The Meriden Advanced Imaging Centre

Quality Report

BMI The Meriden 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?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

The Meriden Advanced Imaging Centre is operated by United Medical Enterprises Group (UME).

The service provides diagnostic imaging through magnetic resonance imaging (MRI) and computerised tomography (CT) scanning only.

The Meriden Advanced Imaging Centre registered with the CQC in 2011. It was last inspected in February 2013 under the previous CQC methodology, but not rated. At the time, the service met the standards it was measured against.

We inspected this service under our independent single speciality diagnostic framework and using our comprehensive inspection methodology. We carried out an unannounced inspection on 7 May 2019.

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

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

The main service provided was diagnostic MRI and CT scans.

Services we rate

We have not previously rated this service. At this inspection we rated it as **Good** overall.

We found the following areas of good practice:

- 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.
- The service had suitable premises and equipment and looked after them well.
- The service had appropriate arrangements in place to manage risks to patients and visitors.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- The service managed patient safety incidents well, and staff recognised and reported them appropriately.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff cared for patients with compassion.
- The service planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The registered manager across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

However,

Summary of findings

- Agency staff's equipment competencies were not formally recorded. This was rectified during the inspection period.

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

Nigel Acheson

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	The provision of Magnetic Resonance Imaging (MRI) and computerised tomography (CT) scanning, which are classified under the diagnostic imaging core service, was the only service provided at this service. We rated this service as good because it was safe, caring, responsive to people's needs and well-led. We do not currently collect sufficient evidence to enable us to rate the effective key question.

Summary of findings

Contents

Good

The Meriden Advanced Imaging Centre

Services we looked at
Diagnostic imaging

Summary of this inspection

Background to The Meriden Advanced Imaging Centre

The Meriden Advanced Imaging Centre (MAIC) is operated by United Medical Enterprises Group (UME). The service opened in 2006. It is a private service in Coventry, Warwickshire. The service primarily serves the communities of Coventry and Rugby. It also accepts patient referrals from outside this area.

The MAIC is a joint venture investment between General Healthcare Group (GHG), the largest private hospital operator in the UK and United Medical Enterprises Group (UME) who manage, develop, commission and operate hospitals and healthcare projects in the UK and the Middle East. UME operates a sister company to MAIC in Harley Street, London and employs 50 staff in total, the team at MAIC are all employed by UME who have managed the MAIC since its inception in 2006.

The service has had a registered manager in post since 2018.

The service provides magnetic resonance imaging (MRI) and computerised tomography (CT) scanning, to adults aged 18 and above.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in radiological services. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspections.

Information about The Meriden Advanced Imaging Centre

The Meriden Advanced Imaging Centre (MAIC) provided diagnostic imaging through MRI and CT scanning. It was registered to provide the following regulated activity: and was registered to provide the following regulated activity:

- Diagnostic and screening procedures.

The service was located within the radiology department of a host hospital, which was operated by a different provider who we did not inspect at this time. The MAIC had a service level agreement with the host hospital to perform MRI and CT scans. The host hospital managed the premises; however, the fixed MRI and CT scanner and associated equipment belonged to the UME group.

The MAIC comprises of the following rooms:

- MRI Room – Siemens 1.5T scanner and associated equipment.
- CT Room – GE Discovery scanner and associated equipment.
- Technical room - equipment / plant room.
- Clean utility.
- Dual aspect control room covering both MRI and CT.

The following facilities were shared between the MAIC and the host Hospital:

- Three patient changing cubicles.
- Patient toilet facilities (including disabled access bathroom).
- Reception area with administrative open plan office and private office behind.
- Patient waiting room.
- Dirty utility.
- Radiology reporting office.

Standard operational hours were Monday to Friday from 8am to 8pm.

During the inspection, we visited the MRI and CT unit, which was located on the ground floor of the host

Summary of this inspection

hospital. We spoke with seven staff members, including the managing director of the UME group, centre manager, clinical lead, administrators, radiation protection advisor and radiographers. We also spoke with three patients and reviewed five patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the services second inspection inspection since registration with CQC. The first inspection was in 2013, where we did not rate the service.

Activity (April 2018 to March 2019)

- In the reporting period April 2018 to March 2019 there were 3,427 scans completed; of these, 2,516 were MRI scans and 911 were CT scans
- On average around 30% were NHS funded and 70% self or other funded.

Track record on safety

- The service reported zero never events from April 2018 to March 2019.
- The service had recorded 10 incidents from April 2018 to March 2019.
- The service reported zero serious injuries reported from April 2018 to March 2019.
- The service received two complaints from April 2018 to March 2019.
- The service reported zero incidents of health associated MRSA, Methicillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile and Escherichia coli (E-Coli).

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal.
- Interpreting services.
- Grounds Maintenance.
- Laundry.
- RMO provision.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We have not previously rated this service. At this inspection, we rated it as **good.**

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Mandatory training was a mixture of 'face-to-face' and 'e-learning' training modules. These included: basic life support, complaints handling, conflict resolution, equality and diversity, infection control, information governance, fire safety at work, health and safety, safeguarding adults, and safeguarding children training.
- Clinical staff were also required to complete additional mandatory training, including: immediate life support, medicines management in imaging, moving and position people, and intravenous cannulation.
- Staff told us they received emails from the tracking system to let them know when they needed to complete refresher training. They said they were given time to complete their training during their working hours. The service also provided mandatory training for bank staff, who could access online training from home. Staff could complete and maintain their compliance with ease.
- Compliance was recorded using United Medical Enterprises Group (UME) mandatory training tracking system and was reviewed at the corporate level. At the time of our inspection, the service reported a compliance rate of 100% for their mandatory training.
- Bank staff were monitored for their mandatory training compliance and had to complete training provided by the host hospital before they could be booked for shifts.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- There were safeguarding policies for both adult and children which outlined staff responsibilities with regards to raising concerns and reporting to the local authority and or police as appropriate. The policy also stated requirements for all staff to comply with the enhanced Disclosure and Barring Service (DBS) checks before working for the organisation to reduce risks to patients. We saw documentation verifying that all staff had undergone a DBS check.
- The service did not take referrals for patients under the age of 18. However, the centre manager was trained in safeguarding children level 3 and the radiographers were compliant in safeguarding children level 2 and the administrators had completed safeguarding children level 1. There was a procedure for child protection referrals if needed. The staff knew where to find this.
- The safeguarding management process was displayed in all staff areas. This included the escalation process and relevant contact details for local agencies for

children and adults.All staff received annual mandatory training; clinical staff were trained to level 2 but there was a plan to increase this to level 3 in 2019. The administration team were level 1 trained. The team were confident and empowered to report an issue, should one arise, to the centre manager who was qualified to Safeguarding Level 3.

