

Chester Nuffield Alliance MRI Unit

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Chester Nuffield Alliance MRI Unit is operated by Alliance Medical. The service provides magnetic resonance imaging diagnostic scans on an outpatient basis. Facilities include a scanning room, control room, technical room, patient preparation area, two patient changing rooms and a toilet. The service also shares some facilities with a host hospital and healthcare provider including an administration office, a patient waiting area and a managers' office.

The service provides diagnostic facilities to children and young people and adults. We inspected the service under our independent single speciality diagnostic imaging framework and using our comprehensive inspection methodology. We carried out an unannounced inspection on 31 July 2018.

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

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

We rated it as good overall. This was the first time we had inspected this service.

We found good practice in relation to diagnostic imaging:

- There were effective systems in place to keep people safe from avoidable harm. Staffing was sufficient to keep people safe. Risks to patients was identified and assessed effectively, this was supported by robust safety processes. Equipment was maintained and serviced appropriately and the environment was visibly clean. Staff were compliant with infection prevention and control practices. Staff were trained and understood what to do if a safeguarding concern issue was identified. The service had good levels of compliance with mandatory training. Records were up to date and complete and kept safe from unauthorised access. Medicines were managed in line with best practice. Incidents were reported, investigated and learning was implemented.
- The service used evidence based processes and best practice, this followed recognised protocols. They used technology to improve the service they provided. The service paid due care to patients' comfort and provided adequate refreshments for the time they used the service. Scans were timely, effective and passed back to refers to be reported on. There were no abandoned scans and no patients had to be recalled to repeat their scan. Staff were skilled and competent in their fields and kept up to date with their professional practice. The service worked well with internal and external colleagues and partnership working was strong. Staff understood their obligations regarding patient consent and the Mental Capacity Act.
- Staff demonstrated a kind and caring approach to their patients. Interactions were professional, respectful and courteous. Staff supported the emotional needs of patients and provided reassurance. Staff communicated well with patients, parents and carers and ensured their questions were answered. Patients' information was kept safe and was treated confidentially.
- The service was planned with the needs of service users and partner organisations in mind. The facilities and environment were pleasant and suitable for use by patients. Appointments were also available during the evening. Appointments were available at short notice and the referral to scan times and scan to reporting times were brief. The service catered for nervous and anxious patients. The service had few complaints but acted upon feedback from patients, staff and incidents.
- The service was aligned to the vision and values of both partner organisations. They also had their own informal strategy to remain competitive and sustainable. The service had supportive, competent managers who led by example. Staff understood and were invested in the vision and values of the organisation. The culture was positive and staff demonstrated pride in the work and the service provided. Governance structures were robust. The service used performance data, learning from events and professional aptitude to improve quality, the patient experience

Summary of findings

and expand the service provided. Risks were identified, assessed and mitigated. Performance was monitored and data used to seek improvements. Information was utilised and managed well. Data was kept secure and was organised well to assist with management actions. Engagement with staff, stakeholders and partners was a strong feature of the service.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

Diagnostics was the only activity the service provided. We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

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Good 

Chester Nuffield Alliance MRI

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Chester Nuffield Alliance MRI Unit

Chester Nuffield Alliance MRI Unit is operated by Alliance Medical. The service opened in 2014. It is a private magnetic resonance imaging diagnostic facility in Chester, Cheshire. The hospital primarily serves the communities of Cheshire but also accepts patient referrals from outside this area.

The service has had a registered manager in post since 3 June 2016. We inspected this service on 31 July 2018 and this was the first time it had been inspected.

Our inspection team

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

Information about Chester Nuffield Alliance MRI Unit

The Chester Nuffield Alliance MRI is a magnetic resonance diagnostic imaging service which undertakes scans on patients to diagnose disease, disorder and injury. The service has a fixed scanner and is located within the Chester Nuffield Hospital.

The premises are managed by the hospital, however the MRI scanner and equipment is provided by Alliance Medical.

The hospital has one unit and is registered to provide the following regulated activities:

- Diagnostic Imaging.

