

Alliance Medical Fylde Coast Diagnostic Centre

Quality Report

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Date of inspection visit: 13/11/2018
Date of publication: 30/01/2019

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

Alliance Medical Fylde Coast Diagnostic Centre is operated by Alliance Medical Limited. The service carries out approximately 100 diagnostic imaging appointments per week. The majority of appointments are for magnetic resonance imaging (MRI) scans but the service also has facilities for ultrasound, x-ray and dental imaging.

The service provides diagnostic imaging. We inspected diagnostic imaging services.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 13 November 2018.

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

Summary of findings

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

Services we rate

Alliance Medical Fylde Coast Diagnostic Centre had not previously been inspected. We rated it as **Good** overall.

We found good practice in relation to diagnostic imaging:

- The service managed staffing effectively and services always had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- The service provided care and treatment in line with current evidence-based practice and national guidelines.

- Staff treated patients with compassion and respected privacy and dignity at all times.
- The service provided care and treatment which met the needs of the local population and individuals. Patients could access services when they needed.
- The service promoted a culture of openness and honesty. Staff were proud to work for the service and were focussed on providing excellent standards of patient-centre care.

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

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

The service provided ultrasound, x-ray and dental imaging procedures. However, the main source of activity came from magnetic resonance imaging (MRI) scans. The service prided itself on being able to cater for patients with claustrophobia (fear of confined spaces) due to the additional time allocated for appointments and use of an extremity magnetic resonance imaging scanner where appropriate.

Summary of findings

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Good 

Alliance Medical Fylde Coast Diagnostic Centre

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Alliance Medical Fylde Coast Diagnostic Centre

Alliance Medical Fylde Coast Diagnostic Centre is operated by Alliance Medical Limited. The service opened in 2000 but was previously operated by another provider. The service registered with CQC as part of Alliance Medical Limited in November 2017. It is a private diagnostic imaging centre in Lytham St Annes, Lancashire. The centre primarily serves the communities of Fylde and Wyre. It also accepts patient referrals from outside this area.

The diagnostic centre has had a registered manager in post since November 2017.

We carried out a short-notice announced inspection of this service on 13 November 2018. The inspection was announced to minimise disruption to the service and ensure that the people we needed to speak to were available on site. This was the first inspection of Alliance Medical Fylde Coast Diagnostic Centre.

Our inspection team

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

Information about Alliance Medical Fylde Coast Diagnostic Centre

Alliance Medical Fylde Coast Diagnostic Centre is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

During the inspection, we spoke with five members of staff including; radiographers, reception staff, medical staff and senior managers. During our inspection, we observed two diagnostic appointments.

This was the services first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

On average 100 patients per week attend for musculoskeletal and neurological magnetic resonance

imaging (MRI) scans, approximately 70% of whom have been referred through the NHS GP direct access service. The average time from referral to scan is seven days and results are usually back with the referring clinician within two days.

The service also provides dental imaging, ultrasound and plain film x-ray scanning however this type of imaging forms a small percentage of activity.

The service reported no patient safety incidents between November 2017 and November 2018. There were also no incidences of healthcare acquired infection reported during this time.

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:

- The service had appropriate systems and processes in place to ensure that the safety of patients and staff was maintained.
- Staff received appropriate training to ensure they had the necessary skills to carry out care and treatment safely.
- The service maintained equipment in accordance with Medicines and Healthcare products Regulatory Agency standards and kept a register of all equipment and devices in use.

Good



Are services effective?

We do not currently rate diagnostic imaging services in effective however, we found the following examples of good practice:

- The service provided care and treatment that was in line with current evidence-based practice and national guidelines.
- Staff took the time to fully explain procedures and processes to patients so that they could give informed consent.
- The service monitored image quality through peer review and audit.

Are services caring?

We rated caring as **Good** because:

- Staff treated patients and relatives with compassion and respected their privacy and dignity at all times.
- Emotional support was provided to patients when needed.
- Service provision was planned to allow for additional time to explain procedures to patients and involve them in their care.

