Croydon MRI Centre

Quality Report

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

Ratings

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

Overall summary

Croydon MRI Centre delivers Magnetic Resonance Imaging (MRI) scans to people within the grounds of the Croydon University Hospital NHS Trust. The service had an open scanner which was used for both bariatric and claustrophobic patients who are unable to tolerate a traditional scanner, and as such takes referrals from all over England for bariatric patients who required an MRI scan. At the time of inspection all patients attending the centre were NHS funded patients.

InHealth is a specialist provider of diagnostic imaging services to the NHS hospitals. The company provides services to over 200 hospitals under service level agreement. Some of their services were based at over 100 community based medical centres, GP surgeries and health clinics, providing access to a wide range of diagnostic imaging services for patients across the UK.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 21 January 2019.

Summary of findings

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 this service as good overall.

We found the following areas of good practice because:

- The service had systems, processes and practices essential to protect patients from avoidable harm.
- The design, maintenance and use of facilities and premises were appropriate and standards of cleanliness and hygiene were well maintained.
- 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 managed patients' individual care records in a way that protected them from avoidable harm.
- Staff assessed patients', and planned and delivered care and treatment in line with evidence-based guidance, standards and best practice.
- Managers routinely collected, and pro-actively monitored information about the outcomes of people's care and treatment.
- Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities, and on a continual basis.
- Patients had timely access to scanning and were provided with a choice of appointments.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004.
- Staff treated patients with dignity, kindness, compassion, courtesy and respect. Staff were caring, kind and engaged appropriately with patients.
- Managers used information about the needs of the local population to inform how services were planned and delivered.
- Services were planned to take account of the needs of different people, and referrals were prioritised by clinical urgency.
- Leaders had the skills, knowledge, passion and experience to drive the service forward into the future.
- The provider had a clear vision and a set of values, with quality and safety as top priorities.
- Staff were supported with professional development and ongoing education.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (South London and South Central)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	**Good**	We rated it as Good overall because; Mandatory and safeguarding training for all staff was up to date. There were records of regular cleaning and hand hygiene audits being conducted. All relevant MRI equipment was labelled in line with Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations. The availability of the service was designed around managing the demand of those using the MRI scanning service. Patients were given choices around their appointment times which were discussed at the time of booking. There were regular MRI governance meetings. Risks were assessed and recorded on the risk register and escalated to senior managers. The scanning room had appropriate warning signs displayed. In the event of unexpected urgent clinical findings, there was a clear process to follow. Staff demonstrated an understanding of the patients and the dignity of patients was maintained. Referrals were prioritised by clinical urgency. The management team were described as approachable, open and honest.

Summary of findings

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Diagnostic imaging

Summary of this inspection

Background to Croydon MRI Centre

Croydon MRI Centre is managed by InHealth Limited and provides Magnetic Resonance Imaging (MRI) scans within the grounds and settings of the Croydon University Hospital. An MRI is a type of scan that uses magnets and radio waves to produce detailed images of the inside of the body. The centre was opened in 1999 and provides MRI services from 7:30am to 8pm, Monday to Sunday.

The centre provides a wide range of magnetic resonance imaging (MRI) scans examinations to the host hospital, NHS GPs, Clinical Commissioning Groups. The service performed over 10,000 MRI scans between September 2017 and September 2018.

Radiologists from the host hospital reported on NHS scans. The service had also outsourced private image reporting to a third party, to ensure the service kept within the key performance indicator for reporting turnaround times and national targets, when radiologists did not have capacity.

There was a new manager appointed who was undergoing the CQC registered manager application at the time of our inspection.

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 Croydon MRI Centre

The Croydon MRI Centre was registered to provide the following regulated activity:

- Diagnostic and screening procedures.

  During the inspection, we visited all clinical areas and the main reception area. We spoke with nine staff including; radiographers, reception staff, and senior managers. We spoke with four patients and one relative. We also reviewed 15 comment cards which patients completed. During our inspection we reviewed four 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.

  Activity (August 2017 to August 2018)

  Croydon MRI Centre provide an MRI (Magnetic Resonance Imaging) service in the grounds and premises of Croydon University Hospital NHS Trust. It provided approximately 10,000 MRI examinations per year to patients. Patients may be referred via their NHS practice, or through private consultants.

  They also see inpatient children from the hospital. All children seen at the MRI centre were accompanied by the children's registered nurse from the ward.

  Track record on safety

- No never events
- No serious incidents
- No duty of Candour notifications
- No incidents of hospital acquired infections
- No complaints within the inspection time frame

Summary of this inspection

- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive Staphylococcus aureus (MSSA), Clostridium difficile (C. difficile) or Escherichia coli (E-Coli).

The service received 18 complaints between September 2017 and September 2018, out of which two were upheld.

Services accredited by a national body:

- Investors in People (Gold award), awarded December 2016
- ISO 9001: Quality management systems standards, current issue date November 2018.
- ISO 27001: International Organization for Standardization - information security management awarded – current issue date October 2017.

