

InHealth Diagnostic Centre Stratford

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Not sufficient evidence to rate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

InHealth Stratford is operated by InHealth Limited (InHealth). The service provides MRI (Magnetic Resonance Imaging) diagnostic facilities for adults and young people over the age of 16 years.

We inspected MRI diagnostic facilities.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 30 October 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

Summary of findings

are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

The main service provided by this unit was MRI.

Services we rate

This was the first inspection of this service. We rated it as **Good** overall.

We found good practice in relation to diagnostic imaging:

- There were effective systems in place to keep people protected from avoidable harm.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs.
- There was a programme of mandatory training which all staff completed, and systems for checking staff competencies.
- Equipment was maintained and serviced appropriately and the environment was visibly clean.
- Staff were trained and understood what to do if a safeguarding issue was identified.
- Records were up to date and complete and kept protected from unauthorised access.
- Incidents were reported, investigated and learning was implemented.
- The service used evidence based processes and best practice, this followed recognised protocols. Scans were timely, effective and reported on in good time.

- Staff were competent in their field and kept up to date with their professional practice.
- Staff demonstrated a kind and caring approach to their patients and supported their emotional needs.
- Appointments were available during the evening, at weekends and at short notice if required.
- The referral to scan times and scan to reporting times were appropriate and well within expected ranges. Complaints from patients were taken seriously and acted upon.
- The service had supportive and competent managers. Staff understood and were invested in the vision and values of the organisation. The culture was positive and staff demonstrated pride in the work and the service provided.
- Risks were identified, assessed and mitigated. Performance was monitored and performance information was used to make improvements.

However, we also found the following issues that the service provider needs to improve:

- The provider should ensure that the anaphylaxis box has a label detailing its contents and a record sheet with the date, name, signature and role of the person checking its contents.
- The service should ensure cleaning records are recorded daily and up to date.

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

Nigel Acheson

Deputy Chief inspector of Hospitals (London and the South East)

Summary of findings

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Good



InHealth Diagnostic Centre Stratford

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to InHealth Diagnostic Centre Stratford

This report relates to MRI services provided by InHealth Stratford.

InHealth was established over 25 years ago following an aspiration to meet some of the health economy's most pressing challenges – reducing waiting times, speeding up diagnoses, saving money, improving patient pathways and enhancing the overall patient experience. Efficiency models from manufacturing programmes using Lean / Six sigma were adapted to develop healthcare services focused on continuous quality improvement. The organisation was successful in winning contracts and has grown due to its access to capital for investment, its ability to design and adapt healthcare solutions to meet changing demands, demonstrate value for money and to work collaboratively with its NHS and private sector partners.

The InHealth diagnostic centre at Stratford, first opened in July 2013.

The unit provides a wide range of magnetic resonance imaging examinations to private patients and NHS patients referred from the NHS through clinical commissioning group (CCG) contracts directly with InHealth. The unit serves patients from all over London.

The service has an operations manager that had been in post since August 2017. The service did not have a registered manager at the time of inspection, However, the operations manager had applied for registration with the CQC at the time of inspection and was registered on 16 November 2018.

We inspected this service on 30 October 2018.

The service primarily serves the communities of Newham, Waltham Forest, and Tower Hamlets. It also accepts patient referrals from outside this area.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in magnetic resonance imaging (MRI). The inspection team was overseen by Sheona Keeler, Inspection Manager.

Information about InHealth Diagnostic Centre Stratford

The InHealth Stratford Diagnostic Centre has two magnetic resonance imaging (MRI) scanners. The site also has five clinical rooms that provide peripartetic, (travelling from unit to unit), ultrasound, physiological measurements, echocardiogram, and abdominal aortic aneurysm (AAA) screening. We did not inspect these services. All services other than MRI at InHealth Stratford are provided on an ad-hoc basis by InHealth and are registered separately with the CQC and managed by a separate operations manager employed by InHealth.

InHealth Stratford is registered to provide the following regulated activities:

- Diagnostic and screening procedures

During the inspection we spoke with nine staff including; the director of operations, operational manager, superintendent radiologist, radiology staff and clinical assistants. We spoke with eight patients.

There were no special reviews or investigations of the unit on-going by the CQC at any time during the 12 months before this inspection. This was InHealth Stratford's first inspection since registration with CQC.

