and equipment

Good

Diagnostic imaging

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of patients' families. There were two diagnostic imaging rooms, one modality in each room, situated on one floor. The equipment included a digital diagnostic x-ray machine and a DEXA scanner.

The design of the environment followed national guidance. There were warning lights outside the door to the x-ray room to alert people when the equipment was in use. Following our previous inspection, the service improved the changing facilities in the x-ray room including privacy screens and curtains. However, we observed the changing facility was cluttered.

Staff carried out daily testing and quality assurance checks on all equipment.

The service had enough suitable equipment to help them to safely care for patients. There was an effective system to ensure that repairs to broken equipment were carried out quickly so that patients did not experience delays to treatment. We checked the service dates for all equipment and found them to be within their service date.

The centre stored and maintained equipment to allow them to respond to medical emergencies. Resuscitation equipment was available including an automatic external defibrillator (AED). Single-use items were sealed and in date and resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

Assessing and responding to patient risk

Staff identified, responded to and removed or minimised risks to patients. Staff identified and quickly acted upon patients at risk of deterioration.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The centre used a “pause and check” system. Pause and check consisted of a system of three-point demographic checks to correctly identify the patient, as well as checking with the site or side of the patient’s body that was to have images taken and the existence of any previous imaging the patient had received.

We observed that staff did not always use a three-point demographic checks and there were occasions when a two-point check was used. The operations manager completed an audit in April 2021 and identified the three-point check was not consistently carried out. A further audit was planned to review compliance.

The service had local rules for the x-ray equipment which described safe operating procedures in line with national guidance. Managers stated that the radiation protection adviser (RPA) had inspected the site prior to the installation of equipment and they continued to provide guidance and support to the radiation protection supervisor.

Staff knew about and dealt with any specific risk issues. Radiographers told us how any unexpected or significant findings from image reports were escalated to the referrer.

Staff knew how to respond promptly to any sudden deterioration in a patient’s health. Staff told us they had not responded to a deteriorating patient in the last 12 months. There was a protocol for managing any sudden deterioration in a patient’s health and staff knew how to access it.

Good

Diagnostic imaging

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough clinical and support staff to keep patients safe. The service had one whole time equivalent (WTE) radiographer. The service provided records to show a second WTE radiographer had been recruited and was due to commence employment shortly. The service had four clinical assistants.

Bank and agency staff were used based on the demands of the service and there was an induction programme.

The service had low turnover and sickness rates and did not have any vacancies.

Medical staffing

The service did not employ any medical staff. Radiologists were provided by a service level agreement (SLA) with two external providers. Radiographers told us they could contact a radiologist at the external provider for advice at any time.

There was an SLA with the co-located GP practice to provide medical support including resuscitation, administration of all required drugs, and onward transmission of patients if necessary. The SLA also detailed the provision of general medical guidance and support for InHealth North London Diagnostic Centre from the practices GP.

We saw evidence that the centre checked all medical staff had valid professional registrations, medical indemnity insurance, completed revalidation and appraisals.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. Staff used secure electronic patient records to document patient's diagnostic needs including scan results. We reviewed four patient care records which were accurate, complete, legible and up to date.

All patients were booked through the InHealth patient referral centre (PRC) and referring clinicians received electronic diagnostic imaging reports which were encrypted.

Staff training on information governance and records management was part of the InHealth mandatory training programme.

Medicines

Good

Diagnostic imaging

Medicines were not stored or administered at the centre. InHealth had a consultant pharmacist who issued guidance and support at a corporate level and worked collaboratively with the InHealth clinical quality team on all issues related to medicines management. Staff told us they could contact the InHealth pharmacist if they had any concerns regarding medicines patients were taking.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses 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.

Staff knew what incidents to report and how to report them. The service used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents and near misses.

We checked the incidents log and found incidents were reported appropriately.

The service had no never events, serious incidents or IR(ME)R incidents reported in the last 12 months.

There was a medical physics expert available to provide advice on any incidents if required.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff could give an example of an incident where the duty of candour requirements applied.