Good



Are services responsive?

We rated responsive as **Good** because:

- The service provided care and treatment which was responsive to the needs of individuals and the local population.
- The service consistently met their own target for time from referral to report of seven days.
- The service allocated appointment slots of one hour so that a thorough history could be taken from the patient prior to the diagnostic procedure. This meant that the radiologists could make a more informed decision regarding diagnosis and interpretation of screening images.

Good



Summary of this inspection

- The service consistently demonstrated consideration of the patient experience in planning of service provision. This was particularly evident for patients who were claustrophobic and attended for magnetic resonance imaging scans.

Are services well-led?

We rated well-led as **Good** because:

- There was leadership capacity within the service to provide high-quality, sustainable care.
- The vision and values of the service were focussed around provision of patient-centred care and providing a high-quality patient experience.
- There were effective governance processes in place to identify risks to patient safety, quality and performance.

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

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

This service had not been inspected previously. We rated safe as **good**.

Mandatory training

- Staff were allocated protected time to complete mandatory training. An email reminder was automatically sent to members of staff four months before the expiry date.
- Overall compliance for mandatory training across all staff within the service was displayed as 79% on the online training system. However, this was not accurate as the system had not updated following recent intermediate life support training which had been attended by all staff. The compliance rate also included a member of staff who was not employed at the location. The registered manager also kept a local record of compliance with mandatory training which showed that everyone was either compliant or had been booked onto the relevant course if needed.
- Two clinical staff of the eight employed (radiographers and assistants) had received training in immediate life support and had been assessed as competent to provide immediate life support through simulated practice. One member of staff was due to receive training in the following month and the other had missed the previous session and was due to retire imminently. There was always a member of staff on shift who had been trained in intermediate life support.
- Administration staff received basic life support and were fully compliant.

Safeguarding

- All staff were trained in level one safeguarding and two members of staff received level three safeguarding training. This was in accordance with the standards set out in Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2014).
- There was a safeguarding policy in place and staff were aware of the principles set out in this.
- The service accepted referrals for patients aged 16 years and above. There were appropriate processes in place for the safeguarding of children.
- Staff had an awareness of their responsibilities surrounding female genital mutilation although this was not part of routine screening.
- There was a chaperoning policy in place for children and adults and staff we spoke to were aware of this.

Cleanliness, infection control and hygiene

- We observed clinical, public and staff areas to be clean and tidy.
- The service had a local contract with an external cleaning company and a cleaner attended daily. The service had introduced a cleaning schedule which was completed to evidence that cleaning duties had been carried out.
- There was an infection prevention and control lead within the service whose role included completing regular infection prevention audits.
- A full infection prevention audit was completed monthly. In October 2018, the only area noted for improvement was that there was a tear in the upholstery of a foot rest in the magnetic resonance imaging (MRI) room. This had been actioned following the audit.

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- Staff completed hand hygiene audits monthly and cannulation audits whenever they could as it was uncommon that a patient needed to be cannulated.
- There were no incidences of health acquired infection in the 12 months prior to the inspection.

Environment and equipment

- There was ample parking available for patients and visitors.
- The registered manager told us about plans to refurbish the reception area. At the time of our inspection, patients had to walk beyond the waiting area and through another door to get to the reception. It was not immediately obvious where patients should check-in when they arrived although they were always shown in by a member of staff. The waiting area was small and uninviting although the service had done what they could with what was available.
- There were service level agreements with an external company and the local council for the safe disposal of clinical, non-clinical and general waste. There were separate bins for different types of clinical and general waste.
- The service maintained an asset register which listed all diagnostic equipment and devices. We observed that the most recent service date was logged along with the review date.
- There were processes in place for checking equipment and reporting any faults or errors. Staff we spoke to were aware of how to report faulty equipment. For example, the orthopantomogram used for some dental imaging, had been decommissioned as a minor fault had been identified.
- There were risk assessments in place regarding exposure to radiation. This included the risk of exposure to staff as well as to patients. The consultation room situated next to the x-ray room was not in use due to the slight risk of exposure.
- All relevant magnetic resonance imaging equipment was labelled in line with Medicines and Healthcare products Regulatory Agency recommendations.
- There was personal protective equipment available for staff when using x-ray and cone beam computed tomography equipment, this was checked regularly to ensure it was suitable for use.