- In the absence of the centre manager staff were able to access the host hospital safeguarding lead who was the director of clinical services. All safeguarding concerns raised would be reported on the services incident recording system.
- Through collaborative working, any concerns would also be communicated to the host hospital and registered on their incident reporting system also. Any cases would be discussed at the clinical governance committee.
- Staff we spoke with had not made any safeguarding referrals; however, staff were able to confidently tell us how they would identify a safeguarding issue and what action they would take.
- Staff were aware of the concerns around female genital mutilation (FGM) and had access to a flow chart for escalating concerns. If staff were concerned about any patients, they would immediately escalate concerns to the centre manager, who would then discuss with the safeguarding team within the host hospital.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. We observed well-presented staff who kept the equipment and premises clean. They used control measures to prevent the spread of infection.
- The service had local policies relating to infection prevention and control.Staff have access to the host hospital's infection control lead and the services centre manager was the link person who contributes to the agenda and attends committee meetings. All minutes were saved on the shared drive and outcomes discussed with centre team. All staff received infection prevention control training annually.
- A supply of personal protective equipment (PPE), which included latex-free gloves and aprons, were available and accessible in the unit. We observed staff using the PPE appropriately when interacting with patients, and all staff had their 'arms bare below the elbows' in clinical areas.
- Handwashing facilities were available within the clinical environment, and staff had access to hand sanitiser gels at the point of care. We observed staff washing their hands using the correct hand hygiene techniques before, during and after patient contact. The World Health Organisation's (WHO) 'Five moments for Hand Hygiene' posters were displayed above handwashing basins.
- The host hospital was responsible for the cleaning of the environment. Staff told us that it was extremely rare for there to be problems with the cleanliness of the unit. However, if they identified any concerns they would escalate them to the host provider, who would take immediate action to rectify the concerns. Cleaning schedules were in place in the unit, and we saw that these were consistently completed. They were stored electronically.
- The staff were responsible for cleaning the MRI scanner; both equipment and general areas, to avoid safety risks with housekeeping entering the controlled area.
- The service participated in the infection prevention control annual audit schedule and undertook specific audits bi-monthly and monthly. These included a hand washing audit monthly and standard precautions and patient equipment checks, bimonthly, along with actions plans. All staff were involved with these audits. We saw that the last six months of audits were completed with all targets met.
- 'Clean and green' indicator labels were utilised on accessory equipment, for example, drip stands, to identify when equipment was last cleaned. All equipment was cleaned every 48 hours, even if it had not been used.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- Facilities included: three patient changing cubicles, toilet facilities (including disabled access bathroom), reception area with administrative open plan office

and private office behind, a waiting room, dirty utility and a radiology reporting office. There was an MRI and a CT scanning room, with a shared control room, where staff could observe both scanning rooms.

- Patient changing rooms contained patient lockers, which were used while the patient underwent their scan.
- The waiting area was clear of clutter and contained a suitable number of chairs to meet patient needs.
- Staff accessed the MRI and CT scanner rooms via a swipe card entry, which prevented unauthorised access.
- There were appropriate warning notices to advise people about the risks of the MRI scanner and its strong magnetic field. This was in line with the Medicines and Healthcare Produces Regulatory Agency (MHRA) national guidance.
- All scanning equipment was regularly maintained in line with supplier recommendations. There was a contract database in place where all planned preventative maintenance was arranged and monitored by experienced and accredited suppliers.
- All other electrical equipment, for example printers, were electronically tested by the host hospital facilities team as per their policy policy. The next testing was due in 2021. Checked items were labelled and records were kept on site to evidence the testing.
- Resuscitation equipment, for use in an emergency, was easily accessible. The resuscitation trolley was owned and maintained by the host hospital; however, the staff knew where the trolley was located.
- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort clinical and non-clinical waste, which was disposed of by the host hospital as part of their service level agreement.
- Sharp bins were clean, dated, not overfilled, and had temporary closures in place to prevent accidental spillage of sharps.
- At the time of our inspection, there were plans to upgrade the MRI scanner by the end of 2019. The United Medical Group (UME) were involving the service staff in this plan.

Assessing and responding to patient risk

- The service had appropriate arrangements in place to manage risks to patients and visitors.
- The radiographers screened all referrals against set criteria and determined whether there were any reasons why the scan could not be undertaken. If they had any concerns, they referred them to a radiologist for a review before offering the patient an appointment.
- All patients were required to complete a safety questionnaire prior to receiving a scan. Questions on the checklist included asking whether the patient (or visitor) had a pacemaker, a prosthesis, if they were pregnant or if they had any shrapnel injuries.
- All patients who required intravenous contrast during their scan underwent a specific blood test to check their kidney function. The consultant radiologists were responsible for reviewing blood test results prior to prescribing contrast medium for a patient. Contrast media is a substance administered into a part of the body to improve the visibility of internal structures during radiography.
- There was a defined pathway to guide staff on what actions to take if unexpected or abnormal findings were found on a scan. The pathway included the contact numbers for radiologists at the host provider, as well as the local NHS trusts. Reports for such findings were completed urgently to ensure further investigations or treatment was provided promptly.
- There was a policy in place to transfer patients to the nearest acute hospital in the event of a medical emergency. All staff were trained in basic life support or intermediate life support and would put their training to use until an ambulance arrived. In addition, staff had access to an emergency resuscitation team who attended all medical emergencies. The team worked for the host hospital.
- A medication was given, called contrast, for patients undergoing certain scans. Contrast media is a substance administered into a part of the body to improve the visibility of internal structures during radiography. This was given intravenously and can sometimes cause kidney damage, therefore patients receiving contrast needed to have a blood test

pre-scan which checked their estimated glomerular filtration rate (eGFR). For any patients that had low eGFR a consultant radiologist always protocoled the patient and attended the department while the patient was scanned. They also had consultants attending for supervised sessions including CT Colonography, Cardiac CT and interventional procedures, as these often needed immediate reporting.