In the reporting period 1 November 2017 to 31 October 2018 InHealth Stratford provided 21,398 attended appointments.

Summary of this inspection

Staff in the unit consisted of 0.3 WTE operations manager, 10 WTE radiographers, 0.3 clinical coordinator WTE, one WTE superintendent radiographer, seven WTE clinical assistants and two WTE trainee radiographers.

Track record on safety

- No Never events.
- No serious injuries.
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA).
- No incidences of healthcare acquired Meticillin-sensitive staphylococcus aureus (MSSA).
- No incidences of healthcare acquired Clostridium difficile (c. diff).
- No incidences of healthcare acquired Escherichia coli (E-Coli).
- No deaths.
- Nine formal complaints of which two were upheld.

Services accredited by a national body:

- International Organization for (ISO - information security management systems – ISO 27001 2013 - August 2013 to December 2019
- ISO 9001: 2015 – December 2001 to December 2019
- Investors in People Gold award - December 2016 to December 2019.
- Improving Quality in Physiological Services (IQIPS) adult and children's physiology- July 2016 to July 2021

Services provided under service level agreement:

- Clinical and or non-clinical waste removal
- Building Maintenance
- Laundry
- Maintenance of medical equipment
- Registered medical officer (RMO) provision
- Radiology reports

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Good** because:

- There was an open incident reporting culture within the unit and an embedded process for staff to learn from incidents.
- All staff demonstrated an understanding of the duty of candour and the principles behind this.
- Staff were knowledgeable about safeguarding processes and what constitutes abuse.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs. They were supported by a programme of mandatory training in key safety areas.
- Equipment was serviced and processes were in place to ensure all items were well maintained.
- The environment was visibly clean.

However, we also found the following issue that the service provider needs to improve:

- The anaphylaxis box did not have a label detailing its contents and a record sheet with the date, name, signature and role of the person checking its contents.
- Daily cleaning records were not always up to date.

Good



Are services effective?

We do not currently rate effective for diagnostic imaging.

- Policies, procedures and guidelines were up to date and based on National Institute for Health and Care Excellence (NICE) guidelines, relevant regulations and legislation.
- Staff worked collaboratively as part of a multi-professional team to meet patients' needs.
- There were systems to show whether staff were competent to undertake their jobs and to develop their skills or to manage under-performance.
- There was effective multidisciplinary team working throughout the unit and with other providers.
- Staff had regular development meetings with their unit manager, and were encouraged to develop their roles further.
- Information provided by the unit demonstrated 100% of staff had been appraised.
- There was a lack of training for staff in the requirements of the Mental Capacity Act 2005 and associated guidance.

Not sufficient evidence to rate



Summary of this inspection

Are services caring?

We rated caring as **Good** because:

- Patients were treated with kindness, dignity and respect. This was reflected in feedback we received from patients.
- Patients received information in a way which they understood and felt involved in their care. Patients were always given the opportunity to ask staff questions, and patients felt comfortable doing so.
- Staff provided patients and those close to them with emotional support; staff were supportive of anxious or distressed patients

Good



Are services responsive?

We rated responsive as **Good** because:

- Services were planned and delivered in a way that met the needs of the local population. The service was planned with the needs of patients in mind.
- Patients individual needs were met, including consideration of the needs of patients living with dementia and learning disability.
- Staff were encouraged to resolve complaints and concerns locally.
- Patient complaints and concerns were managed according to the InHealth policy.
- Complaints were investigated and learning was identified and shared to improve service quality.
- The unit ensured a quick turnaround on the reporting of procedures. Time taken for reporting was usually between two to five days.
- On the day appointments could be provided for patients, as well as a range of appointment times being offered for patients who worked during the week.
- Patients could access services easily; appointments were flexible and waiting times short. Appointments and procedures occurred on time.

Good



Are services well-led?

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

- The provider had a clear vision and values which were realistic and reflected through team and individual staff member objectives.
- There was a clear governance structure, which all members of staff were aware of. There was evidence of information escalated from local level governance meetings and information cascaded from provider level governance meetings.