- Access to all clinical areas including those where imaging equipment was kept was restricted by the use of key-coded locks and restricted areas were clearly signed.
- There was a portable defibrillator and equipment for adult resuscitation. We observed that this equipment was readily available and checklists were completed to ensure equipment was ready for use when needed.
- There were procedures for the evacuation of a patient from the magnetic resonance imaging scanner in the event of collapse or emergency. Staff had recently carried out scenario-based training during which they had practiced implementing these emergency procedures.
- There was an emergency buzzer located in the full-body magnetic resonance imaging room so that staff could call for help if needed.
- The service used picture archiving communication system and radiology information system as is standard practice for diagnostic imaging services. Information stored on the local systems was backed-up and there were contingency plans in the event of an IT failure.

Assessing and responding to patient risk

- Staff carrying out diagnostic imaging used a 'pause and check' checklist which helped to ensure that the right patient received the right scan at the right time.
- Radiographers reviewed the referral details for each patient to ensure that referrals were made appropriately and in accordance with Ionising Radiation (Medical Exposure) Regulations where applicable.
- Where patients required administration of contrast prior to imaging, there were additional checks and screening questions which included consideration of any existing co-morbidities that may be contraindicative to the use of contrast.
- In the event of unexpected or unusual findings during scanning and reporting, radiographers could escalate concerns to the radiologists and radiologists would contact the referring clinician if necessary.
- There were clear processes and pathways in the event that a patient needed to be transferred to hospital. Staff we spoke to were aware of what to do in these circumstances.

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- There were local rules and employers' procedures in place, which protected staff and patients from ionising radiation. The local rules included details of authorised persons, mapped controlled areas and labelling of equipment.
- Women who attended for scan appointments were asked if it was possible that they could be pregnant or if they knew that they were pregnant. Pregnant patients were not scanned if they were less than 12 weeks pregnant due to the risks to the fetus. After 12 weeks, the decision to scan or not was made by the radiologists taking into consideration the type of scan, area to be scanned and any other risk factors.
- Staff had access to a radiation protection advisor and medical physics expert within an external healthcare provider. There was also a member of staff within the service who had additional knowledge of clinical science and provided support in this when needed.

Nurse staffing

- Staffing requirements were assessed taking into account the volume and type of scanning appointments. There was a local standard operating procedure which set out the minimum staffing requirements.
- The service employed 2.9 full time equivalent radiographers, 1.2 full time equivalent clinical assistants and 2.0 full time equivalent administrators.
- There were no vacancies at the time of our inspection.
- Radiographers worked bank shifts when needed. This prevented the service from needing to use agency staff who might not be familiar with the service.

Medical staffing

- The service employed two radiologists who carried out reporting on diagnostic imaging. Between them, the radiologists provided cover Monday to Friday each week.
- Other staff could contact the radiologists for advice when needed even if they were off-site. Radiologists could access imaging results remotely when needed.
- The radiologists also attended the monthly team meetings along with other staff employed within the service.

Records

- The radiology information system and picture archiving and communication system were secure and password protected.

- The service provided electronic access to diagnostic results.
- The service communicated with GPs via email which ensured swift and effective communication following diagnostic procedures.

Medicines

- We found that medicines were stored appropriately in accordance with manufacturers guidance.
- Medicines were appropriately prescribed and administered and the use of medicines was thoroughly documented.
- Contrast was used for some imaging such as spine and head magnetic resonance imaging scans. In these instances, contrast would be prescribed and administered by one of the radiologists.
- Allergies were clearly documented when patients received medications. Emergency medicines were available in the event of anaphylaxis (severe allergic reaction).