Services provided under service level agreement:

- Clinical and or non-clinical waste removal
- Cleaning services
- Use and maintenance of premises
- Use of hospital facilities
- Laundry
- Maintenance of non- MRI medical equipment

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 it as **Good** because:

- Staff had an awareness of safeguarding and how to report concerns.
- The service had policies and procedures in place to support staff.
- Premises and equipment were appropriate and well maintained for the service provided.
- Staff completed comprehensive risk assessments for patients before they were permitted into the scanning room. These were recorded on a safety questionnaire and stored in patient records.
- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times.
- Staff had access to mandatory training, and all staff working in the service had completed mandatory training at the time of our inspection.
- Staff displayed an awareness of infection control. The centre was visibly clean and tidy during our inspection.

Are services effective?

Not sufficient evidence to rate

We do not rate effective, however we found the service effective because:

- Staff demonstrated a clear understanding of National Institute for Health and Care Excellence (NICE) guidelines and quality standards, and Royal College best practice guidelines in support of their provision of care and treatment.
- The service had a comprehensive audit plan to support patient care, quality and safety improvement and patient satisfaction. Audit results were supported by action plans.
- Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment and took on new responsibilities on a continual basis.
- All staff had received a performance review at the time of inspection.
- Appropriate staff, including those in different teams and services were involved in assessing, planning and delivering patient's care and treatment.
- Patients had timely access to scanning and a choice of appointment times to suit their needs.

Summary of this inspection

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004.

Are services caring?

Good

We rated it as **Good** because:

- Staff treated patients with respect, dignity and compassion and ensured their privacy was maintained.
- Patients' privacy was respected and addressed by all staff.
- The environment within the centre allowed for confidential conversations which we observed.
- All patients we spoke with, consistently gave positive accounts of their experience with the centre and its staff. They told us staff were excellent, and they were always polite and courteous.
- Patients felt fully informed about their care and treatment. All the patients we spoke with had a good understanding of their condition and the proposed diagnostic test they were there for.
- During the inspection, staff demonstrated how they supported patients who required additional support to manage their worries and anxiety during the scan.

Are services responsive?

Good

We rated it as **Good** because:

- The service was sufficiently flexible to meet the needs of patients.
- The environment had been designed so it was suitably appropriate for all ages and for those with restricted mobility, or other needs.
- There was an MRI scanner suitable for bariatric (heavier) patients, with the widest scanner opening available for use in acute hospitals.
- The service had a complaints policy in place and had received 18 formal complaints between September 2017 and September 2018, of which two were upheld. There was evidence of learning from each complaint with good escalation of patient feedback to the management committee.

Are services well-led?

Good

We rated it as **Good** because:

- Staff described a culture of openness and transparency.
- The leadership team were visible, approachable and responsive.
- Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs.

Summary of this inspection

- There was a clear vision for the service which was directed towards the development of a clinically led centre of excellence.
- Staff told us they felt supported, respected and valued by the organisation.
- There was an effective governance framework to support the delivery of the strategy and good quality care.
- There was a risk assessment system in place locally with a process of escalation onto the corporate risk register.
- Risk, governance and operational performance were well managed.
- There was a cohesive and visible leadership team who were committed to developing clinically-led, highly responsive services.

Good

Diagnostic imaging

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

Are outpatients and 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 service had processes in place to monitor staff compliance with mandatory training. Staff were required to complete all mandatory training each year as appropriate. There was a structured induction programme in place for all new staff.
- Mandatory training was a mixture of face to face and online training. Staff had protected time to complete training. Managers were proactive in ensuring training was booked in for staff.
- Data we received from the service showed that there was 100% compliance with mandatory training by all staff group.
- There were evidence that staff have read the local rules, followed their organisational policies and procedures and had received training on radiation risks where appropriate. Staff had signed and dated policies and local rules.
- The service operated a comprehensive mandatory and statutory training programme which ensured relevant knowledge and competence was maintained and updated throughout their staff employment with the organisation. Topics included equality and diversity, infection control, safeguarding, manual handling and managing violence and aggression.

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.
- All staff working in the service had up to date safeguarding training. Staff had access to the InHealth safeguarding lead who was the nominated individual and was trained to level four. (A nominated individual is a person within a service nominated to act as the main point of contact with the CQC). If the provider required more guidance on a safeguarding concern they would contact the local authority. The centre staff had access to the host trust's safeguarding team as well.
- All staff received training in safeguarding children and young people at level 2 as it was possible young people aged 16 to 18 years old would be scanned at the service. This met intercollegiate guidance: 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff', March 2014. Guidance states all non-clinical and clinical staff that have any contact with children, young people, parents or carers should be trained to level two safeguarding.