- The service had links into the host's hospital protocol for the deteriorating patient and had access to out of hours imaging and reporting via a service level agreement (SLA) with the local NHS trust.
- Emergency pull cords were available in areas where patients were left alone, such as toilets and changing areas. Call bells were available within the scanner which patients could press if they wanted the scan to stop.
- There was an emergency 'quench' switch located in the unit, which staff could activate if they needed to urgently stop the magnets in the scanner from working. The radiographers could confidently describe the process to quench the magnet.
- Staff used the 'paused and checked' checklist devised by the Society and College of Radiographers. These checks ensured the right patient received the right scan of the right anatomical area. We observed staff completing these checks during our inspection.
- The service had an unannounced resuscitation simulation carried out by an eternal company in May 2019. This was scenario was carried out on the MRI scanning room. The instructor said it went well and; 'The staff were fully engaging with the simulation and demonstrated a cohesive approach and a good working team developed, whilst maintaining a professional manner throughout'.
- Risk assessments relating to health and safety, including COSHH (substances hazardous to health) and sharps and infection control were completed and reviewed every three years unless guidance changed in that timeframe. All risk assessments were available to all staff.
- Monthly fire inspections were conducted within the centre and associated action plans completed. These were discussed at the health and safety committee meetings that the centre manager attends. Relevant information was shared with the team and minutes were available on the shared drive and on the host hospitals health and safety notice board for staff to read.
- There was a local major Incident plan in place and was available to all staff.

Staffing

- The service had sufficient staff of an appropriate skill mix, to enable the effective delivery of safe care and treatment.
- The service followed United Medical Enterprise's safe staffing requirement pathway to ensure staffing levels in the unit were safe. Usual daily staffing consisted of two radiographers, two administrators and a centre manager.
- The service employed six permanent members of staff. These were four radiographers, which included the centre manager and two administrative staff. There was a part time radiographer post, which was being recruited to.
- The service always aimed to staff the department at an optimum level with appropriate skill mix to offer safe, high quality care, with the intention of meeting the needs of the service users at all times.
- Consideration for staffing of the service was continually reviewed; a staff rota was completed monthly to cover the activity requirements of the service, and then checked each evening to ensure the staff numbers and skill mix reflected the scanning needs for the day ahead. The staff had a flexible attitude and would swap shifts or work additional hours upon request, enabling patients to have a choice of appointment times.
- Radiographers worked three long shifts a week; starting work at 7.30am, when they complete the start up of equipment and perform quality assurances and daily checks before preparing the department to receive patients.
- The administration team supported clinical colleagues by working alternating early and late shifts on the reception. There was a period of overlap in the middle

of the day which enabled one team member to use the private office to make any confidential calls including bookings and other patient communications to ensure privacy was upheld at all times.

- The centre manger divided their hours between clinical and management activities, the proportion of time spent on each was dependent on annual leave and meeting commitments, radiographer's core hours were altered to reflect the demand.
- Annual leave was normally covered by existing staff undertaking overtime or a bank radiographer. The service had not encountered any periods of extended leave or sickness, but in that situation, consideration would be given to the use of agency staff to cover clinical hours.
- There was no lone working; there were always at least two members of the team in the department at all times. During core operational hours, there were two radiographers and one administrator on duty, which provided a safe working environment and clinical support to the team.

Medical staffing

- The service did not directly employ any medical staff. There were a team of consultant radiologists working with the team under practicing privileges arrangements. They had a consultant acting as the lead radiologist for the service and they were part of the medical advisory committee within the host hospital.
- The radiologists were exceptionally responsive and attended various reporting sessions throughout the week. Consultant support was always available, and advice could be obtained readily across the service core scanning hours and beyond. It was also an option to contact consultants working at the onsite NHS acute trust via pager or on their mobiles throughout the day; an established working relationship existed.There was a service level agreement in place.
- There was a resident medical officer (RMO) onsite available 24 hours a day, seven days a week. The staff were able to call upon the RMO to review patients if there were any medical concerns as well as in an emergency.

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- Staff stored and updated individual patient care records in a way that maintained their confidentiality. There was a United Medical Enterprises data protection and privacy policy, which was updated in 2018 in line with the update in general data protection regulations (GDPR). This policy was available to all staff and staff have completed mandatory training which was updated to comply with GDPR. Compliance was at 100% at the time of our inspection.
- Patients were asked to read and sign a privacy information statement on their registration form, which stated that any personal information will be protected and used in accordance with GDPR 2018 regulations. A GDPR housekeeping poster is on display in staff areas to remind staff of the role they play in protecting patient data.
- All email correspondence was encrypted by secure email and this was used whenever patient sensitive information was communicated. If the need arose to transfer patient images, for example, to the local NHS trust for a multidisciplinary meeting, the Image Exchange Portal (IEP) was utilised.
- Patient data was stored electronically; the service operated a number of systems as a joint venture including the service's own patient record system and used the host's hospital's record systems. All patient related documentation was scanned into individual patient files. Access to the UME group and the host hospital systems were password controlled and restricted to approved users only.
- Electronic records were available to staff providing care within the service. Patient paper notes were brought to the department from the ward for patients having scans, these records were kept accurate, complete and up to date. The final report was generated and then any paper records were shredded and disposed of accordingly through the confidential waste management process and in accordance with the retention of records policy.
- All patient Images from MRI and CT modalities were stored securely on the electronic systems, only accessible to restricted staff and consultants.

Good

Diagnostic imaging

- Patient sensitive documents sent out in the post were sent by recorded delivery. The department operated a "clean desk" policy to reduce risk of data breaches.
- To integrate patient data into the hospital system they used electronic based record systems. Quarterly audits were performed to ensure that processes were adhered to.
- Paperwork such as the imaging request form, protocol sheets, drug proformas and scan reports were scanned onto the host hospital's system, ensuring consultant radiologist had full sight of clinical information and previous images to assist in creating accurate scan reports. Both administration staff and radiographers ensured that essential documentation was present on the electronic systems before documents were shredded.
- Scan reports were distributed securely to referring consultants who then discussed results with their patients. Consultants may also access the system to enable them to share images with their patients; providing clarification and understanding of conditions.
- If the referring Clinician is a GP, reports would be sent using encrypted email or recorded delivery postal service.The service did not routinely send copies of scan reports to patients GPs, just a copy to the referring clinician.
- During our inspection, we reviewed five reports and MRI scans. We found all scans and reports were clear and of acceptable quality. Each report included patient identification, reason for the scan, clinical information, as well as a description of findings, conclusions, and recommendations.