Incidents

- The service reported that there had been no incidents which resulted in patient harm or had the potential to cause serious harm to patients. During our inspection, this was confirmed when speaking with staff and the registered manager.
- There was an online system for reporting safety incidents. Learning from incidents was shared across the Alliance group so staff at Fylde Coast Diagnostic Centre could learn from when things went wrong elsewhere. Staff we spoke to were aware of how to report an incident and could give examples of lessons learned from incidents.

Are diagnostic imaging services effective?

We do not provide a rating for effective when we inspect diagnostic imaging services.

Evidence-based care and treatment

- Policies and guidelines referenced national guidelines and were in line with best practice guidelines. These

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were accessible to staff online. We reviewed a sample of policies and local standard operating procedures. These were all within review date and made reference to relevant safety regulations where applicable.

- New policies or those that had been reviewed were ratified by the quality and risk team who were responsible for ensuring such policies were in line with national guidelines.
- A policy audit was undertaken monthly by the director of quality and risk.
- Quality assurance reviews were carried out a minimum of annually for the service by the quality and risk team. The most recent review had been completed in May 2018 and the service had worked to address actions within the action plan relating to this.
- All staff were required to sign to confirm that they had read each policy as it was introduced or updated and staff could do this online meaning that a record was kept for each policy and procedure.
- There was a health and safety section within the service intranet which included bulletins to share information such as new rules and regulations.

Nutrition and hydration

- There was a water cooler within the waiting area which patients could help themselves to.

Pain relief

- Patients with chronic or acute pain were advised to take any prescribed analgesia prior to attending their appointment.
- Prior to the scan, radiographers would ask if the patient was in any pain and would take care to position them comfortably for the scan.

Patient outcomes

- The service submitted monthly reports to the clinical commissioning groups detailing key performance indicator data, patient engagement and survey comments. The service agreed local key performance indicators with commissioners at the point of contract agreement.
- Image quality was regularly reviewed by radiologists. These reports were available on request.
- The radiologists undertook peer review to ensure the consistency and quality of image reporting.

- There was a corporate annual audit schedule which listed audits to be completed at location level. This included auditing of referral to scan times and imaging systems.
- The service participated in the Imaging Services Accreditation Scheme and was a fully accredited service at the time of our inspection.

Competent staff

- The service kept a record of staff competencies which was referred to as a skills matrix. All staff had a skills matrix including any role-specific training and assessments.
- Radiographers were assessed against each modality e.g. magnetic resonance imaging knee and ankle assessments. This included a written assessment as well as a practical assessment. Staff were documented as 'in training' until they had completed enough practical assessments to be deemed as competent.
- Staff also received training and assessment of competencies in the use of medical devices and equipment. This was also recorded within the skills matrix.
- Staff told us that there were opportunities for additional training and development. The radiologists could also provide training to radiographers and other members of staff. For example, staff had received training around medical physics which had given them practical advice on how to get the most out of the scanners.

Multidisciplinary working

- The service held monthly staff meetings which were multidisciplinary. Attendance at these meetings was good and all staff were expected to attend to share learning and for training opportunities.
- Staff completed training which was multidisciplinary. For example, staff had recently completed intermediate life support training as a multidisciplinary team.
- The service strategy included plans to work with clinicians with different specialisms in order to provide a more holistic service to patients.

Seven-day services

- The service kept two magnetic resonance imaging appointment slots free each day so that they could accommodate urgent referrals.

Consent and Mental Capacity Act

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- There was a consent policy available online which was within review date and in line with current legislation.
- All patients were required to sign a consent form prior to diagnostic procedures. There was additional time built into appointment slots so that the radiographers could provide patients with all the information they needed to give informed consent.
- Staff we spoke to were aware of their roles and responsibilities with regards to gaining consent from vulnerable adults and application of the Mental Capacity Act 2005.