During the inspection, we visited the scanning room, control room, technical room, patient preparation area, patient changing rooms and bathroom and patient waiting area. We spoke with four staff including three radiographers and one administrator. We spoke with four patients. During our inspection, we reviewed two electronic 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 first time the service was inspected since registration with CQC. We found that the service was good for safe, effective, caring, responsive and well led.

Activity (August 2017 to July 2018)

- The service undertook 3,895 scans during the previous year,
- 86 of these scans were on children.

The service employed six radiographers one of whom was the registered manager and two administrative staff.

Track record on safety;

- Zero Never events
- Clinical incidents; four low harm, no moderate or severe harm or deaths
- No serious injuries
- No incidences of healthcare acquired Methicillin-resistant Staphylococcus aureus.
- No incidences of healthcare acquired Methicillin-sensitive staphylococcus aureus.
- No incidences of healthcare acquired Clostridium difficile.
- No incidences of healthcare acquired Escherichia coli.
- No complaints.

Summary of this inspection

Services accredited by a national body:

- The Royal College of Radiologists and College of Radiographers 'Imaging Services Accreditation Scheme' July 2018 to July 2021
- International Organization for Standardization - information security management systems, ISO 27001, October 2017 to October 2020
- Investors in people, March 2017 to March 2020.

Services provided at the service under service level agreement:

- Use and maintenance of premises
- Use of hospital facilities
- Grounds maintenance
- Clinical and or non-clinical waste removal
- Laundry
- Maintenance of 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?

We rated safe as 'Good' because:

- There were effective systems in place to keep people safe from avoidable harm.
- Staffing was sufficient to keep people safe.
- Risks to patients were identified and assessed effectively, this was supported by robust safety processes.
- Equipment was maintained and serviced appropriately and the environment was visibly clean.
- Staff were compliant with infection prevention and control practices.
- Staff were trained and understood what to do if a safeguarding concern issue was identified.
- The serviced had good levels of compliance with mandatory training.
- Records were up to date and complete and kept safe from unauthorised access.
- Medicines were managed in line with best practice.
- Incidents were reported, investigated and learning was implemented.

Good



Are services effective?

We inspected but did not rate effective but found:

- The service used evidence based processes and best practice, this followed recognised protocols. They used technology to improve the service they provided.
- The service paid due care to patients' pain and provided adequate refreshments for the time they used the service.
- Scans were timely, effective and reported on in good time. There were no abandoned scans and no patients had to be recalled to have their scans re-done.
- Staff were skilled and competent in their fields and kept up to date with their professional practice.
- The service worked well with internal and external colleagues and partnership working was strong.
- Staff understood their obligations regarding patient consent and the Mental Capacity Act.

Are services caring?

We rated caring as 'Good' because:

Good



Summary of this inspection

- Staff demonstrated a kind and caring approach to their patients.
- Interactions were professional, respectful and courteous.
- Staff supported the emotional needs of patients and provided reassurance.
- Staff communicated well with patients, parents and carers and ensured their questions were answered.
- Patients' information was kept safe and was treated confidentially.

Are services responsive?

We rated responsive as 'Good' because:

- The service was planned with the needs of service users and partner organisations in mind.
- The facilities and environment were pleasant and suitable for use by patients.
- Appointments were available during the evening.
- Appointments were available at short notice and the referral to scan times and scan to reporting times were brief.
- The service catered for nervous and anxious patients.
- The service had few complaints but acted upon feedback from patients, staff and incidents.

Good



Are services well-led?

We rated well-led as 'Good' because:

- The service was aligned to the vision and values of both partner organisations. They also had their own informal strategy to remain competitive and sustainable.
- The service had supportive, competent managers who led by example.
- Staff understood and were invested in the vision and values of the organisation.
- The culture was positive and staff demonstrated pride in the work and the service provided.
- Governance structures were robust. The service used performance data, learning from events and professional aptitude to improve and expand the service provided, quality and the patient experience.
- Risks were identified, assessed and mitigated. Performance was monitored and data used to seek improvements.
- Information was utilised and managed well. Data was kept secure and was organised well to assist with management actions.
- Engagement with staff, stakeholders and partners was a strong feature of the service.