Medicines

- The service followed best practice when prescribing, administering, recording, and storing medicines.
- There was a local policy on safe management of medicines which was shared with all new staff and was easily available to the team.
- All medicines were stored, administered, and disposed of in accordance with policy. Drugs were stored in a locked cupboard and an additional lock has been put on the entrance door as an additional line of security. This was a 'clean' room for the staff to prepare intravenous medicines.
- Medicines including emergency drugs packs were supplied by the onsite NHS hospital pharmacy. The host hospital store's supplied other medical consumables such as syringes and dressings. Intravenous contrast for CT and MRI was ordered by the service directly from the manufacturer.
- There was a local policy on administration of intravenous contrast and the side effects of contrast in relation to kidney damage (nephrotoxicity). This was up to date.
- The service had patient group directives (PGDs) for the administration of contrast with both MRI and CT modalities. The PGDs were approved by the pharmacist advisor of a local independent hospital and this provided cover for all staff involved with the administration of contrast. The current PGDs had been updated to conform to the new national standards in line with recommendations from the Royal College of Radiologists.
- The onsite NHS hospital provided medicines such as anti-sickness, saline, bowel preparation on a weekly top up. A pharmacist attended the department on a weekly basis to take the order.
- Urgent non-stock drugs (such as the Anaphylaxis drug kit) could be order by submitting a requisition form.
- All clinical staff had completed a 'medicines management in imaging' module to increase their awareness of the correct processes and procedures.
- Allergies were clearly documented on the referral forms and on the electronic patient records. Staff verbally checked allergies during the patient safety questionnaire. Radiographers checked patients' details, according to best practice.

Incidents

- The service managed patient safety incidents well, and staff recognised and reported them appropriately.

Good

Diagnostic imaging

- The service had an electronic incident reporting system which was accessible to all staff. A positive culture of reporting an incident and near miss events was in place.
- All incidents were investigated and closed within 72 hours of receipt unless circumstances determine the investigation required a longer time period.
- All learning outcomes were shared with staff to reinsure no recurrence.
- All incidents, notable trends and lessons learnt were shared with staff at local staff meetings and were included within the integrated governance report which was produced on a quarterly basis.
- No serious incidents or duty of candour incidents have been reported in the last 12 months. The host hospital had shared lessons learnt with the service on incidents reported within the wider hospital. The examples shared had not been directly relevant but had given the staff an understanding of when duty of candour applies.
- From April 2018 to March 2019, the service reported 10 incidents. There were no trends or themes within these incidents, however, we saw that detailed investigations had been carried out.
- The Meriden Advanced Imaging Centre did not report any never events in the 12 months prior to our inspection. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, were available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- In accordance with the Serious Incident Framework 2015, the service did not report any serious incidents in the 12 months prior to our inspection.
- Regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred. However, at the time of our inspection, they had not reported any incidents that met the threshold for the duty of candour regulation.
- The clinical staff we spoke with understood the duty of candour process and the need for being open and honest with patients when errors occur.

Are diagnostic imaging services effective?

We do not rate effective for diagnostic services.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service followed the required updated ionising radiation medical exposure regulations (IRMER) measures, providing fully compliant radiation protection for patients undergoing medical exposure in the CT Modality. These were of the highest standard and were made readily available to all staff.
- The centre manager evidenced that the centre reviewed all NICE Guidance and MHRA alerts (medicines and healthcare products regulatory agency) and actions taken as required. This was discussed at all staff meetings within the centre and incorporated these into the integrated governance report and shared with the governance lead within the host hospital.
- Staff we spoke with demonstrated a good understanding of the national legislation that affected their practice, including guidance produced by the National Institute for Health and Care Excellence (NICE) and the Society and College of Radiographers (SCoR). For example, in line with NICE guidance, staff ensured all patients who required contrast media received a blood test to check their kidney function before proceeding with the scan.
- Local approved protocols were used for all procedures based on guidance from the Royal College of Radiologists (RCR) and were reviewed and signed off by a consultant radiologist. For example, they had

recently reviewed prostate protocols in line with recent RCR guidelines. All radiologists, all of whom report prostate scans had been involved in this process.

- Radiographers followed evidence-based protocols for the scanning of individual areas or parts of the body. They also had access to radiologist advice by email, telephone, or face to face if they had any concerns.
- Quarterly peer review audits of imaging reports were undertaken and were scored on a number of areas including clinical outcome, quality of report and image quality This report was included within the quarterly integrated governance report which was distributed to all staff.
- Staff adhered to the 'Paused and Checked' checklist, which is designed as a ready reminder of the checks that need to be made when any MRI scan is undertaken. This was in line with national standards outlined by SCoR.
- Guidelines and policies were in line with current legislation and national evidence-based guidance from professional organisations, such as the Medicines and Healthcare Products Regulatory Agency (MHRA) 'Safety guidelines for magnetic resonance imaging equipment in clinical use' (2005).
- Staff told us they were kept up-to-date with changes in policies through the centre manager and staff meetings and regular email updates.
- All local and UME diagnostic policies were up to date and regularly reviewed on a three yearly basis and mirrored any legislative and best practice guidance. All staff had access to the policy library and had knowledge of their content in relation to their role. In the last 12 months necessary changes had been implemented to IRMER related policies and processes in line with the updated IRMER regulations introduced in January 2018 with the guidance and support with the radiation protection advisor.
- We saw no evidence of any discrimination, including on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief, and sexual orientation when making care and treatment decisions.

Nutrition and hydration

- Patients had access to enough to water and hot drinks meet their needs.
- The service arranged CT colonography appointments in the morning to enable patients to manage the diet and laxative preparation with minimum disruption. Diabetic patients were always allocated the first slot on the appointment list to enable them to manage their diet and medication needs safely.