The service accepted referrals for patients aged 16 years and older. Staff we spoke to were aware of Gillick competencies and how this related to gaining consent from children. If staff were unsure, they could seek advice from either of the two members of staff who were trained to level three safeguarding.

Are diagnostic imaging services caring?

Good 

This service had not previously been inspected. We rated caring as **good**.

Compassionate care

- We observed two patient appointments as part of our inspection. We found that staff were polite and friendly toward patients.
- Due to the way appointments were scheduled it was unlikely that patients would attend for appointments while other patients were waiting to be seen. If this was the case then patient's conversations with reception staff could be overheard by other patients. We did not observe this during our inspection. If patients needed to discuss something of a sensitive nature then staff told us they would use an available consultation room instead.
- Patients were able to be offered a chaperone of the same sex due to the way in which the service was staffed. There was always someone available to fulfil this role.
- People's privacy and dignity was always respected. Radiographers used consultation rooms to discuss patient's medical history.

- There was a screen for patients to change behind when needed. The service was planning to put in a changing room at the time of our inspection.

Emotional support

- The service prided itself on providing magnetic resonance imaging scans to patients who were anxious or had claustrophobia. Most patients could use the extremity magnetic resonance imaging scanner meaning that they did not have to be scanned in a confined space. For patients who required a full-body scan, staff took the time to fully explain the procedure to them so that they knew what to expect.
- Staff told us about a patient who had been particularly anxious and had failed scans elsewhere due to their anxiety. The registered manager who was also a radiographer carried out the scan while the radiographer sat with the patient in the magnetic resonance imaging room to provide comfort and support. The scan was able to be completed successfully.
- Other coping mechanisms are available to patients such as a stress ball, headphones and music.
- Patients were advised to raise their hand when using the extremity scanner if they wanted the scan to stop at any time.
- There were information leaflets available to patients on a variety of conditions and procedures, which patients could help themselves to.
- Patients were advised to contact the referring clinician or their GP if they had any concerns following the procedure. This was appropriate as the diagnostic centre was not open twenty-four seven and staff there were not appropriately trained to provide medical advice.

Understanding and involvement of patients and those close to them

- Additional time was allowed for each appointment so that the radiographer could explain the procedure fully to each patient and take a full history which would aid the radiologist in reporting on the imaging.
- All patients were offered a chaperone and we observed that there were signs within the public areas advising of the availability of chaperones.

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- Patients were advised that the results of their scans would be sent back to the referring clinician and that patients should contact them for results or to make an appointment.
- Patients we spoke to said that they had been given enough information about their care and treatment.

Staff had appropriate and sensitive discussions with patients when they were responsible for the costs of their treatment.

Are diagnostic imaging services responsive?

Good 

This service had not previously been inspected. We rated responsive as **good**.

Service delivery to meet the needs of local people

- The diagnostic centre was in a victorian building and was clearly signed so that it was accessible to patients and visitors.
- The front door was always locked which meant that visitors had to be allowed access into the building. We found that the door was answered promptly and patients were not kept waiting outside.
- The reception and waiting area was accessible to people with physical disabilities. There was wheelchair access and a space-saver lift, which provided access to the consulting rooms on the first floor.
- The environment was appropriate and met patients' needs. There was ample seating in the waiting area, a water cooler, magazines and accessible toilets.
- Information was provided in an accessible format prior to patient appointments. Leaflets could be printed in other languages when needed.
- The service was open until 8pm four days per week which offered patients a choice of late appointments if they wanted this.

Meeting people's individual needs

- The service had contracts with external organisations who provided translation services. The service took the decision to renew its existing contract with a local provider of British Sign Language interpretation services rather than take up a new contract in line with other

locations under the same provider. The local translation service could provide interpreters the next day when needed and often the interpreter was already known to the patient.

- There was a dementia lead working within the service who could provide additional support or advice to staff in meeting the needs of people with dementia.
- For people with learning difficulties or complex needs, patients were asked to bring someone with them who could provide support. Any additional patient needs were identified when administration staff called to arrange the appointment.
- Patients could be allocated longer appointment slots where it was felt this might be needed.

