

# West Middlesex MRI

## Quality Report

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Website: [www.alliancemedical.co.uk/scan-centres/west-middlesex-mri-centre](http://www.alliancemedical.co.uk/scan-centres/west-middlesex-mri-centre) Date of inspection visit: 05 March 2019  
Date of publication: 09/05/2019

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 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

West Middlesex MRI is operated by Alliance Medical Limited (AML). The service has one Magnetic Resonance Imaging (MRI) scanner and a Dual Energy X-ray Absorptiometry (DEXA) scanner. The service also has access to a mobile MRI scanning unit used to meet higher patient demands. An MRI uses strong magnetic fields, gradients and radio waves to generate images of the organs in the body. DEXA scanners measure bone mineral density.

The service solely provides diagnostic imaging, which we inspected.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 5 March 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.

This was the first time we rated this service. We rated it as **Good** overall.

We found good practice:

- High levels of mandatory training compliance and good knowledge of safeguarding vulnerable adults and children.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff demonstrated a kind and caring approach to their patients, which was noted in the friends and family questionnaire.
- Tours of the unit were available for anxious patients prior to their appointments. Patients suffering with claustrophobia were invited to visit the unit prior to their scans.
- The service had a supportive, competent and experienced manager.

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

- The provider should ensure competencies are formally documented and well maintained.
- The provider should ensure that corporate AML values are known and understood.

**Professor Edward Baker**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

**Diagnostic imaging**

### Rating

**Good**



### Summary of each main service

The service provides MRI and DEXA scans to NHS and private patients.

We rated this service as good because it was safe, effective, caring and responsive and well-led.

# Summary of findings

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Good 

# West Middlesex MRI

## Services we looked at

Diagnostic imaging.

# Summary of this inspection

## Background to West Middlesex MRI

West Middlesex MRI is operated by Alliance Medical Limited (AML). AML has been operating in the UK since 1989 providing diagnostic imaging services and becoming a CQC registered provider in 2010.

West Middlesex MRI originally opened in 2001 and operated as an independently owned diagnostic imaging provider for over 7 years. AML acquired the service in August 2008. West Middlesex MRI is a private service in Isleworth, Middlesex. The service primarily serves the communities of Hounslow and Richmond. It also accepts patient referrals from outside this area.

The service has had a registered manager in post since 2014. At the time of the inspection, a new manager had recently been appointed and was registered with the CQC in 2018.

The service is located in the grounds of a local trust hospital and had a service level agreement with the trust which allowed the service to use the hospital facilities such as the pharmacy service and portering service.

## Our inspection team

The team that inspected the service comprised of a CQC lead inspector, Monisha Parmar and a specialist advisor with expertise in diagnostics. The inspection team was overseen by Terri Salt, interim Head of Hospital Inspection.

## Information about West Middlesex MRI

The service has one magnetic resonance imaging scanner and one dual energy x-ray absorptiometry scanner and is registered to provide the following regulated activities:

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

During the inspection, we inspected the magnetic resonance imaging scanner and the dual energy x-ray absorptiometry scanner.

We spoke with three radiographers, one senior manager, four administration staff and one radiologist.

We spoke with three patients and two relatives. During our inspection, we reviewed three sets of patient records.

There were no special reviews or investigations of the unit ongoing by the CQC at any time during the 12 months

before this inspection. The service was previously inspected in 2013, the inspection found that the service was meeting all standards of quality and safety it was inspected against.

Activity (March 2018- February 2019)

- In the reporting period March 2018 to February 2019. There were 10,990 NHS patients seen at this service and 23 private patients.
- There were 1,200 inpatients, of these 1,189 were for MRI and 11 were for DEXA.

The service had one unit manager, one lead radiographer, three full time senior radiographers, one part time senior radiographer, three clinical assistants, one admin manager, two full time administrative assistants and two part time administrative assistants.

Track record on safety

- There were no never events in the reporting period.

# Summary of this inspection

- There were 20 incidents in the reporting period, nine of these were clinical incidents. 18 incidents resulted in no harm, one resulted in low harm, one resulted in moderate harm, and there were no incidents resulting in severe harm or death.
- There were no serious injuries in the reporting period March 2018 to February 2019.
- There were no incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- There were no incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA).
- There were no incidences of hospital acquired Clostridium difficile (c.diff).
- There were no incidences of hospital acquired E-Coli.
- There was one complaint in the reporting period.

## **Services accredited by a national body:**

- The Imaging Services Accreditation Scheme (ISAS) since December 2018.
- International Organisation for Standardisation (ISO) ISO27001 since June 2018.
- Investors in People (IIP) since March 2018.

## **Services provided at the unit under service level agreement:**

- Portering
- Pharmacy

# 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 it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. All areas of the imaging unit were visibly clean and tidy. Staff used control measures to prevent the spread of infection.
- Staff kept records of patients care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when giving, recording and storing medicines.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well.

Good



### Are services effective?

We do not currently collect sufficient evidence to enable us to rate this key question.