Good

Diagnostic imaging

- There were systems and processes in place reflecting relevant safeguarding legislation to safeguard people from avoidable harm. Staff we spoke with understood their roles and responsibilities regarding safeguarding vulnerable people.
- The service had an up to date safeguarding vulnerable adult's policy. The policy contained relevant guidance for staff to recognise and report any potential safeguarding concerns. The service had a Prevent policy which included specific guidance on the risk of radicalisation.
- The service had an up to date adult's and children's safeguarding policy. The policy contained relevant guidance for staff to recognise and report any potential safeguarding concerns. The policy contained information on child sexual exploitation, Female Genital Mutilation and extremism. The policy also contained guidance on children attending appointments with parents.
- Staff were able to explain safeguarding arrangements, and when they were required to report issues to protect the safety of vulnerable patients.

Cleanliness, infection control and hygiene

- **The service controlled infection risks well.** Staff, equipment and the premises appeared visibly clean. They used control measures to prevent the spread of infection.
- Hand sanitising gel was readily available for staff to use, we observed staff using this before and after a patient contact. Hand hygiene audits were completed to measure staff compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients. Results for the reporting period January to October 2018 showed a compliance rate of 100%. Hand hygiene results were communicated to staff through the centre's staff meetings and via email.
- Personal protective equipment including aprons, face mask and gloves were available in all clinical areas. We saw staff using gloves when dealing with patients.
- We observed all staff were 'bare below the elbows' in clinical areas. This reduced the risk of infections to staff and patients, and this was in line with good practice.
- The MRI environments we visited were visibly clean. Cleaning was undertaken by staff of the host trust. Staff followed manufacturers' instructions and the InHealth IPC guidelines for routine disinfection. This included the cleaning of medical devices, including MRI coils, between each patient and at the end of each day. We saw staff cleaning equipment and machines following each use, including appropriate disinfection of the MRI machine. Patients at risk of infection were scanned last to allow the premises to be deep cleaned at the end of the service, in readiness for the next day.
- The centre had an infection prevention and control (IPC) lead and had access to the host trust's IPC lead. InHealth Limited staff liaised with the trust's IPC team to decide when it was safe to undertake an MRI scan for infectious patients.
- There were effective systems for segregation and disposal of waste materials such as domestic and clinical waste that reflected national guidance. Clinical and domestic waste was correctly segregated and disposed of appropriately.
- The centre used single use equipment including eye masks and ear plugs which were disposed of in the domestic waste bins. We observed staff wiping reusable equipment such as immobilisation foams and radiofrequency coils (radiofrequency coils are essential for producing high quality images) using disinfectant wipes after every use.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- There were three MRI scanning machines. There were two static MRI machines with its own facilities including waiting area, toilets and changing room, the other MRI equipment was located outside the centre in the Emergency Department car park.
- Emergency resuscitation equipment was available to staff for use in an emergency. We checked the

resuscitation equipment and consumables, and found the equipment in the top drawer had been checked daily. The rest of the drawers were checked once a month, in accordance with the resuscitation policy.

- Weekly quality assurance tests on the MRI machines were completed and documented by the radiographers. The tests assured staff that the MRI equipment was in good working order, safe to use and ensured that MRI images were of good quality.
- There was an effective system for recording faulty equipment. All machine faults were recorded by the lead superintendent, servicing of faulty MRI machines was done by the manufacturer under the service level agreement by the manufacturer.
- Equipment such as the fire extinguishers were kept out of the scanning room and clearly labelled. There was evidence of equipment testing at the centre.
- Access to restricted areas was controlled. Only authorised staff had access MRI controlled areas of the centre.
- There was evidence of a critical examination of equipment before it is handed to the centre staff by the service engineers. The centre had an equipment quality assurance (QA) programme, which included servicing by an engineer, the medical physics team and the radiology staff.
- Maintenance and use of equipment was effective. We looked at five items of equipment; they all had a sticker indicating when they had been last serviced and when the next service was due. Equipment we looked at had an up to date service record, which provided information on when an item was due to be serviced.
- There were appropriate arrangements for managing waste and clinical specimens. Used linen and equipment was kept separately. Clinical waste bins were foot operated and once bags were full, they were removed to a secure area waiting for collection.
- Chemical products deemed as hazardous to health were in locked cupboards or rooms that were only accessible to authorised staff.

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 Croydon MRI Centre had a service level agreement with the host trust for transfer of patients in the event of an emergency, or if a deteriorating patient required an increased level of care. Staff were able to describe the process they would follow if they were concerned that a patient was deteriorating. Deteriorating patients were transferred to the hospital emergency department for further treatment and management.
- The service ensured women who may be pregnant were identified through their initial assessment. Radiographers checked the status of all women of childbearing age prior to scanning.
- Appropriate environmental measures and signage were in place to identify areas where exposure to magnetic fields is possible in line with MHRA regulations. This ensured that staff and visitors did not accidentally enter a controlled zone.
- We noted that appropriate safety checks were completed in the centre. The centre implemented a pause and check process, and staff completed an 'three-point ID check' to confirm patient details against the original referral.
- The service did scans on young children who were sedated. When this occurred a qualified children's' nurse would accompany the child from the ward to the centre and stayed with the child.
- Staff told us they felt confident to identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing or medical emergencies. An example of this was provided by staff, when a patient recently became unwell in the unit. Staff outlined the actions taken and the treatment provided, which was appropriate to the emergency.