Are Diagnostic imaging effective?

Inspected but not rated

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Patients care and treatment was delivered, and clinical outcomes monitored in accordance with guidance from the National Institute for Health and Care Excellence (NICE), Public Health England (PHE) and Society of Radiographers (SoR).

Policies and procedures for the x-ray were based on the (IR(ME)R 2017. The local rules were up to date and reflected the equipment, staff and practices at the centre.

Good

Diagnostic imaging

The service's policies and procedures were subject to review by the radiation protection advisor (RPA). The annual RPA audit against the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R had been completed in June 2019. The audit found the service was fully compliant with the current regulations, standards and reference guidance relating to the use of ionising radiation in diagnostic imaging.

To ensure safe radiation doses the service applied the Public Health England guidance on National Diagnostic Reference Levels when setting their local diagnostic reference levels (DRLs).

The service provided radiographers with complimentary membership to the British Institute of Radiography which enabled them to access educational material and professional guidance.

Nutrition and hydration

Staff said patients were not generally offered food in the centre as patients were usually called for their examination within 30 minutes of arriving at the centre. Patients had access to drinking water whilst awaiting their examination.

Pain relief

Staff said patients did not routinely require pain relief. Staff assisted patients into comfortable positions by using cushions and pads wherever possible.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Managers and staff carried out a programme of repeated audits to check improvement over time. The service had an audit programme which monitored patients' outcomes and the effectiveness of the scanning. Managers explained the audits of image quality were undertaken at a corporate level. Any issues were fed back to local services for quality assurance purposes and learning and improvement.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service completed a reject analysis on x-rays. Reject analysis reduces the number of repeated examinations by correcting technical problems and improving the skills of the staff. The reject rate was 2.6% and staff identified the reasons for rejection and how improvements could be made. Staff also completed an audit on the use of lead aprons.

Managers shared and made sure staff understood information from the audits. Records showed that staff discussed the outcome of the image quality audits.

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 development.

Good

Diagnostic imaging

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All health care staff were registered with their appropriate professional bodies. Staff received a local and corporate induction and underwent an initial competency assessment.

The service ensured it received evidence annually from radiologists about appraisals, revalidation and professional registrations as part of their practising privileges.

Staff received an induction tailored to their role and felt well-supported and there was evidence of completed induction booklets. Managers made sure staff received any specialist training for their role, for example one staff member received training to become the radiation protection supervisor.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates were 100%. Staff said they had the opportunity to discuss training needs with their line manager and they were supported to develop their skills and knowledge. For example, MRI radiographers were undertaking training across modalities in order to take x-rays and use the DEXA equipment.

Multidisciplinary working

Radiographers, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff told us there was good communication between services, including NHS providers and there were opportunities for them to contact referrers for advice, support and clarification.

Radiology staff worked closely with the referrers to enable patients to have a prompt diagnosis and treatment pathway. If they identified concerns from scans, they escalated them to the referrer. This ensured that staff could share necessary information about the patients and provide holistic care.

Seven-day services

The centre opened Monday to Friday from 8am – 8pm.

Referrals were prioritised by clinical urgency, including appointments at short notice. Staff told us if an urgent referral was made the centre would assess appointments and prioritise patients according to their clinical needs and requirements of the referring consultant.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had a range of health promotion information that could be accessed electronically including mental health, men's health, nutrition exercise and bladder cancer. Staff directed patients to health promotion information that was relevant to them.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Good

Diagnostic imaging

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a consent policy which was up-to-date and provided patients with written information about the consent process prior to attending for appointment.

Patients were sent an information leaflet explaining the x-ray procedure including what they needed to do prior to the appointment, when they arrived, the examination and results.

Staff made sure patients consented to treatment based on all the information available. Staff explained how they gained consent for a scan by providing information on the procedure, risks and benefits. Records we reviewed showed consent was recorded prior to a scan being completed.

Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

All clinical staff (100%) received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe how to access the policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff explained how they would carry out and document a capacity assessment if required.

Are Diagnostic imaging caring?