Access and flow

- The service accepted referrals from GPs, dentists and other clinicians. The same referral form was used for each clinical commissioning group area to ensure the same level of information was provided with each referral.
- The service ensured that enough time was allocated for each appointment so that clinics ran on time and staff were not under pressure to rush through appointments.
- Each patient was allocated an hour for magnetic resonance imaging scans and 30 minutes for dental scans. This allowed radiographers to take a full medical history from each patient, which aided the radiologists when completing diagnostic reports.
- An appointment slot was kept free for each magnetic resonance imaging scanner so that any urgent referrals could be accommodated.
- The service monitored rates of appointments which patients did not attend for. For magnetic resonance imaging scans, which made up most of the service activity, this rate was approximately 3% and had been consistently below 7% over the previous six months.
- There was a process in place which staff followed when patients did not attend for their appointments. The service would attempt to contact them to rearrange the appointment before referring the patient back to the referring clinician.
- To reduce 'did not attend' rates, reception staff would arrange appointments with patients over the telephone rather than sending out an appointment letter. This provided the opportunity to confirm the contact details

Diagnostic imaging

with each patient and provide additional information about what to expect during their appointment.

Patients were also sent a text and email reminder of their appointment date and time.

- The service had the resources to report on each diagnostic imaging appointment but this was not always necessary. For example, just two percent of cone beam CT scans which provided dental images were reported on by the service as many of the reports could be completed by the referring dentist or clinician.
- The service aimed to complete reporting on images within seven days from the initial referral for magnetic resonance imaging scans. Where appointments were attended and did not need to be rearranged, the service met this turnaround time. For September and October 2018, the average time from referral to scan was four days. From April to October 2018 the time from scan to reporting was consistently one day.

Learning from complaints and concerns

- Complaints leaflets, which provided information on how to raise a formal complaint, were available within the waiting areas and patients could help themselves to these. Patients were directed to contact the Independent Healthcare Advisory Service if they were not satisfied with the outcome of their complaint.
- We reviewed how the service had responded to recent complaints. We found that the service was quick to respond to complaints and took all complaints seriously. The service responded to complaints within 20 working days as per the complaints policy.
- The service had received one complaint and five compliments in the 12 months prior to our inspection.
- Lessons learned from complaints were shared and any learning specific to an individual member of staff was raised with them separately.
- Compliments were recorded in the same way as complaints, using the online system. This did not include positive comments from returned surveys which ensured that compliments were not counted twice.

Are diagnostic imaging services well-led?

Good 

This service had not previously been inspected. We rated well-led as **good**.

Leadership

- The registered manager had been a radiographer working within the service prior to taking over the role from the previous business manager. Staff we spoke to felt that it was beneficial to be managed by someone with clinical experience and who was so familiar with the service and its history.
- The registered manager had responsibility for the day-to-day running of the Fylde Coast Diagnostic Centre.
- There had been recent leadership changes within Alliance Medical and at the time of our inspection three regional directors had recently been appointed. This appointment provided a central contact for escalating concerns and risks to the provider-level quality and risk team and for cascading information back to the location managers.

Vision and strategy

- The service had undergone a period of change since becoming part of Alliance Medical approximately a year before our inspection. There had been a lot of improvement work for the service to align to the governance processes already established within Alliance Medical.
- Staff within the service felt that there were notable benefits to becoming part of a larger organisation such as Alliance Medical. The strategy was to grow and expand the service. Fylde Coast Diagnostic Centre offered modalities, which were not previously known to Alliance Medical. The registered manager had been instrumental in working with colleagues in Alliance Medical to develop policies and processes.
- The service aimed to promote itself to non-medical referrers who might not be aware the service exists. This included promoting the benefits of being able to offer extremity magnetic resonance imaging for patients with claustrophobia.
- The service also hoped to be able to rent consultation rooms to visiting clinicians, which would enable patients to access more services from the same location. This would also enable clinicians to have better access to diagnostics.
- The vision of the service was to provide excellent patient-centred care and all staff articulated this through conversation with our inspectors.