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Patients outcomes were monitored effectively against key performance indicators.
- Scans were timely, effective and reported on in good time.
- Scanning protocols were approved by radiologists and signed for by radiographers.
- Staff understood their obligations regarding patient consent and the Mental Capacity Act (2005).

However

- The service did not keep recorded documentation of staff clinical competencies. These were in the process of being developed.

### Are services caring?

#### Are services caring?

We rated it as **Good** because:

Good





# Summary of this inspection

- Staff demonstrated a kind and caring approach to 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.

## Are services responsive?

### Are services responsive?

Good



We rated it as **Good** because:

- The unit offered an increased choice for patients and referrers, by operating a seven-day service.
- Mobile MRI scanners were available to meet high patient demand when required.
- Information about MRI and DEXA was available for patients in the waiting area.
- Tours of the unit were available for anxious patients prior to their appointments. Patients suffering with claustrophobia were invited to visit the unit prior to their scans.
- Staff informed us appointments were pre-booked in line with patient preference.
- There were no cancellations of appointments due to non-clinical reasons in the last 12 months.

## Are services well-led?

### Are services well-led?

Good



We rated it as **Good** because:





- The service had a supportive, competent and experienced manager.
- The culture was positive, and staff demonstrated pride in the work and the service provided.
- Information was utilised and managed well. Data was kept secure and was organised well to assist with performance.
- The unit manager attended bi-monthly unit manager meetings for the region and annual national unit manager meetings.
- Local staff meetings were conducted monthly with an agenda these meetings were minute, incidents were discussed at these meetings.
- The radiation protection report was completed in June 2018.
- Staff surveys were conducted on a corporate level. This assessed employees' experience of work satisfaction and wellbeing

However

# Summary of this inspection

- Staff knew that the vision was called intelligent imaging but were unable to recall all the values of AML.

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

### Mandatory training

- **The service provided mandatory training, through an external provider, in key skills to all staff and made sure required staff completed it.**
- We looked at training records and saw that staff had training in; information governance, health and safety awareness, fire safety, infection control and safeguarding. The service was 98% compliant with the providers mandatory training target.
- We looked at training reports and saw that several training modules were delivered via e-learning. There was a total of 13 training modules delivered in this way which included; complaints handling, conflict resolution equality and diversity and infection control.
- Complaints handling, conflict resolution and safeguarding had the highest compliant rates of 100%. Data protection training had the lowest compliant rate of 65% which was below the providers compliance target of 85%.
- All radiographers had training in Immediate Life Support (ILS). There were also two radiographers that had training in Paediatric Basic Life Support (PLS), other radiographers were due to be booked onto the rolling programme for PLS.
- Of the three clinical assistants two were currently being ILS trained and one had training in Basic Lift Support and was booked to attend an ILS training day.

- Staff were booked in rotation to attend dementia training, which was for all staff.

### Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- The provider had current adult and child safeguarding policies and procedures.
- Staff were aware of their responsibilities in relation to safeguarding vulnerable adults and children. Staff we spoke with showed competence in reporting a safeguarding concern and were able to recall the different types of abuse.
- We reviewed the safeguarding adult policy and found it to be comprehensive. The policy covered topics dealing with staff duties and responsibilities, types of abuse, principles of safeguarding, individual rights, The Mental Capacity Act 2005, deprivation of liberty and disclosure and barring services. The policy highlighted modern slavery, and female genital mutilation as types of abuse. The policy also identified the government's 2011 PREVENT strategy to prevent people from being radicalised.
- We reviewed the safeguarding children policy and found it to be equally comprehensive, with relevant reference to the Gillick competency.
- There was a safeguarding lead for children and for adults. The safeguarding lead for children was trained to level 4. The safeguarding lead for adults was trained to level 3. Staff informed us that they escalated

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safeguarding concerns to the safeguarding leads and that the leads were accessible. Staff we spoke with knew how to access the relevant information and numbers for reporting a safeguarding concern.

- All staff involved in the care of patients aged under 18 were trained to safeguarding Level 1 and 2.
- All staff involved in the care of adult patients were trained to Safeguarding Level 1, 2 and 3.
- We saw safeguarding information for staff displayed clearly in the control area. This included the name of adult and child safeguarding lead and their contact information, policies and flowcharts to follow.
- We observed staff using the three points of identification (ID) check as set out by the Society of Radiographers (SOR). We saw that pause and check posters were up on the wall as a reminder to staff.

## Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept their equipment and environment clean at all times.**
- All areas of the imaging unit were visibly clean and tidy including the MRI room, DEXA room, waiting areas and staff areas.
- Daily cleaning was provided by an outside contractor agreed with the local trust, the unit manager monitored performance and provided feedback on required actions.
- The service had established systems for infection prevention and control, which were accessible to staff. These were based on the Department of Health's code of practice on the prevention and control of infections, and included guidance on hand hygiene and the use of personal protective equipment (PPE), such as gloves. There were no reported incidents relating to infection prevention and control during the reporting period.
- There was easy access to PPE. Gloves of all sizes were available in the diagnostic rooms and we observed staff using PPE as required. There was also sufficient access to antibacterial hand gels as well as hand washing and drying facilities. The unit displayed signage prompting people to wash their hands and gave guidance on good hand washing practice.

- Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing and using hand sanitisers, and wearing the appropriate PPE when caring for patients.
- Hand hygiene audits were conducted monthly for all staff with the mean score of 98%, areas of improvement had been addressed to staff via the unit manager. The last audit received 100% compliance.
- Monthly environmental monitoring was completed in accordance with policy and the infection prevention control programme between the first and fifth of the month. An environmental monitoring list was used to ensure monitoring (cleaning) was adhered to and signed off by staff once completed. The list included various items such as keyboards, monitors and phones in the control area along with the toys in the reception area.
- Patients who were known to be infectious were booked in at the end of the day. Equipment stored in the MRI room that was not required for the scan was removed prior to the scan. Once the patient had their scan all the equipment in the room was cleaned. Masks were also available to prevent transmission for airborne disease.
- A deep cleaning service was sourced from an external company. The deep clean covered the whole department and the last deep clean was in November 2018. Deep cleaning takes place three times a year.
- Results from patient satisfaction survey's stated that over 70% of patients were very satisfied with the cleanliness and appearance of the unit and 25% were satisfied.

## Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The service comprised of a single-story building with one MRI unit and one DEXA unit. We observed an electronic sliding door for patient access at car park level, and a separate access from within the trust.
- Accessibility has been taken into consideration and was adequate and compliant with The Equality Act 2010 requirements.

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- The environment was spacious, and information was displayed relevant to the service.
- In the main clinical area there was a patients MRI safe trolley (compatible for use with MRI), resuscitation equipment trolley, preparation trolley, suction equipment and an Alliance Medical Limited grab bag, which contained items such as pocket masks for adults and children. These items were compatible and safe to use with a MRI.
- There were two changing rooms with secure lockers, and mirrors for patients and a toilet that was suitable for patients who required the use of a wheelchair. We observed that the service had access to a MRI safe wheel chair which was easily accessible and stored safely.
- All equipment was maintained in accordance with manufacturers guidance. The equipment maintenance was up to date and we reviewed the last service report which was in February 2019. There was a robust process in place for the quality of equipment, this included MRI services four times a year and clearly signed handover documents, which we reviewed.
- The DEXA contract was due for renewal in April 2019 and had a service contract which was due for renewal in April 2020.
- The emergency lighting check was up to date and was last checked in July 2018. The last fire extinguisher tests were in May 2018 and staff had completed a fire test in September 2018, this was signed by all staff.
- The last magnet quench check was in October 2018. In MRI a quench refers to the sudden loss of magnet superconductivity when its temperature is raised. In this superconducting state the magnets can produce greater magnetic fields. We saw that the service used the local fire procedure for evacuation following a magnet quench.
- The injector pump for the contrast medium in the scanning room was in date and was last serviced in 2018 and was due for a scheduled renew in 2019.
- Staff maintained a documented programme of checks including equipment checks, call bell checks and fire checks, this was logged daily and signed by staff. Equipment inspected had maintenance stickers

showing they had been serviced within the last year. We checked a random sample of supplies on trolleys within the unit and saw they were all in their original packs and in date.

## Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient.**
- Staff kept clear records and asked for support when necessary when completing patient records.
- We saw signs in the patient waiting areas to inform staff of pregnancy status, for female patients.
- Patients were not able to self-refer to this service, and the service required a referrer's justification for a MRI and DEXA scan.
- A Radiation Protection Supervisor was in post (RPS) and had up to date RPS training. The service had access to a Radiation Protection Adviser (RPA) who was also a MRI expert physicist. We saw that RPA checks were conducted annually; the last check was in July 2018. The Local rules for DEXA were updated in February 2019.
- The mobile MRI scanner only scanned patients that were deemed to be low risk.
- The identification of patient's process reflected current guidance and consent to MRI scans was confirmed via the MRI safety consent form.
- A three-point check was completed prior to a diagnostic test which was in line with best practice. Staff confirmed with patients their name, address and date of birth before starting an investigation. We saw a pause and check sign on the wall as a reminder in line with the Society of Radiographers. This meant that the right processes were in place to ensure the right person got the right radiological scan at the right time.
- Children from the age of 0-16 years old were scanned at this service. These patients would often require oral sedation, and this was done on a set date as a day case and coordinated with the children ward in the trust. Children were escorted to the department with their doctor, nurse and their patients. The doctor stayed with the child patient for the whole procedure. For particularly unwell patients the doctor stayed in the scanning room with the patient.

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- Any patient that became unwell and required a medical transfer, was cared for by staff trained to ILS level, this included children, who were cared for by staff trained in PLS. Patients that required urgent onward referral were managed in compliance with policy and local procedure.
- The service could use the trusts emergency call number 2222 for emergency cover via the switchboard at all times.
- The local accident and emergency (A&E) department would receive patients directly from MRI if needed. The service had a good relationship with the trust A&E department, and if required could call A&E if a patient required emergency medical care.
- The service conducted practice audits and trends done per cardiac arrest. We saw scenarios and evidence of cardiac arrest training completed. This was done yearly and the last training was in January 2019.
- Anaphylaxis training was covered in the face to face ILS training.