Good

Our rating of caring stayed the same. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said the centre was professional, efficient and met their expectations.

Patient satisfaction was measured through completion of the 'Friends and Family Test' (FFT) following their examination. The results of the patient satisfaction survey show the service was consistently rated high for compassionate care.

Staff gave examples of changes made to the service in response to patient feedback. For example, the service amended the map of the location giving more details to make it easier for patients to find them.

Good

Diagnostic imaging

Staff followed policy to keep patient care and treatment confidential. Staff ensured that patients' privacy and dignity was maintained during their time in the centre and during scanning. There was a screened changing area in the imaging room to ensure patients privacy and dignity was respected. We observed discreet interactions that protected patient's personal information.

Patients said staff treated them well and with kindness. Staff were very helpful and reassuring.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs. We observed staff speaking compassionately and warmly with patients who were anxious or concerned about treatment results. Patients said staff made them feel reassured and this reduced their anxiety.

Staff gave patients and those close to them support and advice when they needed it.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients said staff explained the procedure, checked what diagnostic imaging scans they were having and checked their identity.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form following their appointment. The results of the patient satisfaction survey were displayed on the noticeboard in the waiting area.

Are Diagnostic imaging responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of people who use the service.

Good

Diagnostic imaging

Managers planned and organised services so they met the changing needs of the people who use the service. The service was open five days a week and provided diagnostic imaging tests by appointment only, at a time to meet the needs of the patient group. Patients said they were able to book appointments at their convenience. Staff ensured services were flexible to account for last-minute changes caused by Covid-19 disruption.

The service did not operate a waiting list. Staff said patients were seen promptly and patients confirmed being able to access the centre in a timely manner. The environment was appropriate, and patient centred.

We observed staff being understanding when a patient attended late for an appointment because of unforeseen circumstances and accommodating the patient on the same day.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

All areas of the department were accessible by wheelchair and step-free access was provided from street level and the car park. There was a comfortable seating area, cold water fountain, and toilet facilities for patients and visitors.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Staff could use a sign language or telephone interpreting service for patients whose first language was not English. Contact details for the interpreting service were displayed on the staff noticeboard. The service had information leaflets available in languages spoken by the patients using the service.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patient's wearing a hearing aid. Large print patient information was available and braille leaflets could be provided on request.

Staff made sure patients living with mental health problems and learning disabilities received the necessary care to meet all their needs. Patients with learning disabilities were identified at the time of booking their initial appointment so that staff could determine how to modify investigations if necessary and assist with planning for the patient's appointment.

During the COVID-19 pandemic the service made arrangements for patients with additional needs to have a relative or carer to support them, while other patients were asked to attend alone.

We spoke with carers for one patient with special needs. They were given relevant advice before attending the appointment regarding wheelchair access and how the patient could be supported during the scan. This helped the carers in planning for the patient's appointment.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were monitored.

Good

Diagnostic imaging

Managers made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The centre was open five days a week and provided diagnostic imaging by appointment only. The service did not have waiting times and appointments were scheduled based on the patient's own preference for convenience.

Diagnostic reports were usually made available within 48 hours depending on the urgency of the request and investigation. Images were reported in time order unless it was clinically urgent which would be flagged. Data showed that between September 2020 to August 2021 98% of reports were made available within 48 hours.

Managers worked to keep the number of cancelled and missed appointments to a minimum. Patients received a confirmation telephone call 24 hours prior to their appointment. Cancelled or missed appointments were recorded electronically and patients contacted to rebook appointments. From August 2020 to August 2021 the total number of appointments at the centre was 8,247, with cancellations by the service being 441 (5%) and missed appointments 901 (11%).

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. The service displayed information about how to raise a concern in the reception area. Staff said they tried to handle and resolve complaints informally first, with the patient referred to the complaints procedure when required.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service received 19 complaint in the previous 12 months. Records showed complaints were acknowledged and investigated in line with the service's complaints procedure.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. Staff could give examples of how they used patient feedback to improve the service. For example, staff completed training on how to improve communication with patients.