Radiology 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.**

Good

Diagnostic imaging

- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times. Actual staffing levels met planned staffing levels at the time of our inspection. The service always had a minimum of three radiographers on site at all times.
- All staff were subjected to the appropriate pre-employment checks, and all staff had received an enhanced Disclosure and Barring service (DBS) checks. Staff had the relevant qualifications and reference reviews before staring work.
- The service used radiologists from the host NHS trust to review scan results and prepare reports if the patient had been referred from within the trust.
- The service used a centralised InHealth outsourced group of radiologists to review scan results and prepare reports if the patient had been a private patient, or paid independently for a scan.
- Staff told us they got their rotas one month in advance. They also told us the rota was fair and could be flexible when required.
- All consultant radiologists were not on site at the same time. There was a process for cover and contact in order to access support and advice of radiologist.

Records

- **Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.** All staff had access to an electronic records system that they could all update. Records were clear, up-to-date and easily available to all staff providing care. Staff kept detailed records of patients' care and treatment.
- All the records we checked were accurate, fully completed, legible, up to date and stored securely. Electronic records were available through the unit's computer system, which was only accessible by authorised staff with a secure password. Paper records such as paper referrals were shredded as per policy, once the information was captured and uploaded into the computer system.
- The Radiology Information System and Picture Archiving and Communication System used by the service was secure and password protected. Each staff member had their own personally identifiable password.
- Patients completed a MRI safety consent checklist form which recorded the patients' consent and answers to the safety screening questions. This was later scanned onto the electronic system and kept with the patients' electronic records.
- Patients personal data and information were kept secure and only authorised staff had access to the information. Staff received training on information governance and records management as part of their mandatory training programme.
- Staff completing the scan updated the electronic records and submitted the scan images for reporting to an external organisation contracted for reporting of the scans, not covered by the service level agreement with the host trust.

Medicines

- **The service followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medicines at the right dose and at the right time.
- There were no controlled drugs used or kept at the centre.
- The centre used drug administration form to administer medicines to patients. We reviewed five drug administration forms, which included the patients name, hospital number, name of the medicines and dose given. These forms were signed and dated by the radiographers who administered the medicines. The form is then scanned into the computerised radiology information system (CRIS).
- There centre had a signed patient group directions (PGD's) and standard operation procedures (SOP's) which detailed the medicines used at the centre.
- The service had an up to date medicines management policy. This policy detailed how medication should be stored and used in line with current guidelines.

Good

Diagnostic imaging

- Arrangements were in place for managing medicines, medical oxygen and contrast media that protected patients from avoidable harm. This included obtaining, prescribing, recording, handling, storage, safe administration and disposal of medicines.
- There were no medical gases used at the centre. Medical oxygen, contrast media and other medicines were stored securely at the centre, and these were administered under PGD's and SOP's.
- The centre did not dispense medicines for patients to take home, all medicines were administered at the premises.
- Medicines, including intravenous fluids, were stored securely. Medicines requiring storage within a designated room were stored at the correct temperatures, in line with the manufacturers' recommendations, to ensure they would be fit for use.
- Management and oversight of all aspects of medicines management was overseen by InHealth multi-disciplinary 'Medicines Management Group' which met on a quarterly basis. Medicines support and guidance was provided by InHealth's pharmacy advisor. Within Croydon University Hospital Trust, pharmacy support could be accessed via advice from the radio-pharmacist and supported by a team of trust radiologists.
- Staff were trained in the safe administration of contrast media including intravenous contrast. We reviewed staff competency files and saw all staff had received this training.
- Emergency medicines were available in the event of an anaphylactic reaction. We checked this medication and it was 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. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff were aware of their incident reporting roles and responsibilities. There was an incident reporting policy and procedure which explained the process of reporting incidents. Incidents were reported using an electronic reporting system. Learning from incidents was discussed during team meetings, lessons learnt and actions clearly documented.
- Any lessons learnt from incidents were shared via clinical governance meetings and team meetings. We saw this in the centre's team meeting minutes. Staff said they received copies of meeting minutes via emails.
- The service reported no never events or serious incidents from September 2017 to September 2018. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Regulation 20 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014, is a Duty of Candour regulation introduced in November 2014. This regulation required the organisation to notify relevant persons (often a patient or close relative) that an incident has occurred, to provide reasonable support to the relevant person in relation to the incident and to offer an apology.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

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 up to date and referenced best practice guidance from a range of bodies including the National Institute of Health and Care Excellence. The service also used a range of guidance provided from the Royal College of Radiologists.

- The department had a variety of clinical protocols. We observed that guidance from the Royal College of Radiologists was used as a basis to develop local policy. We saw minutes of the clinical governance committee, which reviewed recent NICE guidance on radiology.
- Staff were supported in developing local policies and protocols as well as implementing corporate policies and procedures. All policies we reviewed during inspection were up to date and included national guidance and legislation.