Good



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

Notes

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

Our rating of safe; this was the first time we had inspected and rated this service.

We rated it as **good**.

Mandatory training

- The service provided training to ensure that staff were skilled to undertake their roles. There was a corporate mandatory training policy. This was based on a training needs analysis which determined which training staff had to undertake based on their roles and responsibilities. The staff were required to undertake a range of general and role specific mandatory training modules in line with the policy and the mandatory training schedule. This also set out the frequency that each module was to be repeated. The majority of these were online training.
- Mandatory training subjects included intermediate life support, safeguarding children and vulnerable adults, infection prevention and control, equality and diversity and manual handling.
- Compliance with mandatory training was good, most staff had completed all of their training. Some staff were only just out of date and had courses booked imminently or their modules were in progress.
- Mandatory training completion was linked to performance pay and annual increments and was monitored closely at corporate level.
- Bank staff were also monitored for their mandatory training compliance and if they were not compliant they were not booked for shifts.

Safeguarding

- Safeguarding vulnerable adults and safeguarding children and young people was included in the service mandatory training programme. All staff had received safeguarding training for these groups.

Percentages of staff trained in safeguarding

Level 1 (children and young people) 100%

Level 2 (children and young people) 44%

Level 3 (children and young people) 22%

Level 1 (vulnerable adults) 100%

Level 1 (vulnerable adults) 22%

- Staff who scanned children were trained to a minimum of level 2 in safeguarding children and young people, the service only scanned children one day per week and they stated they ensured the appropriately trained staff were on duty on this day. All staff had access to members of staff trained to level 3 and level 4 in children's and vulnerable adults safeguarding who was off site at Alliance Medical but available for advice via the telephone or email.
- There was a safeguarding policy in place for both safeguarding vulnerable adults and safeguarding children and young people which were accessible to staff. Staff we spoke with could explain what they would do if they had a concern about a patient or their family member and they understood the correct process to follow.
- There was a paediatric nurse working in the independent health hospital with which the service was co-located. This member of staff was available for safeguarding advice and assistance if required.

Cleanliness, infection control and hygiene

Diagnostic imaging

- During our inspection we observed that the location appeared visibly clean and tidy and free from clutter. We saw evidence that cleaning regimes were in place and that these were audited regularly with good compliance.
- We saw staff comply with infection prevention and control practices and cleansed their hands appropriately between every episode of direct contact and care. We saw that tables and equipment was cleaned in between each patient use.
- An infection prevention and control policy was in place and we found staff were aware of this policy. Staff also received mandatory training in this subject.
- The service had no healthcare related infections between August 2017 to July 2018.
- The service had a policy in place around intravenous access, which was accessible to staff.
- Staff who inserted intravenous access devices to patients had received training on the specified procedures necessary for the safe insertion and maintenance of the device and its removal.
- Local audits for hand hygiene and cannulation had been carried out on a local level. No issues had been identified.

Environment and equipment

- We found that the diagnostic areas were pleasant and comfortable and provided a suitable environment to care for patients.
- The design and layout of the facilities was sufficient to keep people safe. There was a key code access into the magnetic resonance imaging facility and the door to the scanning room was kept locked to prevent unauthorised access.
- There were appropriate warning notices to advise about the risks associated with magnetic resonance imaging. The environment and equipment had been well maintained. Equipment was serviced and maintained in line with manufacturers guidance on a regular basis and records were kept which were up to date.
- The service had a service level agreement in place with the host hospital who had responsibility for managing the building. We were advised that any issues with the physical environment were reported to and dealt with quickly by the host hospital.

- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort different types of waste and these were labelled appropriately.
- The service also utilised the emergency trolley used by the host hospital which was stored a few metres away from the entrance into the MRI facility. We found that this was checked daily by the host hospital staff.
- The service had a non-metallic trolley and some emergency and resuscitation equipment that was safe to enter the scanner. This was stored in the control room and was checked and found to be in date.