Are Diagnostic imaging well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Good

Diagnostic imaging

The centre had a corporate management structure which included a chief executive officer and a director of clinical quality. The centre was supported by an operations manager, an operations support manager and a superintendent radiographer.

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. The operations manager's key responsibility was to monitor the performance of the centre. The director of clinical quality, head of clinical governance and risk and the radiation protection lead provided support and advice to the operations manager.

Staff we spoke with said managers were accessible, visible and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a clear vision and strategy. The mission statement was, "to make healthcare better for all stakeholders by working with hospitals and commissioners across the NHS and independent sector".

The service had four clear values about care, trust, passion and fresh thinking.

All staff were introduced to the values when first employed during the corporate induction. The vision, mission and values were displayed on the staff noticeboard. Staff said they understood the goals and values of the centre and how it had set out to achieve them.

The centre had a statement of purpose which outlined to patients the standards of care and support services the centre would provide.

The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Managers supported an open and honest culture by leading by example and promoting the service's values. A freedom to speak up policy, duty of candour policy and appointment of Freedom to Speak Up Guardians supported staff to be open and honest.

Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the Covid-19 pandemic as well as supporting other parts of the organisation.

Good

Diagnostic imaging

Staff were proud of the work that they carried out. They enjoyed working at the centre; they were enthusiastic about the care and services they provided for patients. They described the centre as a good place to work.

Staff said they felt that their concerns were addressed, and they could easily talk with their managers. They told us there was a no blame culture when things went wrong.

Patients told us they were very happy with the centre's services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Quality monitoring was the responsibility of the operations manager and was supported through the clinical quality team and governance committee structure, which was led by the director of clinical quality. This included quarterly risk and governance committee meetings and clinical quality sub-committee meetings as well as monthly senior staff meetings. All these meeting had a standard agenda and were minuted with an actions log.

Managers said there had been no staff meetings at the centre since December 2020 and these meetings would resume in October 2021.

There was a radiation protection committee which met quarterly and risk assessments, incidents and action plans were discussed.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Performance was monitored on a local and corporate level. Progress in delivering services was monitored through key performance indicators (KPI). Performance dashboards and reports were produced which enabled comparisons and benchmarking against other InHealth services.

The centre had a risk management strategy and a risk register to monitor key risks.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

Information Management

Good

Diagnostic imaging

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.

Clinical records were electronic. The referring clinician could review information from scans remotely to give timely advice and interpreted results to determine appropriate patient care.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

We observed the centre had close circuit television (CCTV) surveillance. The service did not have signs to inform patients and people visiting the centre that close circuit television surveillance was being used in line with published guidance.

Engagement

Leaders and staff actively and openly engaged with patients and staff, to plan and manage services.

Feedback from the friends and family test (FFT) was analysed and the results and a dashboard sent to the clinical quality team. Data was provided on number of items including patient satisfaction percentage and all comments were recorded. These were available weekly on the InHealth intranet.

There was an InHealth Staff Partnership Forum which provided opportunities for staff to make suggestions for improvements, share best practice and resolve challenges as a team.

There were five Freedom to Speak Up Guardians appointed within InHealth. This provided support for staff to raise concerns and for the service to address them. The operations manager at the centre was one of the five Freedom to Speak Up Guardians appointed.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

The service had well-being facilities for staff during the pandemic including free confidential counselling through the Employee Assistance Programme.

InHealth had an Equality, Diversity and Inclusion Forum to support colleagues and promote inclusion and awareness and celebrate diversity. The service worked to better understand how diversity, inclusion and equality objectives were being met and how this could be developed further in the future.

Good

Diagnostic imaging

In 2021 InHealth commenced cross site and cross modality training for MRI Radiographers to refresh their x-ray and DEXA training to support the service and patients by increasing flexibility in clinic availability. Clinical assistants also received DEXA training via the InHealth Training Programme to further support the service and encourage professional and personal development for staff.

The service started a cross site 'exchange programme' for clinical assistants and radiographers to allow role expansion and development by increasing their knowledge base and to further support services to patients.