Pain relief

- Staff asked patients if they were comfortable during their scans, however no formal pain level monitoring was undertaken as the procedures were pain free.
- Patients with known long-term pain management concerns were encouraged to continue taking their analgesia as normal.

Patient outcomes

- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service monitored all patient appointments and completed activity levels monthly. These monitored reports were used to bench mark throughout the year to determine trends in activity and areas where improvements to utilisation could be made.
- All failed/incomplete scans were reported on the electronic incident reporting system. This allowed for a trend analysis and identified learning actions. This information was shared in a monthly report with staff involvement.
- Radiologists undertook a peer review audit on imaging and reports on a quarterly basis.It measured the following areas; technical quality of images, clinical opinion of images, and language used in the reports. This audit was reported within the integrated governance report compiled by the centre manage on a quarterly basis.

Competent staff

- The service made sure staff were competent for their roles**.** Staff were given opportunities to develop their skills. However, some agency staff's equipment competencies were not formally recorded.
- All UME staff had detailed personnel files which included evidence of pre-employment checks

including references, occupational health review, professional registration checks, and enhanced disclosure barring system checks. All staff undertook an annual appraisal and mandatory training and have their professional registration checked bi- annually upon renewal.

- The radiographers who inserted intravenous access devices into patients had all completed and passed cannulation training and competency assessments. We reviewed these during our inspection and saw they were all in date.
- All radiographers were registered with the Health and Care Professions Council (HCPC) and met HCPC regulatory standards to ensure the delivery of safe and effective services to patients. Radiographers also had to provide UME with evidence of continuous professional development (CPD) at their appraisals.
- The service used agency radiographers. There was a formal agency induction checklist, that we saw evidence of completion. However, there was nowhere to prove that the agency staff were competent with the services CT and MRI equipment. We spoke with the centre manager regarding this and they explained that they only request radiographers with the competencies to work on their specific equipment and they were always working alongside a permanent member of the team. However, they agreed that it was not documented anywhere, and they should check each time a new agency radiographer works for the service. During the inspection period, the UME director of clinical services worked alongside the centre manager and they developed an equipment competency checklist for all agency staff to complete. This was now in use and would be retrospectively completed for agency staff that had worked there previously.
- The service had processes in place with the host hospital for granting and reviewing practising privileges. Records we looked at showed that appropriate checks had been undertaken before staff started their work. The centre manager could explain how these checks were carried out on a yearly basis and records updated.

Multidisciplinary working

- Staff of different disciplines and from different providers worked together as a team to benefit patients.
- During our inspection, we observed positive examples of the radiographers and administrators working well together. Their professional working relationship promoted a relaxed environment for patients and helped to put the patients at ease. All staff commented on how well they worked as a team.
- The service had a good relationship with the host hospital, and feedback we gathered from the staff at the host hospital also confirmed this. The centre manager met monthly with the host hospital's executive director to review and discuss performance.
- The service had good relationships with other external partners and undertook scans for local NHS providers and private providers of healthcare. The service worked closely with local sports clubs, one of which sent a positive letter commending the service.
- Staff told us there was good communication between services and teams and there were opportunities for them to contact referrers for advice, support and clarification.
- Staff worked closely with referrers to enable patients to have a prompt diagnosis.

Seven-day services

- As the service did not provide emergency scanning, it did not provide a seven-day service. However, there was flexibility within each list to accommodate patients requiring an urgent scan.
- The service was open Monday to Friday from 8am to 8pm.
- The department did not offer an on call service but opening hours were altered to accommodate clinical emergencies.

Consent and Mental Capacity Act

- All staff were aware of the importance for gaining consent from patients before conducting any procedures. They understood how and when to assess whether a patient had capacity to make decisions about their care.

Good

Diagnostic imaging

- There were processes to ensure patients consented to procedures. Patients completed a safety questionnaire before scanning, and by signing the form, the patients were giving consent to the scan. The radiographers checked the details of the form before they took patients to the scanning room and would verbally check the patient was still happy to go ahead with the scan.
- Patients were provided with information prior to their appointments and were given opportunities to ask questions when they arrived. This ensured their consent was informed.
- There was a separate consent form available to use for patients with impaired capacity.
- Mental Capacity Act (MCA) 2005 training was completed as part of the mandatory safeguarding vulnerable adults training. At the time of our inspection, all staff had completed this.

Are diagnostic imaging services caring?

Good

We have not previously rated this service. At this inspection we rated it as **good.**

Compassionate care

- Staff cared for patients with the upmost compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- All staff we spoke with were very passionate about their roles and were dedicated to making sure patients received patient-centred care. We observed staff treating and assisting patients in a compassionate manner. Staff were able to spend time with their patients, making them comfortable and ensuring that they understood all that was going on.
- During our inspection, we spoke with three patients about various aspects of their care. Without exception, feedback was consistently positive about the kindness and care they received from staff. One patient described staff as "lovely and caring people". Another patient told us their experience was "very good" and they were "very happy with the service".
- We observed staff introducing themselves to patients at the start of the appointments; they also explained their role, and fully described what would happen during the scan. They made sure patients were comfortable and were reassured if they felt nervous.
- Staff maintained patients' privacy and dignity during their time in the unit and MRI scanner. The service provided changing rooms for patients, and ensured they were covered as much as possible during their scan.
- The service obtained patient feedback through a patient satisfaction survey. The survey allowed patients to give their feedback, rate their experience from 'poor' to 'excellent', and answer whether they would recommend the service to their friends and family.
- We reviewed the results from March 2019 and found that all patients reported 'excellent' (90%) or 'good' (10%) with their experience. Similarly, 100% of the patients who completed the survey would recommend the service to their friends and family.

Emotional support

Staff provided emotional support to patients to minimise their distress.

- Staff supported patients through their investigations, ensuring they were well informed and knew what to expect. They updated patients regularly about how long they had been in the scanner and how long they had left.
- Patients could communicate directly with the radiographer during their scan through an intercom system. They could press an emergency button if they needed to come out of the scanner.
- Staff were aware that patients attending the service often felt nervous and anxious so provided additional reassurance and support to these patients.
- The patient satisfaction survey asks, if staff were reassured during the scanning process, all patients answered 'yes' to this.