Nutrition and hydration

- Patients had access to drinks whilst awaiting their scan. During our inspection we observed staff offering drinks before and after the patient was scanned.
- The centre staff takes diabetics and frail patient's condition into account when fasting examinations were booked, these patients were scheduled early for their scans to prevent complications and can be offered snacks post their scan.

Pain relief

- Patients were asked by staff if they were comfortable during their appointment; however, no formal pain level monitoring was carried out, as the procedures undertaken were pain free. However, staff at the unit told us that if a patient arrived in pain and was an inpatient within the hospital, staff would contact the ward and ask for analgesic medication to be sent down.

Patient outcomes

- Service managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The quality of images were peer reviewed locally and quality assured on a corporate level. Any deficiencies in images were highlighted to the member of staff for their learning.
- Information about the outcomes of people's treatment were routinely collected and monitored. Staff audited and compared key elements of the referral and scanning pathway, and these were benchmarked with other InHealth locations. Results of this were shared with all staff at the centre.
- InHealth recorded the times taken between a referral being received and the time it took for a scan to be booked. For example, from January 2018 to September 2018 an average of 98% of patients' referrals were reviewed and accepted within two days of the referral being received.
- The service recorded the time from the patient being scanned to when the scan was reported on. Key performance information (KPI) data recorded that the centre had achieved 99% compliance in meeting the InHealth referral to scan times between January and October 2018.
- Audits of the quality of the images were undertaken at a corporate level. Any issues were fed back to local services for quality assurance purposes and learning and improvement. For example, we viewed the audit report dated 24 December 2018. This identified that the audit had not identified any issues with regards to the audit key performance measures.
- InHealth quality audits were undertaken annually and used to drive service improvements. The centre had a clinical audit schedule in place this included audits of individual areas including, patient experience, health and safety, medical emergency, safeguarding, equipment and privacy and dignity. We viewed an audit dated 2018. This had an action plan where the service were not meeting the InHealth Limited standards and this was monitored to completion by the InHealth corporate quality team.
- The service had a clinical audit schedule. The clinical audits were aimed to assist in monitoring the service and drive improvement. Audits included hand hygiene, health and safety and patient experience. The results of these audits were used to inform service development.
- Information sent to us by the provider prior to inspection demonstrated there were no incidences of unplanned transfer of a patient to another health care provider in the 12 months prior to our inspection.

- Patient outcomes were monitored continuously and used to improve the performance of the service. Outcomes were monitored through patient satisfaction surveys, reporting timeliness, referral to treatment waiting times, "did not attend" (DNA) audits and clinical peer reviews.

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.
- Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment; and they took on new responsibilities as their confidence grew.
- Staff had regular appraisal meetings with their manager to review their performance and set goals for the year ahead. At the time of inspection, 100% of staff had received an appraisal in the last year.
- Assurance of staff competence to perform their role was assessed as part of the recruitment process, at induction, through probation, and then ongoing as part of performance and development reviews.
- Radiographers were Health and Care Professions Council (HCPC) registered and met the standards to ensure delivery of safe and effective services to patients. The HCPC is a regulator, set up to protect the public. They keep a register of health and care professionals who meet HCPC standards for their training, professional skills, behaviour and health.
- The service was committed to the continuing development of staff. Staff told us they were offered training programmes to support them in developing skills and competencies relevant to their career with Inhealth Limited.
- Staff members told us they read professional publications and attended courses to keep up-to-date of changes to guidance, and disseminated this information to other staff members through emails and at team meetings.
- Radiology staff told us their team members were members of the College of Radiographers and we saw evidence of their registration. They received regular e-mails and the Society journal, which they shared with other staff.
- The was an induction program which ensured staff were competent to perform their required role. For clinical staff this was supported by a comprehensive competency assessment toolkit which covered key areas applicable across all roles including equipment, and clinical competency skills relevant to their job role and experience.
- We viewed a radiographer's induction record which included induction and competency checklists which were signed and dated by the clinical lead to indicate the radiographer was competent in specific tasks and the use of equipment. We also reviewed the induction records for a newly qualified radiographer and healthcare assistant, all of which contained an assessment of their skills and knowledge.
- Staff attended relevant courses to enhance the professional development and this was supported by the organisation and local managers.
- Staff told us there was a comprehensive internal training programme for magnetic resonance imaging (MRI) aimed at developing MRI specific competence following qualification as a radiographer.
- Magnetic resonance safety expert provided modality specific training in MRI safety to all staff at the centre (a modality is any of the various types of equipment or probes used to acquire images of the body, such as MRI).
- InHealth MRI clinical lead held the international magnetic resonance safety officer (MRSO) certificate.
- The had a process in place to ensure specific training was completed, this included role specific training for medicines.

Multidisciplinary working

- **Staff from different disciplines worked together as a team to benefit patients.** Radiologists, doctors, nurses and other healthcare professionals supported each other to provide good care.

Good

Diagnostic imaging

- All staff we spoke with told us that working relationships within the team were positive, and the team had a shared determination to ensure best outcomes for patients.
- All staff, including those in different teams and services were involved in assessing, planning and delivering people's care and treatment. Staff worked closely with the referring NHS trust and Clinical Commissioning Group, to provide smooth pathways for patients.
- The operations manager and lead superintendent attended regular trust meetings to ensure radiology practice was consistent, and enabled best practice to be shared.