Assessing and responding to patient risk

- The service had access to the emergency resuscitation team based in the host hospital who would attend in the event of an emergency. The service could telephone an emergency number and this would facilitate emergency bleep holders in the hospital to respond immediately.
- The service had access to the resident medical officer from the host hospital who was present on site and available to attend if required.
- The service had practised an emergency resuscitation situation; an external company came in a set up an unannounced scenario which staff participated in. Feedback was given and improvements were suggested by the training provider which was implemented by the service.
- 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.
- Risk assessments were carried out by the referring individual to determine if the patient was fit for the planned scan. They also determined the risk of administration of contrast was weighed against the potential benefits of the scan. A further risk assessment was conducted by the radiographer when the patient arrived for the scan and a comprehensive screening process was undertaken to ensure the patient was safe to enter the scan and understood the safety precautions. During our inspection we saw that screening procedures were robust and screening questionnaires were scrutinised appropriately by radiographers.
- Emergency protocols were in place if a scan revealed something requiring urgent medical intervention.

Diagnostic imaging

During our inspection we saw there was good support from partners for radiographers who required advice for something that was identified following a scan. The scan was referred for remote advice immediately and support was swift and forthcoming from the referrer, ensuring the patient was advised appropriately and safely.

Radiographer staffing

- There were sufficient radiographers on duty to maintain patient safety. Staffing followed Alliance's 'staffing requirements in support of a safe scanning pathway' procedure. This ensured there was always two radiographers on duty at any time for the period of 8am to 8pm when the unit was open. This was further supported by an administrative member of staff who covered the hours of 9am to 5pm.
- There had been one staffing vacancy for a radiographer, this had been supplemented by the regular use of a bank radiographer. This had been filled at the time of inspection.

Medical staffing

- The service did not employ any medical staff, however they had access to the resident medical officer from the host hospital who was present on site and available to attend if required.

Records

- Records were electronic and available for access by staff. There was an initial paper referral which was assessed for quality by the administrator and scanned onto the electronic system which was accessed by staff.
- Patients completed a magnetic resonance imaging safety consent 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 was kept secure and only staff had access to that information. Staff received training on information governance and records management as part of their mandatory training programme. At a corporate level Alliance diagnostic imaging static sites, which Chester Nuffield Alliance MRI falls under, reported 95% compliance with information governance training.

- Staff completing the scan updated the electronic records and submitted the scan images for reporting by the relevant organisation. They had two systems which they could switch between depending on the referral organisation.
- The quality of images was peer reviewed locally and quality assured on a corporate level. Any deficiencies in images was highlighted to the member of staff for their learning. However, this was rare and the services re-scanning rate was negligible.
- During our inspection we viewed a sample of records and these were found to be adequate.

Medicines

- The service used only a small amount of medicines which were found to be stored appropriately.
- Any medicines were prescribed using patient specific directions by a qualified prescriber. That is medications were prescribed on an individual basis by a doctor. This was predominantly intravenous contrast for enhanced imaging. This was usually by the resident medical officer on site or the patients' consultant if they were present at the time. The service did not use patient group directions in the service, patient group directions are documents that permit the supply of prescription-only medicines to groups of patients, without individual prescriptions.
- Emergency drugs were stored appropriately on the emergency trolley maintained by the host hospital.
- A medicines management policy was in place which was accessible to staff. This was in date and followed national guidance.
- Specialist pharmacy support was available through a service level agreement with an external partner. This advisor assisted to support staff and ensured compliance with national recommendations on medicines.

Incidents

- The service had an incident reporting policy in place which was aligned to national guidance.
- The service reported seven incidents in the year August 2017 to July 2018. One was deemed to be serious and one moderate, the others were assessed as minor. The serious incident involved a workman entering the scanning room, but did not result in any injury or harm.

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The majority of incidents were patient reactions to the intravenous contrast but these were minor in nature such as a skin rash, which were treated on site and the patient was allowed home.