## Radiographer staffing

- **The service had enough radiographer and administrative staff with the right qualifications, skills, training and experience, to keep patients safe and provide the right care treatment.**
- A site-specific staff calculator was used to determine the safe levels of staffing.
- Staff rotas were discussed monthly with the unit manager, the administrative manager, and the lead radiographer.
- The clinical rota was reviewed monthly to ensure that the safe scanning pathways was adhered to.
- The service was fully staffed, one staff member who was on long term sick had their hours covered by an agency staff member.
- The service had one senior radiographer seconded from the trust, and one bank radiographer who was utilised to cover periods of annual leave. The service had one agency radiographer, their last shift was in July 2018.

- The service was losing one senior radiographer but a vacancy request had already been approved with human resources.
- Staff had the opportunity to work overtime which was monitored to ensure that staff did not work excessive hours. Bank holiday working was voluntary.
- The service has two bank administrative workers who regularly cover weekend shifts. The roster's were reviewed monthly to ensure the busiest periods of the day were covered adequately.
- Staff we spoke with said that all bank and agency staff had the same disclosure and barring service, curriculum vitae and reference checks as permanent staff. Bank and agency staff completed a skills matrix, local induction and all mandatory training courses. We saw that bank and agency staff were audited in the same way as permanent staff.

## Medical staffing

- **The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- The trust provided MRI Radiologists to cover the MRI unit between 9am and 5pm Monday to Friday.
- The service also had access to a radiologist out of hours.

## Records

- **Staff kept detailed records of patients care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- All patient care was documented in the AML electronic Radiology Information System (RIS).
- All NHS trust patients' referrals were generated electronically which automatically printed off in the MRI Unit. These were then entered onto both the AML and the local trust systems. Once entered the paper referrals were destroyed using a confidential waste bin.
- Confidential waste bins were available throughout the service to dispose of sensitive patient information.

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- All NHS patients for MRI and DEXA scans were sent to the local trust Picture Archiving and Communication System (PACS) post scan, ready for reporting by the trust Radiologists.
- The external drive, holding patient information was removed from the DEXA room after each clinic and securely stored in the department.
- The MRI images were also digitally stored onto compact disks and were kept securely in the MRI Unit.
- All DEXA scans were electronically backed up three times to different locations.
- The AML and the NHS trust systems were separate and were protected by firewalls, which were regularly updated, staff were made aware of these updates by email notifications. Secure email addresses were used in the unit.
- Even though the service was a scan only contract, report waiting times were monitored via breach checklists and delayed report checklists which were completed monthly.

## Medicines

- **The service followed best practice when giving, recording and storing medicines.**
- The trust provided a dedicated pharmacist for the MRI Unit. Staff we spoke to told us that they were able to order medicine, such as contrast media directly from the pharmacy department. Once ordered a pharmacy porter delivered the contrast directly to the service.
- The pharmacy at the trust also provided portable oxygen support to the MRI unit.
- Medicines management was in accordance with corporate policy and AML had appointed a pharmacy advisor to oversee national requirements.
- Staff asked patients a specific list of questions before administering intravenous contrast to determine if contrast would be suitable for the patient. Staff also checked if the patient had any known allergies.
- Medicines were stored neatly in a locked cupboard. We saw robust checking for medicine, including dates and removal and entry from the cupboard.

- We checked random samples of medicines and found them in date.
- There were no controlled drugs stored at this service.

## Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The manager investigated incidents and shared lessons learned with the team. When things went wrong, staff apologised and gave patients honest information and suitable support.**
- Incidents were well reported. An incident reporting procedure was in place and staff reported incidents via an electronic reporting system. Staff knew how to report an incident and informed us that they received immediate feedback from any incidents reported because they were a small team. This information was also fed into staff meetings where action plans were also discussed.
- The reporting, investigation and management of incidents included and supported learning and development at service level and across the wider organisation. Duty of candour requirements were applied in accordance with Regulation 20 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. The incident reporting procedure made relevant reference to a duty of candour.
- The duty of candour requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff we spoke with were aware of their responsibility to apologise and be open and honest and share the information with the patient and their family/carer when something went wrong.
- There was no duty of candour notifications made in the last 12 months. Staff we spoke with knew the procedures to follow and referred to both the AML and trust policies in making a duty of candour notification.
- Staff reported nine clinical incidents, three information governance and security incidents, three

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operational incidents, one radiology reporting incident, three health and safety incidents and one safeguarding incident. Of these five were classified as moderate risk, 12 as low risk and three as very low risk.

- There were no incidents of scanning the wrong patient in MRI or DEXA or scanning the wrong body part.
- AML shared incidents and learning through monthly risky business bulletins. These bulletins were distributed from the AML quality and risk team and the service manager displayed this information on the notice board in the staff room.

## Are diagnostic imaging services effective?

We do not rate the effective domain.

### Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**
- Policies and procedures were developed with consideration with statutory guidelines and best practice such as the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017) as well as the National Institute for Health and Care Excellent (NICE), and the Society and College of Radiographers.
- Corporate and local policies were supported by local procedures.
- We looked at seven policies and procedures during our inspection and they were up to date. This included the display screen risk assessment, IRMER protocol, and standard operating procedures for DEXA.
- However, we found one procedure and one policy that was not in date, this included the local induction checklist last reviewed April 2017 and the contrast media policy last reviewed April 2017. The unit manager was informed of these and corrective action was in progress.

### Nutrition and hydration

- Patients were not left in the department for long periods of time. However, staff we spoke to said that

the department had tea and coffee making facilities and biscuits. If a patient required more substantial food staff were able to request a packed lunch from the trust, or obtain food for the patient at the nearest canteen.

### Pain relief

- The service did not stock pain medication.
- In-patients that required pain relief prior to a scan were given medication on the ward. Staff called the ward to check that the patient has been given appropriate medication before asking the portering service to collect the patient from the ward.

### Patient outcomes

- **The manager monitored the effectiveness of care and treatment and used the findings to improve them.**
- Local audits were completed to compare the key elements of the referral and scanning pathway. This included, referral to scan time and scan to report published time, even though the service was a scan only contract.
- We spoke to the lead MRI radiologists who told us that even though this service had a scan only contract AML went the extra mile to check and ensure reporting was in a timely manner.
- The service assisted the trust to make sure that the service was providing the referrer and patient with information and a scan report in support of a diagnosis as soon as possible.
- Staff we spoke with told us that all incidental findings were flagged up on the radiological information system for review by the radiologists.
- We reviewed local and AML urgent findings and significant pathology standard operating procedures which had been updated in February 2019.
- Image quality was reviewed by radiologists and local key performance indicator's (KPI's) were agreed with commissioners at the point of contract agreement. Private patients under private schemes were supported by the private provider audit.
- The unit manager attended meetings with commissioners where KPIs were reviewed, the



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outcomes of this meeting was fed back into unit meetings as appropriate. This meant that staff were kept up to date on patient outcomes and the unit performance.

- AML had a provider audit schedule we saw that there was an annual radiation protection audit conducted by the radiation protection advisor (RPA), and a six-monthly radiation protection audit conducted by the radiation protection supervisor (RPS).
- The schedule also indicated that there were local monthly IPC audits, hand hygiene audits and cannulation audits.
- Where inpatients from the trust were scanned, effective handover of clinical care was required and documented to support continuity of care. We observed this on inspection.

## Competent staff

- **The service made sure staff were competent in their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Patient feedback was fed into staff appraisals'.**
- There was a 100% appraisal rate for the lead radiographer and the administration manager. There was an 80% appraisal rate for senior radiographers, 75% appraisal rate for admin assistants and 65% appraisal rate for clinical assistants. All staff had yearly professional development review's (PDRs).
- All staff attended an induction programme, mandatory training and relevant ongoing professional development courses to help to support a safe service for patients.
- Pre-employment all staff were interviewed and provided details of previous experience and references and staff were subjected to Disclosure and Barring Service (DBS) checks.
- Qualifications required varied between the MRI and DEXA machines. Staff that were required to be registered with a professional body were registered with the Health Care Professional Council (HCPC).

- All staff completed a skills matrix appropriate for their position, which included a competency framework.
- The service provided in house training for DEXA. We saw evidence of yearly refresher training for staff operating the DEXA machine. The Radiation Protection Supervisor conducted an audit every six months in DEXA.
- Clinical competencies were reviewed on an ongoing basis but was not supported by formal documentation to support areas of development. We spoke to senior staff who ensured us that formal documentation of competencies was going to be developed. Clinical staff were audited on their cannulation skills.
- Protocols were reviewed regularly by the radiologists and changes made accordingly and patient pathways were regularly reviewed to reflect changes
- Scanning protocols had been approved and set by radiologists and signed for by radiographers. All new policies or procedures were reviewed and signed by staff to confirm understanding.
- The service had a dual policy to support the trust and AML policies.
- AML provide various training courses for staff, and staff were encouraged to attend external courses relevant to their roles. Staff we spoke with told us that AML encouraged cross site training for staff.
- There was evidence of continual professional development at the service required for those members of staff registered with the Health Care Professional Council (HCPC). For example, some staff we spoke with were in progress of completing courses specific to their role.
- The service had separate patient pathways for children requiring oral sedation, patients requiring a DEXA scan, patients being scanned in the mobile MRI and static MRI, patients arriving on patient transportation and inpatients. Staff demonstrated clear knowledge of these pathways.

## Multidisciplinary working

- **Staff of different grades worked together as a team to benefit patients.**

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- Doctors and radiographers supported each other to provide good care.
- Staff reported they had good working relationships with each other. These included radiography staff, medical staff, administrative staff and the unit manager.
- Radiographers did not attend multidisciplinary meetings; however, the service manager attended the reporting backlog meetings.
- Radiographer staff did not need to attend multidisciplinary and discrepancy meetings but felt welcome to go if they wanted to. The unit was a scan only service, and trust staff attended these meetings.