Seven-day services

- The centre operated between the hours of 7.30am to 8.00pm, seven days a week.

Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.** They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.They followed the service policy and procedures when a patient could not give consent.
- Staff reported that they were aware of the consent policy and how to access this on the InHealth intranet. Staff appeared to have a broad understanding of issues in relation to consent and capacity. They explained that any concerns in relation to consent or capacity would be escalated to the unit manager for further advice or assistance.
- Consent for diagnostic imaging was included in the InHealth mandatory training programme.
- Consent for MRI patients was taken on the day of the procedure. Part of the consent procedure included asking women for their pregnancy status, and checking that the procedure had been justified for women who were past the first trimester in accordance with the Medicines and Healthcare Products Regulatory Agency) safety guidelines for magnetic resonance imaging equipment in clinical use (2015).
- The staff we spoke with were aware of the need for consent and gave patients the option of withdrawing their consent and stopping the scan at any time. Patients we spoke with confirmed their consent had been obtained throughout the scanning process. An InHealth corporate consent policy was available to staff. It was written in line with national guidance.
- The centre followed the InHealth corporate consent, Mental Capacity Act and Deprivation of Liberty Safeguards policies. The policies were all reviewed and in date. The policies included the law that applied to anyone who lacked the mental capacity needed to make their own decisions about their medical treatment. All the staff we spoke with understood the principles of the act and the basis of best interest decisions.

Are outpatients and 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 observed staff treated patients and their families with care, dignity and respect. Staff welcomed patients into the centre and directed them to the waiting area.
- There were posters available informing patients about the availability of chaperones, and staff were readily available to act as chaperones when needed. All patients were offered the choice of having a chaperone during their scans.
- We observed staff treating patients with dignity and respect by speaking softly and sitting with them to offer re-assurance. Staff reflected that they recognised the importance of maintaining patient's confidentiality, privacy and dignity.

Good

Diagnostic imaging

- Patients were positive about the centre's clinical staff. A patient told us the staff were "excellent". We observed the reception staff answering patient enquiries and interacting with patients in a friendly manner.
- We saw that all interactions were respectful and considerate. Staff spoke to patients in a supportive manner.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff gave patients support and time to discuss their treatment. For example, we saw that staff spoke to patients about their most recent visit to their local NHS hospital.
- Staff understood the impact that patients' care, treatment and condition had on their wellbeing. Staff we spoke with stressed the importance of treating patients as individuals.
- A member of staff described talking to patients during procedures to put them at ease. They talked about managing anxious patients' by offering them a glass of water, sitting with them and talking with them until they were ready to leave.
- A member of staff explained how they had supported a young patient during their scan by explaining how the scans were taken, provided simulation experience and being at hand to reassure them.
- Information leaflets on various types of scans were available at the centre.
- Staff told us they had process in place to support claustrophobic or nervous patients having an MRI scan.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Staff communicated with patients so that they understood their care, treatment and condition. Patients reported that they were satisfied with the information they were provided by staff. They also told us that when they called the centre with a question, staff were always quick to answer with detailed information.
- Patients reported that their conditions and treatment were explained to them in way that they understood.
- Patients and their relatives were encouraged to participate in their treatment. Staff encouraged patients to take responsibility for parts of their treatment. The centre manager told us patients were encouraged to do what they could for themselves to make the service more inclusive.
- Patients were given information about when to expect their results, and that they will be contacted by their respective consultants to discuss their results and care and treatment plans.

Are outpatients and 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.**
- The service provided a wide range of MRI examinations in line with the current contractual requirements.
- The planning and delivery of the regulated activities provided at the centre was in line with the requirements of the host trust and the catchment area that it served. This was a collaborative service between the NHS and the provider which ensured local people had access to timely MRI scanning services.
- InHealth engaged with the local clinical commissioning group and the NHS trust to plan and deliver contracted services based on local commissioning requirements.
- All patients referred for MRI had been reviewed by their referring clinician or referral team prior to attendance.

- The clinic environment was appropriate and patient centred with comfortable, sufficient seating, single sex and disabled toilets. There was a water fountain in the reception area.
- Patients were offered a range of appointments to meet their personal needs. In the event of the MRI scanner not working, patients would be offered alternative appointments.
- The MRI service was available from 7:30am to 8:00pm Monday to Sunday seven days per week with the possibility of extending the working day from 7am to 9pm dependent upon the number of appointments.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- Staff reported that the service took account of people with different needs including people with dementia, learning disabilities and physical limitations. Staff gave examples of support provided to patients and their family members, such as making them comfortable and, sitting with them to allay their fears and anxiety. Translation and interpreting services was also available via the hospital services.
- The centre provided physical access to services including wheelchair access to patients who needed it.
- The centre was focused on making services more accessible to patients with different needs as reflected in their quality improvement plan. The plan included reviewing availability of MRI services at the time convenient for the patients.
- Staff told us they did not see many adult patients with learning disabilities and were not able to think of any examples of when they had. Staff said that they would speak to the manager with questions about treating patients with learning disability when necessary.
- Patients were sent a MRI information leaflet with their appointment letters to help them understand what the MRI scan entailed. This also provided patients with an opportunity to contact the MRI department to discuss any concerns, queries or raise any special needs they had prior to the scan.
- Patients could also obtain additional information from the InHealth website, which had information to further support patients, including a video to help patients prepare for undergoing a MRI scan.
- We saw evidence patients were sent specific information if they were going to have, for example, a specialist cardiac or gynaecological scan.