- Staff stated there was a no blame culture in the service and were encouraged to report incidents. They were familiar with the process and the types of incidents to report.
- The service had a duty of candour policy in place and staff were familiar with this. However, the service had not had cause to use these processes as a relevant incident had not occurred in the service.
- The service showed evidence of changes made and improvements made on the basis of near misses and incidents. For example, the service reported the scanning of the incorrect side i.e. right instead of left. This incident was examined and the reasons why it had occurred uncovered. As a result they introduced a short 'pause' which is built into the process before the scan is started. This enabled the radiographer to have ensure they are scanning the correct area. A poster was created which is in a prominent place in the control room reminding staff about the 'pause'. Staff felt this was a positive change which has reduced the likelihood of such an event happening again.
- The service reported four patient harms in the period August 2017 to July 2018. These were all due to adverse reactions to the intravenous contrast that had been administered for the MRI scan, all of which were deemed to result in low harm to the patient.

Are diagnostic imaging services effective?

This was the first time we had inspected this service, we do not give a rating for effective.

Evidence-based care and treatment

- The service provided treatment in line with National Institute for Health and Care Excellence and evidence based practice guidance. Radiographers followed evidence based protocols for scanning of individual areas or parts of the body.
- The registered manager was responsible for assessing if changes to guidance impacted on the scope of practice. At a corporate level this was also fed down if changes were to be made.

- Any new practice or procedure is reviewed and signed off by staff to confirm understanding and application.
- The service had a comprehensive audit programme in place, these included waiting times, infection prevention and control, scan quality. These were designated to local, regional, modality specific and corporate audits. These were aligned to evidence based practice and national guidance.

Nutrition and hydration

- Patients had access to drinks machines and water fountains and snacks in the waiting areas which were provided by the host hospital. Their nutrition and hydration needs were met whilst they were in the care of the service

Pain relief

- Staff were alert to the pain experienced by patients. They tried to make patients as comfortable as possible during their time in the unit.
- If patients were uncomfortable or in pain during their scans, they were advised to alert the radiographer. If necessary their scan could be abandoned or postponed if they were unable to continue.
- Pain relief was not administered due to the nature of the service provided. They did not deliver treatment, they provided scans only.

Patient outcomes

- The service recorded the times taken between referral to them for a scan and a scan being booked. They also recorded the time from the scan to when the scan was reported on. These were within their targets. The results were as follows;

Month	Referral to scan time (days)	Scan to report time (days)
Dec 2017	2	2
Jan 2018	2	4
Feb 2018	2	3
Mar 2018	2	3
April 2018	2	2
May 2018	2	4
Jun 2018	2	3

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- Local audits were undertaken to compare key elements of the referral and scanning pathway and these were benchmarked with other Alliance locations.
- Audits of the quality of the images were undertaken at a corporate level. Any issues were fed back to local services for learning and improvement.

Competent staff

- Staff had the right skills and training to undertake the scans they were undertaking. This was closely monitored on a corporate level and by the registered manager.
- Staff had the opportunity to attend relevant courses to enhance the professional development and this was supported by the organisation and managers.
- Radiographers scanning performance was monitored through peer review and issues were discussed in a supportive environment. Radiologists also feedback any perceived issues with scanning to enhance and learning or improvements in individual performance. The service undertook periodic competency assessments for radiographers.
- Staff had regular one to one meetings with their manager and a performance appraisal biannually. Records we checked showed all staff in the service had received their appraisals.

Multidisciplinary working

- The team worked well with their host hospital partners. This provided a seamless pathway for patients.
- The service had good relationships with other external partners and undertook some scans for local NHS providers. We saw good communication between services and there were opportunities for staff to contact refers for advice and support.

Seven-day services

- The service was open Monday to Friday 8am to 8pm. They did not open at weekends.
- Appointments were flexible to meet the needs of patients, they were available at short notice.

Health promotion

- Information leaflets were provided for patients on what the scan would entail and what was expected of them.