Good



Summary of this inspection

- Staff were positive about their local leaders and felt they were well supported.
- The unit had its own risk register and managers had clear visibility of the risks and were knowledgeable about actions to mitigate risks.
- There was a culture of openness and honesty supported by a whistle blowing policy and freedom to speak up guardian.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Good 

This was the first inspection for this service. We rated safe as **good**.

Mandatory training

Annual mandatory training courses were undertaken and regularly updated. Mandatory training included 'face to face' and 'e-learning' modules. Staff training files included a contemporaneous training record. This included details of training undertaken including; fire safety and evacuation, health and safety in healthcare, equality and diversity, infection prevention and control, moving and handling objects and moving and handling people/patients, safeguarding adults, safeguarding children level 2, customer care and complaints, basic life support (BLS) and data security awareness.

Mandatory training rates were regularly reviewed at InHealth Stratford's quarterly team meetings.

At the time of this inspection, 100% of staff had completed or had mandatory training in progress.

Safeguarding

The lead for adults and children's safeguarding was the nominated individual who was trained to level four. (A nominated individual is a person within a service nominated to act as the main point of contact with the Care Quality Commission (CQC).

Staff were trained to recognise adults at risk and were supported by the InHealth safeguarding adults' policy. Staff we spoke with demonstrated that they understood their responsibilities and adhered to the company's safeguarding policies and procedures.

At the time of this inspection all staff had received safeguarding adults training.

All staff had received training in safeguarding children and young people level two, as it was possible children would be scanned. This met intercollegiate guidance: 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff', March 2014. Guidance states all non-clinical and clinical staff that have any contact with children, young people, parents or carers should be trained to level two safeguarding.

Staff we spoke with were aware of the Department of Health (DoH) female genital mutilation and safeguarding guidance for professionals March 2016. Staff told us if they were concerned about any patients they would refer their concerns to the local safeguarding team.

InHealth Stratford did not provide services for children under the age of 16 years. However, we saw contact numbers for all local adult and child safeguarding team referrals were located in the unit's office. The contact details for the InHealth safeguarding team were also located in the office.

Weekly complaints, litigation, incidents and compliments (CLIC) meeting and InHealth biannual safeguarding board's monitored compliance with safeguarding policies and raising concerns processes. The boards identified themes from incidents and set improvement goals.

Cleanliness, infection control and hygiene

Diagnostic imaging

InHealth had infection prevention and control (IPC) policies and procedures in place which provided staff with guidance on appropriate IPC practice in for example, communicable diseases and isolation.

During this inspection we saw that all areas of the service to be visibly clean. An external cleaning company cleaned the scanning room at the end of each day apart from the MRI scanning room which was cleaned by the radiographers. This was recorded on a daily check sheet which was reviewed by the operations manager each week. However, we found some dates in the week commencing 29 October 2018 were incomplete. This meant the registered manager could not be assured that cleaning took place on specific days.

Staff followed manufacturers' instructions and the InHealth IPC guidelines for routine disinfection. This included the cleaning of medical devices, including MRI coils, between each patient and at the end of each day. We saw staff cleaning equipment and machines following each use. We reviewed all machines in use during this inspection, and saw where appropriate disinfection of the machines had taken place.

All the patients we spoke with were positive about the cleanliness of the unit and the actions of the staff with regards to infection prevention and control. Patients told us, "It's always clean", "They do wash their hands before they do anything". All the staff we observed demonstrated compliance with good hand hygiene technique in washing their hands and using hand gel when appropriate.

Between October 2017 and October 2018 there had been no incidences of health care acquired infection in the unit.

Hand hygiene audits were completed to measure staff compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients. Results for the reporting period January 2018 to September 2018 showed a compliance rate of 100%. Hand hygiene results were communicated to staff through the unit's staff meetings and via email.

The unit IPC lead was responsible for supporting staff, ensuring annual IPC competency assessments and

training were carried out and undertaking IPC audits. IPC audits were completed monthly. Results for the 12 months preceding this inspection demonstrated that the unit regularly achieved 100 % compliance.

Staff had access to hand washing facilities. Throughout the inspection we found all staff were compliant with best practice regarding hand hygiene.

Staff were bare below the elbow and had access to a supply of personal protective equipment (PPE), including gloves and aprons. We saw staff using PPE appropriately.