Culture

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- There was a positive culture within the service, which focussed on the provision of person-centred care.
- Staff we spoke to were enthusiastic about their work and felt proud to work for the service.
- The service promoted a culture of openness and honesty. Staff felt able to escalate concerns and issues to managers within the service.
- Staff we spoke to were aware of their roles and responsibilities in relation to Duty of Candour. There had been no incidents which met the requirements for application of Duty of Candour in the 12 months prior to our inspection. Duty of Candour means that providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology.

Governance

- The registered manager was able to maintain a detailed oversight of the service as they were regularly based at the service location. As such, the registered manager was able to articulate any challenges other staff members were facing as well as challenges at a service level. This demonstrated a good awareness of the key risks to performance, quality and safety within the service.
- The registered manager was familiar with key individuals within the more senior management teams within Alliance Medical.
- There was a quality and risk department within Alliance, which regularly reviewed complaints, incidents and risks and produced a monthly newsletter entitled "Risky Business". Information within the newsletter was discussed at monthly team meetings within the service.
- Disclosure and Barring Services (DBS) checks were completed by all staff annually and copies were sent to the provider human resources department to be filed in personnel records.
- Registration with Health and Care Professionals Council was checked as part of annual performance development reviews and this was also part of reporting to clinical commissioning groups.
- The registered manager was involved in recruitment of staff to the service. They completed short-listing and carried out graded interviews.

Managing risks, issues and performance

- The service maintained an up-to-date register of all risks, which we reviewed during our inspection. Each risk had a review date listed as well as mitigations and there was a named person with responsibility for each risk within the register.
- The risks which were listed within the register mirrored across to risk which we had been told about by staff. There was nothing which had been mentioned that did not feature on the risk register.
- The register listed wider corporate risks as well as local risks which were unique to the diagnostic centre. The risk register was accessible online and could be viewed remotely as part of review by the provider-level quality and risk department.

Managing information

- The service practiced in accordance with General Data Protection Regulations. Staff had received training in this and a recent audit had been carried out by the information governance lead within Alliance Medical. The service had altered fee agreement forms to become compliant with General Data Protection Regulations.

Engagement

- Learning from feedback following a recent staff survey had led to managerial structure changes. This helped to give staff a sense that they were listened to within the wider organisation.
- The service worked closely with the two clinical commissioning groups it held contracts with. The service had participated in a brain magnetic resonance imaging pilot which aimed to reduce inappropriate neurological referrals into secondary care.
- The service used patient surveys to collect feedback. Patients were contacted via email with a copy of the survey for completion. We reviewed recent survey results and comments as part of our inspection. We found that where patients had chosen to add free text comments, these were largely positive and messages of thanks. Any negative comments or suggestions for improvement had been noted by the registered manager and responded to if necessary. For October 2018, 100% of respondents were either 'satisfied' or 'very satisfied' with the care provided.
- The target response rate for the patient survey was 20%. The service was yet to reach this target but had seen an

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improvement month on month. The reduced response rate was believed to be due to patients not having an email address. The service was considering how to collate feedback from these patients.

Learning, continuous improvement and innovation

- The service was fully accredited with the Imaging Services Accreditation Scheme.
- Service leads were clear that they would not compromise patient experience to make cost savings. They believed that any efficiencies could be made through streamlining processes rather than reducing the allotted time for each appointment.
- The service promoted continuous learning. Staff told us that they were provided with opportunities to attend additional training which would help them in their roles. For example, staff had completed dementia awareness training.

Outstanding practice and areas for improvement

Outstanding practice

- The provider set a seven-day target for referral to reporting times. By employing two radiologists, the

service was able to complete reports within a day of imaging throughout September and October 2018. This meant that where patients needed to be followed-up urgently this could be done.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should continue with plans to improve the environment for patients and staff.