## Seven-day services

- The service opened seven days a week, Monday to Friday 6.30am to 8.30pm and 7am to 7pm on Saturday and Sunday.
- The mobile unit operated from 8am to 7pm Monday to Friday.

## Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- Staff were clear about their responsibilities in relation to gaining consent from people, including those people who lacked capacity to consent to their care and treatment.
- The service had a consent policy and staff informed us that they explained the imaging procedure to patients and obtained verbal consent before proceeding. For imaging procedures requiring the use of injections (for example contrast), staff completed a checklist and consent form which patients were required to sign.
- Parents gave consent for children. Where written consent was required for an examination, a paediatric consent form was completed with the referrer.
- Children attended the service with their doctor and nurse, for very unwell children the doctor was present in the scanning room.

We rated caring as **good**.

## Compassionate care

- **Staff cared for patients with compassion.**
- 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' campaign. They explained their role and went on to fully describe what would happen next to patients.
- We observed staff treating patients with compassion and kindness in a friendly manner, introducing themselves and speaking to the patient throughout the scanning procedure as appropriate.
- We spoke with three patients during our visit and one relative. Patients were positive about their care and said staff were professional and treated them with dignity and respect. Patients were happy with their care and with the service.
- The service had a chaperone policy and where requested carers, or relatives could accompany patients. A chaperone poster was displayed clearly in the reception area for patients to see.
- Changing room with locks and lockers were available for patients. This meant that patients had a dedicated area to change into clothing more suitable for scanning, and a secure place to leave their belongings.
- An emergency cord was in the changing room, so that patients in distress could alert staff for medical assistance quickly.
- Senior staff we spoke with told us that patients would often verbally praise members of staff during their visits to the unit, and some were kind enough to put this in writing. These were then entered onto AML's reporting system.
- The unit participated in the Friends and Family Test. The question asked was 'How likely are you to

## Are diagnostic imaging services caring?

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recommend our services to friends and family if they needed similar care or treatment?'. The unit displayed the data for February 2019 which showed over 90% had indicated 'likely'.

## Emotional support

- **Staff provided emotional support to patient to minimise their distress.**
- We observed all staff communicating effectively with patients before, during and after their scan.
- We saw staff communicating with patients whilst they were in the scanner, and heard staff asking if the patients were ok, and providing reassurance to alleviate any anxiety.
- We saw a patient with claustrophobia being treated with care and staff took their time to reassure their patients.

## Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Patients we spoke with told us that staff would regularly update them on how long the wait was for their scan.
- Policies and procedures supported staff to care for patients, in relation to all clinical requirements including providing information to support consent, privacy and dignity, equality and diversity.
- We observed staff involving patients and their family members in their care. Throughout the patients scan radiographers informed patients of the time remaining for the scan.
- The service captured the patient email address onto their electronic system so that patient satisfaction surveys could be sent out to patients via emails.
- We observed staff informing patients on how to get their diagnostic results.
- We observed communication with patients throughout their scan to provide reassurance. We heard staff asking patients if they would like the radio on during their scan. Some patients requested not to be disturbed during the scan and this was respected.

## Are diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

### Service delivery to meet the needs of local people

- **The unit provided a service in a way that met the needs of local people accessing the service**
- The unit was a static unit based within the NHS trust hospital site.
- The unit offered a wide range of standard, complex and contrast based scans for muscular skeletal, urology, gynaecology, abdominal, neurological and ear nose and throat patients. The unit offered a service for patients of all ages.
- Mobile MRI scanners were made available to meet demand.
- We observed a notice board displaying up to date feedback information, from the friends and family test.
- To offer an increased choice for patients and referrers, the unit offered a seven-day service.
- Patients reported to a reception in a welcoming waiting area in the unit, where refreshments were available. Patients were then escorted to the unit by a member of imaging staff. The main door to the scan unit was locked via an electronic key pad.
- The unit was located on the ground floor of the building. Patients and visitors could access the unit through the trust or via a separate entrance to the building that led directly into the car park ideal for patients requiring a wheelchair or with limited mobility.
- Site maps in the trust had been updated and the trust had improved the signage to the Unit. These changes were made after comments, and feedback via the patient satisfaction surveys.
- The service had toys and books in reception for children and gave certificates to older children when they completed their scans.

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- There was no dedicated area for children, however children had access to toys in the waiting area.
- The provider's website provided useful information about the services offered and the referral process.