Understanding and involvement of patients and those close to them

Good

Diagnostic imaging

- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff took the time to explain the procedure and the precautions to patients and their relatives. Patients were encouraged to ask questions, which staff ensured they answered before commencing the scan.
- Staff adapted the language and terminology they used when discussing the procedure with the patient. The service provided MRI and CT scans to a range of patients. Therefore, it was important for staff to use appropriate language, which the patient understood.
- Patients we spoke with told us they were involved with decisions about their care and treatment and were aware of what the next steps in their treatment were.
- The service allowed for a parent, family member or carer to remain with the patient for their scan if they were anxious. Staff ensured they completed an MRI safety questionnaire and provided them with headphones to reduce the noise.
- Staff recognised when patients needed additional support to help them understand and be involved in their care and treatment and enabled them to access this. For example, the service used a telephone translation service and face-to-face interpreters for patients who did not speak English.
- There were appropriate discussions about the cost their scans. Paying patients were advised of the cost of their scan when they booked their appointment.

Are diagnostic imaging services responsive?

Good

We have not previously rated this service. At this inspection we rated it as **good.**

Service delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of local people.
- The service worked cohesively in partnership with the adjacent imaging department and the wider hospital to provide individualised patient centred care. The service offered a full range of imagery capability within the MRI and CT modalities, for self-funding, insured and NHS patients.
- Coventry is a diverse city, being the second largest city in the region by population. Demographically, the city is diverse; the service was aware that services must reflect the local cultural, social and religious needs of patients and relatives attending the department.
- The premises were appropriate for the services delivered. It was on the ground floor, that was accessible for wheelchair users.
- Patients reported to a large, comfortable waiting area, where refreshments and toilets were available.
- The corporate website provided useful information about the service, including downloadable safety questionnaires for patients to complete before their appointment.
- Signage throughout the radiology department was clear, visible, and easy to follow. Patients were given information on how to find the unit and parking arrangements at the time of booking.
- The service was located near established routes, with a bus stop and a train station a short distance away. Patients were also able to use free and accessible car parking.
- All patients were informed of when and how they could expect to receive the results from their scans.

Meeting people's individual needs

- The service was accessible to all who needed it and took account of patients' individual needs.
- The administration team had initial contact with patients presenting to book a scan either face to face or on the telephone. It was at this point that an initial assessment of each individual's requirements would be made. It is their intention that every patient feels involved and informed about their care throughout the whole process.
- Prior to any booking, a safety questionnaire and consent form were completed by the patient. For any patients who may have difficulties in completing this form they have put in place steps to assist their needs.

For example, copies of the safety screening forms were available in large font for patients with impaired vision and interpreters were available for patients that do not speak English as their first language. Relatives were not used as interpreters, to avoid any issues with consent.

- A chaperone service was available at a patient's request throughout their visit to the service and including accompanying them during procedures. Patients were also permitted to take a friend or relative into the scanning rooms with them if required.
- The service was fully accessible to disabled attendees; there was level access with minimal gradient from the car parking area. A pedestrian crossing linked the main car park to the front of the hospital, where there were automatic doors.
- There was appropriate flooring for wheelchair users and accessible toilets adjacent to the waiting area. Wheel chairs were readily available for use when needed. The department was compact, but an MRI compatible wheel chair was available for patients unable to walk from the waiting area to the MRI scanner.
- Hearing Loops were accessible to patients throughout the service.
- All aspects of patient requirements were considered before booking an appointment, for example, patients with reduced mobility would be allocated a longer scan appointment time.
- Patients' wishes were always respected. For example, if a patient requested attendance by a female radiographer, this would be accommodated. They had an equality and diversity policy, which all staff had read. Training had also been provided and completed.
- There was provision of private changing areas within close proximity to the scanner. Segregation of male and female patients is observed as far as reasonably practicable, and certainly if a need has been specifically mentioned.
- There was also a prayer room, mother and baby facilities available upon request. Patient information leaflets were available for all types of scans in the reception area and would also be sent to the patient before their scan.
- Nervous, anxious, or claustrophobic patients were invited to have a tour of the unit prior to their appointment so they could familiarise themselves with the room and the scanner. Staff also encouraged patients to bring in their own music for relaxation and to bring someone with them for support, who could be present in the scan room, if necessary.
- Staff told us that they rarely saw patient's with complex needs. However, they would be given appointments to suit their needs and extra time slots. They also encouraged carers to be present.

Access and flow

- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Patients were referred to the service by the local hospitals, GPs, the host hospital and also through private referrals. For example, local sports clubs.
- The service had a detailed plan for administration staff to follow when booking patient scans. The service had different time slots for different scans required.
- When a valid referral was received, the patient was asked to complete a safety screening and consent form. Scans were allocated to a consultant radiologist depending on the speciality. The radiologist will justify and protocol the request and will create the report post scan.
- An appointment was scheduled in discussion with the patient. It was normally possible to accommodate a time and date to suit the patient's requirements. Core scanning hours were often adjusted to accommodate urgent scans; staff work flexibly and were prepared to reallocate breaks and staff often worked later than scheduled if required. Patients were never turned away due to lack of availability. The time from the scan to the report being available for the patient was within 48 hours.
- The service did not cancel patient appointments unless the situation was totally unavoidable. They also aimed not to reschedule appointments unless on patients request.