Access and flow

- **People could access the service when they needed it.** Waiting times from referral to treatment were in line with good practice.
- We saw evidence of capacity and demand been continuously assessed so sufficient MRI appointments can made available for all referral types to meet national, local and contractual waiting times.
- All appointments were for 20 minutes, but patients requiring longer scans could have double appointments booked. The first patient of the day and the last patient of the day were usually reserved for patients requiring double appointments.
- The agreed waiting times at the centre were met. There were very few delays and appointment times were closely adhered to. Referrals were prioritised by clinical urgency by triage staff at the PRC. Patients were often given an appointment within 48 hours. One patient we spoke with told us they had been offered an appointment on the same day.
- The service ensured diagnostic reports were produced and shared in a timely fashion and closely monitored key performance indicators (KPI) including referral to appointment, reporting turnaround times and reporting audit.
- Patients had timely access to scanning. Referrals were prioritised by clinical urgency and based on the agreed commissioning pathway. NHS patients received an appointment within four weeks, as part of an urgent pathway appointment for NHS patients. The service provided limited private patient services, and all private patients were given an appointment within 48 hours on receipt of their request for MRI scan.
- All two-week cancer pathway patients were scanned within timeframes, and scheduled allocated customer

record information system (CRIS) diary sessions were blocked out for cardiac and prostate referrals. This meant that patients with urgent clinical needs could access timely appointments.

- If more appointments or capacity was required to avoid breaching waiting times, the radiologist liaised with the administration team to identify additional appointments or re-scheduled routine scans to a later date as was clinically necessary.

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 service responded to complaints in line with the InHealth complaints handling policy.
- The unit received 18 complaints between September 2017 and September 2018; of which two were upheld. Staff were encouraged to resolve complaints and concerns locally, which was reflected in the low numbers of formal complaints made against the service.
- Time scales of complaints were met. Staff were encouraged to resolve complaints and concerns locally. The service had a complaints handling policy and all had staff completed a mandatory training course on customer care and complaints. Outcomes of complaints investigations were shared with staff at staff meetings and also with the trust as part of the service level agreement monitoring.
- If a patient wanted to make a complaint, staff told us they would ask their immediate line manager/service manager to speak to the patient. Most complaints were resolved locally through informal conversations before it was escalated into a written complaint.
- We saw complaints leaflets were available in the waiting areas for patients who wished to make a formal complaint.
- The service worked closely with the host hospital to share information on complaints, concerns and compliments that may be relevant to the MRI scanning facility.

Are outpatients and 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.**
- Croydon MRI Centre was managed by the registered manager, supported by regional management and central support functions. The corporate regional management consisted of a director of operations, a head of imaging services and an operations manager responsible for the MRI sites in the local NHS trust. The director of operations lead for the service sits on the board of InHealth.
- The operations manager supervised the superintendent radiographer who had responsibility for two senior radiographers and four MRI radiographers, and the administration manager who had responsibility for three patient administrators.
- The administration services manager was on site Monday to Friday, and covered some weekend days to assist with administrative issues. The superintendent and senior radiographers were experienced and could assist with day to day running of the clinical areas, and to perform MRI scanning.
- All staff felt valued and told us that they enjoyed working at the unit. Throughout the inspection, we saw that staff assisted each other with tasks, and responded quickly to service needs.
- We saw that staff had effective working relationships with staff from the radiology department located next to the unit. We were told of a positive and inclusive working relationship with the consultant radiologists and radiology staff at the host NHS trust.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff.**

- All the staff we spoke with were aware of the vision, strategy and values of the InHealth Limited.
- Staff had a clear vision for the service and were aware of the overall vision of the corporate organisation. The vision was 'to make healthcare and diagnostics better for patients, delivering excellence in everything that we do', providing high quality care in a timely and effective way. This vision was delivered through a set of four values which were trust, care, passion and fresh thinking.
- All staff were introduced to these core values at the cooperate induction, and these were linked to staff appraisals.
- InHealth had a mission statement on their internet page which was, to make healthcare better, which would be achieved by working with hospitals and commissioners across the NHS and independent sector.
- The internet page also outlined the primary goal of the service which was to make healthcare better by providing rapid and accurate assessment of every patient's condition, enabling the right treatment to be delivered swiftly and effectively by specialist providers.
- Staff spoke enthusiastically about the service they provided, and were proud of the facilities they worked in and the care they could offer to patients.
- The staff survey dated of 2017 found 100% of staff responded positively about working for the service and management support for staff development.

Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- Staff described the culture of the centre as open and transparent where staff supported each other. All staff were aware of the need to be open, honest and transparent with patients. Staff felt the corporate organisation and the centre had a culture of openness and honesty, and was open to ideas for improvement. This was noted during the inspection when we interacted with the manager and staff of the centre.
- Staff told us they enjoyed working at the centre, and they were enthusiastic about the care and services they provided for patients. They described the centre as a good place to work. Some of the staff we spoke with had worked for the provider for several years, and were enthusiastic about the services the centre provided.
- The service's culture was centred on the needs of individual patient groups and reflecting the needs of the local community. All staff understood the demographics of the area and the needs of the population in which they served.
- Feedback from patients about the service they had received was acted on. If any aspect of performance within the centre fell below expectations, there was a real commitment from staff to make changes.
- The service promoted equality and diversity. Staff completed a module on equality and diversity as part of their mandatory training, and inclusive and non-discriminatory practices were promoted.
- The provider had a whistle blowing policy and Duty of candour policy which supported staff to be open and honest. Staff described the principles of Duty of candour to us. Staff told us they attended Duty of candour training.
- The centre made improvements through learning and staff were encouraged to be open, honest, and transparent; and to report when things went wrong. All staff reported they felt supported by the manager and the wider organisation when incidents or other issues occurred. Staff reported that there was a no-blame culture when things went wrong.
- Locally, the service was supported by the operations manager and superintendent radiographers who had worked to continually improve the service.

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- There was an effective governance framework to support the delivery of the strategy and good quality care. The service undertook several quality audits.

Results from these audits were used to inform service development, drive improvement. Managers used audit results to give compliment to staff of things that had gone well, and develop action plans to address things that needed to be improved.

- The service operated a comprehensive clinical governance framework and we saw clear governance structures. Quality monitoring was the responsibility of the operations manager and was supported by the lead superintendent.
- Local governance processes were achieved through monthly team meetings and local analysis of business intelligence, discussion of local incidents. Feedback and actions were fed into processes at a corporate level. We saw evidence of this process in clinical governance meeting minutes and team meeting notes during our inspection.
- Staff were trained and supported to ensure they were competent in incident reporting and complaint handling.
- Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered in the centre.
- Working arrangements with partners and third-party providers were well managed. For example, there was service level agreement between the service and the local NHS trust. The service provided monthly quality reports and held regular meetings with radiology services manager at the acute trust to discuss the service provided.

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 was a current risk management policy which was complemented by a range of other policies including an incident reporting policy, complaints policy and corporate risk register.
- The operations manager had a clear understanding of risks associated with the service. The manager was able to describe what was on the unit's risk register and how the unit was mitigating those risks.
- The centre audited their services to make improvements to care and policy. The risk register, electronic incident reporting system, audit results and other reports showed that the managers understood the risks to the unit and acted on them accordingly.
- We saw evidence that risks were assessed and, where applicable, recorded on the risk register and escalated to senior managers. Risk assessments were conducted regularly for all areas of the service and covered areas such as falls, fire hazards, trip hazards, equipment safety and electrical safety.
- There was a system of risk assessments in place and risks with higher scores were added to the local risk register. Those with high post mitigation scores were added to the regional risk register. Individual risk assessments including clinical, general and local were updated and reviewed on an annual basis or as and when the risk changed.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- There were sufficient computers available to enable staff to access the system when required.
- The centre had access to both InHealth and their host trust's computer systems. They could access policies and resource material from their organisation's intranet.
- Electronic patient records could be accessed easily, and they were kept secure to prevent unauthorised access. Staff were able to locate and access relevant and key records easily, this enabled them to carry out their day to day roles.
- Information from scans could be reviewed remotely by referrers, to give timely advice and interpretation of results to determine appropriate patient care.

Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**

- Patient satisfaction cards were given to all those who had been scanned in the unit to gain feedback on the service received. This feedback was overwhelmingly positive on those we reviewed during the onsite inspection.
- Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation, and actions implemented from the feedback received.
- The centre engaged their partners to review performance, understand the service they required and how services could be improved. For example, the service had a good relationship with their local NHS trust and their clinical commissioning group (CCG).
- The centre staff were encouraged to voice their opinions and help drive the direction of the service provided, and suggest improvements to the examinations provided.
- InHealth provided an Employee Wellbeing and Assistance Programme to support staff during times of crisis or ill-health.
- We were told that the staff had access to a Speak up Guardian of the host trust.

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 and their host trust had worked together to increase capacity of the service when required, which had reduced waiting times for routine patients.
- In the reporting period, improvements had been made to increase scanning capacity to meet the demand of NHS referrals by having the mobile scanner onsite on alternative weekends, this was an ongoing process to manage the increased number of referrals.
- The centre was committed to improving services by learning from incidents, promoting training, research and innovation. The unit made use of internal and external reviews of incidents and complaints and learning from these reviews were shared with staff throughout InHealth organisation to encourage improvements.