## Meeting people's individual needs

- **The service took account of patient's individual needs.**
- Patients had access to information leaflets on MRI and DEXA scanning in the waiting area.
- Staff confirmed that they could access interpreting services for patients, which were provided on request.
- The main reception area for the unit was spacious and had adequate seating. There was a smaller sub waiting area within the diagnostic unit, where staff could relay information to patients.
- Patients were offered a choice of appointments to suit their needs.
- Patients had access to a water dispenser in waiting areas and staff offered patients beverages whilst on the unit. Staff were able to provide refreshments for patients if required. Patients had access to magazines and could listen to radio whilst waiting for their appointment.
- There was air conditioning throughout the whole unit.
- We saw staff informing patients of when they could expect to receive the results from their scans, which was common practice in this service.
- The service provided a hearing loop in reception.
- The service had a disabled toilet.
- Patient transport and portering services were provided by the local NHS trust.
- The service had a MRI safe wheelchair and trolley which meant that it was compatible for use in the scanning room.
- The play leader from paediatrics arranged visits for children and parents to the unit prior to scans. They were developing their own literature to aid with children having MRI scans.

- Tours of the unit were available for anxious patients prior to their appointments. Patients suffering with claustrophobia were invited to visit the unit prior to their scans.
- Requests for same sex staff was accommodated if advance notice was given.
- Patients that required injections before their scan were obscured from other patients by a curtain.
- At the point of booking patients were given clear information on how to find the unit and of the parking requirements.

## Access and flow

- **People could access the service when they needed it.**
- The service accepted referrals from both private and NHS healthcare providers. If the static site lacked the capacity to fulfil their NHS contract a mobile MRI scanner, and generator were brought onto site, and used for as long as required.
- Staff informed us appointments were pre-booked in line with patient preference. The current scan only contract deemed that all patients needed to be scanned within five weeks on receipt of referral.
- If an appointment had to be cancelled due to any unexpected issue the patient's appointment was rebooked as soon as possible. Appointments were rebooked in the next few days, unless the patient requests a specific date to accommodate their personal lives. Over 70% of patients were very satisfied with the choice of appointment date and time offered to them and 21% of patients were satisfied.
- The senior radiographers and the MRI radiologists checked all the referrals electronically, Urgent referrals were prioritised. Urgent scans were booked within 1-2 weeks, routine scans were booked within 3-5 weeks.
- A local referral pathway was followed. MRI referrals that did not meet the criteria were rejected by the Radiologists and an electronic message was put against the rejected referral.
- DEXA referrals were reviewed by the technicians who were supported by the Radiologist.

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- DEXA referrals from the trust that were rejected followed the same local referral pathway. Local CCG referrals that were rejected were returned to the GP with a covering letter, this was posted or emailed.
- There were no cancellations of appointments due to non-clinical reasons in the last 12 months.
- There were 22 delays to planned procedures due to non-clinical reasons in the last 12 months. The main reasons for the delays included machine breakdown or other equipment failure. Other causes of delays included claustrophobic patients and patients not attending their appointment. There was readily available information for staff to follow in the event of a machine breakdown in the control area.
- The Did Not Attend (DNA) rate in the reporting period was 848 patients.
- The service reported that 23 private patients were scanned at this service during the reporting period March 2018- February 2019.
- The referral to scanning turnaround time for the MRI was between 11 to 14 days and for DEXA it was between 18 to 28 days.
- The turnaround time from the scan being completed to the referring clinician receiving the report for DEXA scans was between 3 and 7 days.
- NHS patients could also access the trust Patient Advice and Liaison service (PALS) office to raise a formal complaint.
- Complainants had support and guidance on how to raise their concerns through the customer care team and through The Independent Complaints Advocacy Service (ICAS). This is a service independent of the NHS designed to assist patient's relatives and carers in making a complaint, for non NHS patients only.
- NHS patients were also provided with details of Parliamentary and Health Service Ombudsman (PHSO) which were provided on the AML complaint leaflet.
- Patients and relatives had several ways of making a complaint. Complaints could either be raised verbally by speaking to the most senior member of staff on duty that day, or service users could make a complaint in writing or over the phone to the service manager.
- The registered manager was responsible for overseeing the management of complaints at this location.

## Are diagnostic imaging services well-led?

Good 

We rated well-led as **good**.

### Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- Patients and relatives had access to the AML complaints procedure leaflet which was displayed in the reception area.
- If a patient had any concerns or complaints, the issue was initially dealt with at a local level. If this was not possible then staff were able to provide the patient with a patient information leaflet explaining how to make a complaint.
- All lessons learned from concerns and complaints, including the actions agreed, were shared with staff via the risk bulletin.
- The provider received one written compliment in the last 12 months and one complaint.

### Leadership

- **The manager in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- The unit was led by a manager who reported to the senior manager for London sites who in turn reported back to the executive board at the provider level.
- Staff were complimentary about the manager of the unit and said management was open and the unit was guided by clinical support. Staff felt like an equal member of the team.
- The senior members of the team led by example and maintained their clinical competency and skills by working as part of the scanning team.

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- Staff, including doctors said the leadership was visible and approachable and they could get things done quickly.
- Staff described the leadership as good and flexible to individual staff needs.
- The service had been accredited by the Investor in People.

## Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and keys partners with whom they worked.**
- The service followed the Alliance Medical Limited strategy.
- Policies and procedures included corporate strategy included the vision for AML and the values.
- Staff knew that the vision was called intelligent imaging but were unable to recall all the values of AML. These values were displayed in the staffroom.