- On arrival at reception, patient details were checked and were then handed across to the clinical team. The team introduced themselves to patients / friends / family using their first name and would ask the patient how they would like to be addressed.
- Patients were informed by the signage at reception that they could bring a friend or relative along for emotional support during their scan, or a chaperone could be provided. For friends/ relative staying in the waiting room, staff would provide an estimation of the scanning time, as MRIs can be time consuming. Any delays during the scan were communicated to waiting relative, to alleviate concern.
- There was a process in place to ensure patients who did not attend (DNA) appointments were followed up. There had been one DNA in the last 12 months. They were rescheduled for another date and did attend.
- From October 2018 to March 2019 the service had a 2% cancellation rate. The reasons for these were, patient was pregnant, a patient required an open scanner, insurance issues and one patient wanted to see their consultant again before their scan. These were all rescheduled in a timely manner.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and shared any learning with staff.
- United Medical Enterprises (UME) had a complaints policy in place, which outlined the process for recording and investigating complaints. The centre manager was responsible for investigating and responding to complaints and the clinical services director for UME had overall responsibility.
- The staff we spoke with were aware of the complaints process and policy and where possible, they tried to resolve informal complaints immediately before they developed into more significant complaints.
- The centre manager was a radiographer and spends much of their time working clinically, making it their business to ensure that patients were satisfied with all aspects of their visit to the department. The centre manager did not work in an enclosed office, so had a good overview of what was happening within the department. The centre manager frequently spoke to concerned relatives, explained about delays etc. when they arose. Most issues were dealt with informally at the time and resolved before they become a complaint.
- All incidents, concerns and complaints were logged on the incident reporting system. Staff were actively encouraged to report near misses, as valuable lessons could be learnt in preventing future recurrences.
- The service had a formal complaints procedure and leaflets were available on the reception desk. These leaflets invited comments, concerns and complaints to be raised with the centre manager initially, and if not resolved in full, detail the escalation process.
- Formal complaints were invited in writing; to include date, scan type, any staff involved and the specifics of the complaint. The complaint would initially be investigated and dealt with locally with assistance from the UME Director of Clinical Service and the complainant would be addressed within 20 days. The leaflet did point out that occasionally this timescale may be unrealistic but did state that the reasons for any delays would be disclosed. Complaints were acknowledged within 2 days of receipt with expectation that all formal complaints would be closed within 20 working days. Thereafter a formal response was provided to the complainant. There was a formal complaints tracker which was maintained by the centre manager, with support from UME management teams and the host hospital's governance teams.
- If the problem was not resolved at this initial stage, an appeal to UME Managing Director would be raised, where an objective assessment of the complaint would be completed. If the complaint cannot be resolved to a satisfactory conclusion, an independent external adjudication would be performed.
- The leaflet also reminded patients that they may share their experiences with the CQC.
- The host hospital's quality and risk manager informed the centre manager of any complaints received by the host hospital in which they may be involved, and likewise, the centre manager advised the host hospital of any complaints in which the they may be implied.

Good

Diagnostic imaging

- Complaints were few, but when raised they were taken seriously, and steps were taken to rectify the situation. In the only formal complaint to date, where a patient did not believe he had received a scan to the appropriate protocol, information was checked and effective communication with the patient directly clarified the issue. They met the 20 day target.
- Comments on their patient satisfaction surveys showed, informing patients of any delays to their appointment time waiting in reception, ensuring that the radiographer maintained effective communication with the patient throughout the entire scan and ensuring that the patient knows where and when to obtain their scan results, were made. These issues were discussed, and lessons learnt.
- The number of complaints from January 2018 to February 2019 was two. One was taken through the formal route.
- The number of compliments for the same time period was six.

Are diagnostic imaging services well-led?

Good

We have not rated this service before. This inspection we rated it as **good.**

Leadership

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service was led by the registered manager who had significant experience of working as a radiographer. The registered manager was supported by regional management and central support function.
- Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs. The management team described how they strived to be professional, open and inclusive.
- Staff told us management were approachable and could raise any concerns they had. We observed friendly and professional interactions between management and staff.
- Staff were clear about their role and who they reported to. Staff said leaders were very visible in the service.
- Staff spoke highly of all levels of leaders including regional management.

Vision and strategy

- The United Medical Enterprises Group had a clear vison and was promoting the best patient experience underpinned with strong clinical expertise.
- The service had a clear vision driven by quality of care and safety for all patients. This was underpinned by the host hospital's vision. The services vision and values were published and on view for all patients, staff and consultants who attend the centre.
- The staff we spoke with could articulate the service's values and reported that they felt they reflected how they worked and delivered care. The values were displayed within the unit. Which were:
  - Quality and the continual improvement of every aspect of our business to improve service, efficiency and effectiveness.
  - Respect and compassion in the delivery of humane clinical services to patients and their families.
  - Customer-driven by striving to provide service of superior value to both internal and external customers, particularly through the optimum application of technology.
  - Success-driven by learning from everything we do so that the results of our actions bring added value to our customers and the company.
  - Teamwork is the means by which we achieve our success recognising that a good and motivated team is stronger and more effective than any individual.
  - Integrity and honesty are demanded to engender trust within and outside the organisation and must underscore every action.

- Reward and recognition through all appropriate means to attract, retain and motivate staff.

Culture

- The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The organisational culture promoted staff wellbeing. Staff worked well as a team and told us that they all supported one another.
- The staff told us they were treated fairly and respectively and told us they could share their experiences at work.
- All staff we spoke with were proud to work for the organisation and were positive about the company and team they worked with.
- Good working relationships existed between the service and the host hospital's management teams; providing open and accessible, approachable support.
- The team at the service was a well-established, small, close knit team with a demonstrable number of years' service of dedication to the centre. This was recently recognised at a long service awards ceremony.
- We spoke with seven members of staff who all spoke positively about the culture of the service and described it as 'supportive' and 'caring'. There was a sense of ownership and pride in the service provided.
- There was a positive approach to reporting incidents. Any incidents or complaints raised would have an open and honest 'no blame' approach to the investigation. However, in circumstances where errors had been made, apologies would always be offered to the patients and staff would ensure steps were taken to rectify any errors.
- Staff worked closely with the consultant radiologists, who frequently attended during scanning, offering support and advice on additional sequences that may improve diagnosis on case by case basis. The radiologists were approachable and made themselves available; all staff felt comfortable discussing patients' treatment (protocols, contrast administration etc.) with the radiologists and challenging them if needed.

Governance

- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- The service was incorporated into the hosts hospital's governance structure and also linked to the UME groups governance structure. The centre manager attended the clinical governance committee monthly. There were regular agenda items discussed including incidents, safeguarding, complaints, audits and shared learning, and practicing privileges update from the Medical Advisory Committee.
- The centre manager produced a quarterly integrated governance report in line with UME governance requirements. This included specific details on activity and variance over the quarter, complaints, incident reporting, MHRA (medicines and healthcare products regulatory agency) alerts and actions taken, audits and outcomes, health and safety reporting, radiation protection reports, and infection control reports.
- At a local level, staff were updated on performance, complaints, incidents, policies, patient feedback and clinical issues through staff meetings.
- All staff personnel files were managed by the corporate human resources (HR) department. Local managers held files on staff development, such as appraisals, continuous professional development, local competencies, and training data.
- The service level agreements between the service, host hospital and other external providers, were managed at a corporate level. However, local working arrangements with the host hospital were managed well. For example, the centre manager attended monthly review meetings with the radiology manager of the host hospital to discuss the service provided.
- The centre manager had recently completed radiation protection supervisor (RPS) training in October 2018, to give added support and responsibility to the team in the management of all radiation safety aspects. The centre manager published a quarterly governance report to all staff and consultant users. This was a key document which identified activity and trends, incidents, complaints audit results and action plans.