Consent and Mental Capacity Act

- 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.
- We saw that the service correctly used a magnetic resonance imaging safety consent form to record the patients' consent which also contained their answers to safety screening.
- Staff had received training on mental capacity and although they stated they would not be likely to see patients with mental capacity issues in their service. They were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions.

Are diagnostic imaging services caring?

Good 

Our rating of caring; this was the first time we had inspected and rated this service.

We rated it as **good**.

Compassionate care

- Staff demonstrated a kind and caring attitude to patients. This was evident from the interactions we witnessed on inspection and the feedback provided by patients.
- Staff introduced themselves and utilised the 'Hello My Name Is' ideology. They explained their role and went on to fully describe what would happen next.
- Staff ensured that patients privacy and dignity was maintained during their time in the facility and the scanner.

Emotional support

- Staff supported people through their scans, ensuring they were well informed and knew what to expect.
- Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calming and reassuring demeanour so as not to increase anxiety in nervous patients.
- We observed that the staff provided ongoing reassurance throughout the scan, they updated the

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patient on how long they had been in the scanner and how long was left. One patient told us they found this reassuring and it enabled them to complete the scan despite their anxiety.

Understanding and involvement of patients and those close to them

- The service allowed for a parent or family member or carer to remain with the patient for their scan if this was necessary. A paediatric nurse from the host organisation or staff member could also sit with a patient if this was needed.
- The details of the scan, the precautions and what would happen was fully explained to patients and their relatives. They were afforded the opportunity to ask questions and stated they were given time to have these answered by staff.

Are diagnostic imaging services responsive?

Good 

Our rating of responsive; this was the first time we had inspected and rated this service.

We rated it as **good**.

Service delivery to meet the needs of local people

- The service was planned and designed to meet the needs of the patients in the partner healthcare organisation. This was initially a mobile scanning unit which provided scans on a part time basis. The service responded to the demand for a more comprehensive service and the service was converted to a static scanner with extended opening hours.
- The service provided evening appointments to accommodate the needs of patients who were unable to attend during the day.
- The service consulted partner organisations and patient groups to assess the needs of patients.
- The service identified the potential for provision of certain type of prostate scan which was not offered elsewhere locally. They put forward a business case and project plan and promoted the service through local

GPs whose patients might benefit from such a scan. This project was successful and there was a good take up from the local community. This provision has been duplicated and rolled out to other areas.

- The service used a 'wide bore' scanner, this was less enclosed than other scanners and so caused less claustrophobia. The scanner could also accommodate bigger patients and the table could accommodate patients up to 30 stone in weight.
- The service has free and accessible car parking near the location.

Meeting people's individual needs

- The unit was wheelchair accessible and was deemed to be 'disabled friendly'.
- Staff had received training in equality and diversity and were expected to demonstrate these values in throughout their work.
- Interpreters were available in person should they be required. This was arranged at a corporate level. A telephone service was not usually adequate as a telephone could not be brought into the scanner.
- A hearing loop system was available on site.
- An magnetic resonance imaging compatible wheelchair was available for patients if they needed one which could be used inside the scanning room.
- The scanner could accommodate added sequences and views that may better identify certain pathology, these could be requested by the refer or could be undertaken if identified by the radiographer whilst the scan was in progress. This opportunity was built into existing protocols.
- Nervous, anxious or phobic patients were invited to have a look around the unit prior to their appointments, so they could familiarise themselves with the room and the scanner to decrease apprehension. Staff also encouraged patients to bring in their own music for relaxation and to bring someone with them as support, who could be present in the scan room if necessary and they have been screened to ensure it was safe for them to enter the MRI room.

Access and flow

- Patients were referred to the service by the partner healthcare organisation, GPs and referring NHS services. Their appointments were made in person or by telephone at a time and date agreed by them.