## Culture

- **There was a positive culture at the unit that supported and valued staff, creating a sense of common purpose based on shared values**
- The manager in the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The staff we spoke with were positive and happy in their role and stated the service was a good place to work.
- All staff we spoke with including radiographers, administrative staff and medical staff reported there was a positive culture within the service. Staff said they loved working there.
- The service had a high retention rate and some of the staff had worked with the provider for 10 to 30 years.

## Governance

- **The service systematically improved service quality and safeguarding high standards of care by creating an environment for excellent clinical care to flourish.**

- The service had a robust local governance structure in place which was supported by the regional quality and risk manager.
- Local staff meetings were conducted monthly with an agenda these meetings were minuted. The meeting minutes were sent to staff by the manager, the manger checked that the minutes were read via email request to read receipts. We reviewed recent staff meeting minutes and saw that incidents were discussed.
- The unit manager attended bi-monthly unit manager meetings for the region (consisting of six service locations) and annual national unit manager meetings.
- The providers medical director was responsible for the corporate clinical oversight for the service.
- The provider held quarterly corporate clinical governance meetings attended by the director of quality and risk and the medical director amongst others. We reviewed the minutes of the last four meetings which showed senior staff discussed incidents, complaints, patient experience, IPC and turnaround times. Updates were discussed from the clinical advisory committee, the IPC committee, medical emergencies committee and the medicines quality committee. Staff also discussed regulatory updates, policies and procedures updates and the risk register.
- Risky business bulletins were sent out by the AML governance team. The bulletins were emailed to all staff once a month and contained learnings and outcomes of incidents across the organisation.
- The images for MRI patients were downloaded on the trust picture archiving and communication systems.
- The service main contract with the NHS trust stated that the service must ensure that there was medical professional indemnity insurance and public liability insurance, which the unit had.
- The service was accredited by the Imaging Services Accreditation Scheme (ISAS) since July 2018.

## Managing risks, issues and performance

- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**

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- The unit manager, supported and monitored all staff, ensuring that training was up to date and any areas of development were addressed. Performance Development Reviews (PDRs) were aligned to the corporate and unit objectives to support staff development.
- The service had started informal huddles which were also known as handovers where safety concerns were mentioned. This occurred daily and before each shift.
- Learning from incidents was shared via a monthly risk bulletin.
- Risk Management was via a co-ordinated approach, supported by risk assessments and procedures, collated through the electronic risk management system. We saw completed risk assessments were for radiation in February 2018 and a completed risk assessment for unauthorised entry to the scanning room.
- There was a written contingency plan available for staff to follow in the event of electrical failure.
- We saw that the radiation protection report was completed in June 2018.
- In the event of an incident, the service learnt lessons and compared outcomes with other AML sites to improve services to service users.
- The unit had a local risk register and was subject to an annual Quality Assurance Review (QAR), which was aligned to national guidance in support of a safe and effective service. Actions from the QAR report and other audits were monitored locally and at corporate level.
- The service had a backup emergency generator in case of failure to essential services. This was tested during planned machine down times which were mostly at the weekend.
- All outcomes of incidents were shared corporately via Risky Business monthly bulletins. These were displayed locally on the staff notice board and discussed at staff meetings.

## 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 the AML computer systems. They could access policies and resource material from both organisations.
- There were enough computers in the service which meant that staff had sufficient access to AML systems when they needed to.
- Electronic patient records were password protected to prevent unauthorised access.
- The service had achieved accreditation with the International Organisation for Standardisation for appropriate management of patient identifiable information, ISO 27002, since June 2018.

## Engagement

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

- Patient satisfaction surveys were sent to all those who had been scanned in the department to gain feedback on the service received. This feedback was positive, however the information we received did not detail the response rate. We were told by senior staff that there had been a decrease in response rates since the service moved to digital feedback.
- The results from the patient's surveys were fed back to the manager monthly and the results were displayed each month on notice boards, in the reception area, for the staff and public to see. These results were also discussed at the monthly staff meetings.
- 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. We asked the provider for the results of the staff survey but we did not receive them, 72% of staff participated in the 2018 staff survey and results were published on the intranet pages.

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- AML supported the NHS diversity plan and the NHS Workforce Race Equality Standard (WRES). This was achieved by an employee self-service system whereby colleagues could populate their personal information and by an employee experience survey. This was an additional staff survey focusing on career progression, promotion, harassment, bullying, abuse and discrimination.
- Staff we spoke with said that the service used a team messaging service on personal phones to share relevant communications about the service.

## Learning, continuous improvement and innovation

- **The service was committed to improving their services by learning from when things went well or wrong, promoting training, research and innovation.**
- The service was currently working with the play specialists from the children's wards to provide support in the development of an information book for children due for a MRI scan.



# Outstanding practice and areas for improvement

## Areas for improvement

### **Action the provider SHOULD take to improve** **Action the provider SHOULD take to improve**

- The provider should ensure competencies are formally documented and well maintained.
- The provider should ensure that corporate AML values are known and understood.