Managing risks, issues and performance

Good

Diagnostic imaging

- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service conducted both internal and external audits to monitor the quality of services.
- The service had processes to identify, understand, monitor and address current and future risks. The service had an up to date risk register. All risks were reviewed and updated on a monthly basis. The risk register was last reviewed in April 2019 and was due for review in May 2019. The highest risk on the register was, the use of temporary staffing solutions, due to a member of permanent staff leaving. This had mitigating actions in place, with permanent staff covering annual leave to eliminate the use of agency and a recruitment plan, which by the time of our inspection was being recruited into.
- As well as the risk register, the centre manager kept an electronic 'process change and quality improvement log'. This was reviewed monthly by the centre manager. This was to log areas of change, the reason for it, requirements needed with the lead and the date completed. Items included on the log were; update the pregnancy in MRI policy and reduce fire risk in store room. This was a longer list of risks that were managed locally and frequently by the centre manager, alongside the corporate risk register.
- There was a radiation protection committee held annually, with the next meeting due in April 2019. The service has the added benefit of having a service level agreement with Kings College London for radiation protection advisory services, which included access to advice and support 24 hours a day, seven days a week. It also included inspections and audits and support with IRMER regulations and documentation requirements.
- The unit had a comprehensive business continuity plan detailing mitigation plans in the event of unexpected staff shortages or scanner breakdown.
- The host hospital had back-up generators, which were tested regularly. This ensured that in the event of a power cut, the service could continue scanning patients with minimal disruption.

Managing information

- The service collected, analysed, managed, and used information well to support all its activities using secure electronic systems with security safeguards.
- Staff had access to all relevant corporate and local documents within the unit and were also able to access elements of information securely from their own computers at home. This included electronic mandatory training.
- The service used multiple electronic record systems, each with an individual purpose. Electronic patient records were kept secure to prevent unauthorised access to data.
- Patient data was stored securely and not available to the public. A privacy filter was used on reception computer and staff locked computer screens when away from their desk. All computers were password protected. Passwords were changed regularly after an automated prompt.
- Scan referrals, registration forms, protocol forms and reports were scanned into individual patient folder within an electronic system. Original paper documents were kept for a minimal amount of time, being locked away until the final scan report had been generated. When all documents had been saved electronically, paper copies were securely shredded.
- The department worked within General Data Protection (GDPR) regulations. Reports were securely emailed out to referrers using encryption. Any patient sensitive documents such as CDs were posted via recorded delivery.

Engagement

- The service engaged well with patients and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Patients were provided with satisfaction surveys to complete on line after attending the service. Patients could also complete a paper satisfaction survey whilst on site on quality of care and service provided and any suggestions for improvements they would advocate. The survey was reviewed monthly by the centre manager. Focus was made on the friends and family test.

- The service actively published these results and considered all suggestions from patients. Patient surveys were anonymous; however, the centre manager did engage with patients that have provided contact details. Various communication methods were utilised; email, telephone and a posted letter were all available. The centre manager met with patients to discuss their suggestions if required.
- The centre manager or delegated staff member attended the daily 'communications cell' meeting held within the host hospital. Operational issues affecting each department were briefly discussed. Minutes were produced and shared with the service's team via email.
- The service had a dedicated staff notice board which held key information available to staff. This included details of safeguarding process, caldicott guardian arrangements and responsibilities, monthly incidents, patient satisfaction survey and complaints reports, monthly audits completed and outcomes. The board also shared updates on infection control, health and safety and medicines management to ensure all staff were aware out with team meetings.
- A staff survey was recently introduced to the UME London Centre. This was planned to be introduced to the service in the first quarter of 2019. This would be a key opportunity for staff to share thoughts and opinions anonymously as an improvement tool. Results and associated action plans would be shared with staff
- The centre manager regularly met with staff members, both formally and informally. A formal staff meeting was conducted where an agenda was circulated, and staff had the opportunity to add items to the agenda and to raise matters in the 'any other business' section of the meeting. Regular topics of discussion included the patient satisfaction survey, incidents registered, and complaints. New initiatives such as the upgrading of the MRI scanner were discussed so that staff felt included and informed.
- The centre manager was accessible to staff and patients, and when not scanning, did spend time listening to staff concerns and opinions. A regular 'flash' report was circulated to ensure effective communication of issues that all staff should be aware of.

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.
- A key innovation programme was underway to make the service more accessible to patients and consultants through the use of technology.
- In 2018 the patient record system at the service's sister location in Harley Street was changed. This change allowed the patient to access the 'self-service' online, giving access to the services 24 hours a day, seven days a week, enabling self-registration, appointment booking and also secure access to their own medical records. Once these changes were complete, they would be rolled out to this service in latter part of 2019.
- Consultant users also had a secure referral portal, allowing them to have real time access to images and reports which would improve the reporting times and offer a more secure method of communication with their service users.
- In January 2019, the service also introduced electronic patient satisfaction surveys, this has increased response rates significantly, but patients still have the option at site for paper-based responses.
- For self-pay patients and any patient that needed to pay them directly, the service had launched an online payment portal through the website, again allowing patients access 24 hours a day, seven days a week, making them more accessible.
- In 2019 the service was proposing to replace and upgrade the current MRI machine which was around 12 years old, and a business case was being prepared for the board and sign off which was to be expected by May 2019 with works planned for the latter part of 2019. This new technology would enable them to widen the service they provide and add more specialities whilst also reducing scan times and providing higher quality imaging and diagnosis.

Good

Diagnostic imaging

- Along with the imaging facility refresh the shared patient waiting areas within the host hospital would also be refurbished in 2019.

Outstanding practice and areas for improvement

Outstanding practice

- The IRMER documents that were made available for staff, were completed to a high standard.
- Staff ensured they spent time with patients and were always kind and compassionate.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should continue to monitor agency staff's equipment competencies formally.