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- Some patients came directly from a consultation with their physicians and had their scans undertaken there and then. Others were asked to come back later in the day or the next day.
- From December 2017 to June 2018, on average it took two days from the time the patient was referred for a scan to the time that the scan was undertaken. It took on average three days from the time the scan was undertaken to when it was reported on, this was considered good and well within targets.
- Waiting times in the unit itself were short. Evidence showed there were very few delays and appointment times were closely adhered to. This was supported by what we saw on our inspection and the feedback from patients.
- The provider provided a service to NHS patients who were sent from a local NHS trust. These patients were usually scanned on a Wednesday.
- Children were scanned on a Monday morning when a paediatric radiologist and radiographer (Level 3 safeguarding trained) were available.
- During the period July 2017 to June 2018, the service reported four cancelled scans due to a machine breakdown.
- This organisation undertook the scanning of patients only, the images taken were sent to the referring organisations for reporting. Scans could be reviewed and reported on remotely and instantly if necessary. This was particularly if something was identified during the scan by the radiographer or if the scan was deemed urgent.

Learning from complaints and concerns

- A corporate 'Management of Concerns and Complaints Policy and Procedure' was in place, in date and accessible to staff.
- The service reported that they received no complaints during the period July 2017 to June 2018.
- 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.
- The service had a 'how to complain' leaflet which was available in the waiting area. This advised how to make a complaint, raise a concern or give feedback regarding the service.
- Advice on how to complain was available on the providers website.

- Results of feedback was displayed on the service notice board. 'What we did well and what we could do better' was detailed on the notice board together with actions taken to improve issues of concern.
- Concerns, complaints and lessons learned were featured in the 'risk bulletin' publication that was shared with all staff.
- The service did not utilise a child friendly feedback form. They stated they only saw six children per month and that their feedback was captured through the partner hospital's feedback processes.

Are diagnostic imaging services well-led?

Good 

Our rating of well-led; this was the first time we had inspected and rated this service.

We rated it as **good**.

Leadership

- The service manager was an experienced and competent senior radiographer. He appeared capable and knowledgeable in leading the service. He was enthusiastic in leading the service and was keen to improve the quality and service provided. He stated he was supported and empowered by Alliance to take forward initiatives and adjust the service if warranted and necessary and if they were in his capacity to affect.
- The service manager demonstrated good leadership skills by driving forward service development, they had been instrumental in furthering a new prostate scanning service which was recently launched. This provided a service not available elsewhere. This was supported and launched and is now being rolled out to other locations.
- The manager was visible and approachable. He worked alongside other staff within the MRI facility, undertaking scanning duties as necessary. He was also available for advice and guidance to other staff.
- Staff we spoke with found the manager to be supportive, inclusive and effective in his role. The spoke positively about the management of the service.

Vision and strategy

- The service was aligned to the Alliance Medical strategy and also aligned to the local plans of the host hospital

Diagnostic imaging

and the host organisation's strategy. The Chester Nuffield Alliance MRI own informal strategy revolved around increasing the range of scans provided, improvements in productivity and scan take up, working well within the partnership and providing good customer service.

- Staff in the service were invested in and were committed to this vision. They understood the part they played in achieving the aims of the service and how their actions impacted on achieving the vision.
- The service had core values in place which staff were familiar with and able to quote. The appraisal process for staff was aligned to these values and staff had to provide examples how they demonstrated the organisational values.

Culture

- The staff we spoke with were very positive and happy in their role and stated the service was a good place to work.
- Staff reported they felt supported, respected and valued on a local and corporate level. Staff stated they felt empowered to make suggestions, make changes and improvements and this was actively encouraged.
- Staff demonstrated pride and positivity in their work and the service they delivered to patients and their service partners. Staff were happy with the amount of time they had to support patients and that was one of the things they enjoyed about their role.
- There was a positive approach to reporting incidents and the service demonstrated learning outcomes and changes being implemented in response to incidents. Staff described a 'no blame' culture.
- There was good communication in the service both from a local managers perspective and at corporate level. Staff stated they were kept informed by various means, such as newsletters, team meetings and emails.
- Staff stated there were good opportunities for career progression and personal development in the organisation. There were management apprenticeships on offer for those who wished to develop their management skills. They also stated they were supported to pursue development opportunities which were relevant to the service.
- They stated teamwork was excellent both within the MRI unit and with the host hospital. They felt this enhanced a seamless transition for patients.

- Equality and diversity was promoted within the service, training was provided and inclusive, non-discriminatory practices were promoted.

Governance

- Corporate governance meetings were undertaken every three months and minutes were recorded from these meetings, which we reviewed. There was evidence of discussions regarding incidents, complaints, policies, performance and updates from sub committees with actions allocated to individuals with appropriate timescales included.
- There were bespoke service level agreements in place with the host hospital. The service used a blend of governance and policy processes from both organisations to match the unique position of the service and its close relationship with the host. This was where there was some cross over in governance processes from the host organisation and the service, such as incident reporting and complaints may have been relevant to both organisations. This worked well for the service and did not appear to cause any uncertainty. It promoted a coordinated and person-centred approach for patients.
- The service had local governance processes, which were achieved through team meetings and local analysis of performance, discussion of local incident, where this was applicable, but this was overseen on a corporate level.
- Staff were clear about their roles, what was expected of them and for what and to whom they were accountable.

Managing risks, issues and performance

- The service did not hold its own risk register. Risk were held on the corporate risk register and actioned through governance processes. There were individual risk assessments for any local issues which were monitored by local managers.
- The service identified risks to the service and acted to gain assurance that risks were managed. For example, the service identified some reported issues with the contrast medication that had resulted in issues in other healthcare environments. They arranged for an external representative to visit the unit and advise if they were using the product safely. They received assurance that they were using the product safely and there was no risk to patients.

Diagnostic imaging

- The service had a performance dashboard maintained on a corporate level. This was circulated monthly and gave data on performance for Chester Nuffield Alliance MRI. It indicated the number of abandoned scans which was recorded a Zero, scanner 'uptime', that is the amount of time the scanner was in operation when it was planned to be so, which was recorded as 100% and the number of patient who had to be recalled for another scan due to a scan not being undertaken satisfactorily, which was zero.
- Performance was monitored on a local and corporate level. Reports were produced which enabled comparisons and benchmarking against other services. Information on turnaround times, 'did not attend rates', patient engagement scores, incidents, complaints, mandatory training levels amongst others were charted.
- There was local discussion and communication of society of radiographers' guidance at team meetings and internal emails which included bank staff.

Managing information

- The service had access to both the Alliance and host organisation computer systems. They could access policies and resource material from both organisations.
- There were two computers in the unit and the manager had a laptop computer. This was usually sufficient to enable staff to access the system when they needed to.
- The manager demonstrated they could locate and access relevant and key performance records very easily and this enabled them to readily measure and monitor performance of the unit and individual staff performance.
- Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.
- Information from scans could be reviewed remotely by refers to give timely advise and interpretation of results to determine appropriate patient care.

Engagement

- Patient satisfaction surveys were sent to all those who had been scanned in the department to gain feedback on the service received. This feedback was overwhelmingly positive.
- Staff surveys were conducted on a corporate level, this assessed employees experience of work satisfaction and wellbeing. Results were analysed and fed back to staff as a presentation outlining each aspect of the survey. The corporate staff engagement score met the target benchmark.
- The service acted upon feedback collected by themselves and that which was relevant to them collected by the host hospital.
- The service engaged with their partners to understand the service they required and how services could be improved. The service worked well with the host hospital and the host organisation and this produced an effective pathway for patients. The service also had a good relationship with local NHS partners.
- Local team meetings were held monthly, these had an agenda and minutes were recorded. Staff were updated on corporate and local issues, developments in their speciality and hospital wide issues.

Learning, continuous improvement and innovation

- Staff were able to provide examples of improvements and changes made to processes based on patient feedback, incidents and staff suggestion, such as changing signage and extending opening hours. Staff were alert to new initiatives and ways of working.
- The registered manager was instrumental in launching a new type of scan being available at Chester Nuffield Alliance MRI. He identified that this scan was not available elsewhere in the area and that the service can deliver it.