We witnessed staff adherence to NICE QS61 Statement 5, (People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal). A registered medical officer (RMO) would be on site at the unit for any invasive procedures, staff told us vascular access devices would be disposed of correctly in a contaminated sharps container. We saw containers were available for the safe disposal.

Waste was handled and disposed of in a way that kept people safe. Waste was labelled appropriately and staff followed correct procedures to handle and sort different types of waste.

Environment and equipment

The layout of the unit was compatible with health and building notification (HBN06) guidance. Access was via Stratford High Street. There was a ground floor reception area with a reception desk that was staffed during opening hours. The reception area provided a range of magazines, refreshments and toilet facilities for patients and relatives.

Scanning areas were located in the basement and on the first floor. These were accessible by a lift or stairs. Both floors had scanning observation areas. These ensured patients were visible to staff during scanning.

The fringe fields around the MRI scanner were clearly displayed, (this is the peripheral magnetic field outside of the magnet core. This reduces the risk of magnetic interference with nearby electronic devices, such as pacemakers. Although the strength of the magnetic field decreases with distance from the core of the magnet, the effect of the "fringe" of the magnetic field can still be relevant and have influence on external devices).

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Staff had sufficient space to move around the scanner and for scans to be carried out safely. During scanning all patients had access to an emergency call/panic alarm, ear plugs and ear defenders. Patients could have music of their choice played whilst being scanned. There was also a microphone that allowed contact between the radiographer and the patient at all times.

In accordance with Medicines and Healthcare products Regulatory Agency (MHRA) guidance, 5.4.6, scanning rooms were equipped with oxygen monitors to ensure that any helium gas leaking (quench) from the cryogenic Dewar (this is a specialised type of vacuum flask used for storing cryogens such as liquid nitrogen or liquid helium), would not leak into the examination room, thus displacing the oxygen and compromising patient safety. Scanning rooms were also fitted with an emergency quench switch which was protected against accidental use and initiated a controlled quench and turned off the magnetic field in the event of an emergency. The magnet was also fitted with emergency “off” switches, which suspend scanning and switch off power to the magnet sub-system, but will not quench the magnet. Staff we spoke with were fully aware of actions required in the event of an emergency quench situation.

An MRI safe wheelchair and trolley were available for patients in the event that they would need to be transferred from the scanner in an emergency.

MRI intravenous giving sets were single use and ‘CE’ marked, (CE is an abbreviation of the French phrase “Conformité Européene” which literally means “European Conformity”, in accordance with the European Directive 93/68/EEC, 1993).

There were systems in place to ensure repairs to machines or equipment, when required, were timely. This ensured patients would not experience prolonged delays to their care and treatment due to equipment being broken and out of use. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme.

During our inspection we checked the service dates for equipment, including scanners. All the equipment we checked was within the service date. The generators were also tested monthly on a planned schedule to ensure patient scanning was not affected.

Failures in equipment and medical devices were reported through the InHealth technical support team. Staff told us there were usually no problems or delays in getting equipment repaired. Equipment breakdown was logged on the InHealth incidents log to enable the company in monitoring the reliability of equipment.

All equipment conformed to relevant safety standards and was regularly serviced. All non-medical electrical equipment was tested. We viewed servicing records for the MRI scanner. These included downtime and handover time.

Scales for weighing patients were available in the unit and had been appropriately service tested. Staff told us, in the event the weigh scales developing a fault or being unfit for use, a replacement set was available and the fault would be reported to the InHealth technical support team.

We checked the resuscitation equipment on the MRI unit. The resuscitation equipment appeared visibly clean. Single-use items were sealed and in date and emergency equipment had been serviced.

Records indicated resuscitation equipment had been checked daily by staff and was safe and ready to use in the event of an emergency.

There were procedures in place for removal of a collapsed patient from the MRI scanner. Staff told us they had practised the evacuation of a patient from the MRI scan room and it had gone smoothly using an MRI safe trolley.

All relevant MRI equipment was labelled in accordance with recommendations from the Medicines and Healthcare products Regulatory Agency (MHRA). For example, ‘MR Safe’, ‘MR Conditional’, ‘MR Unsafe’. All equipment in the assessment area was labelled MR unsafe.

Access to the MRI room was via a coded controlled door. There was signage on all doors explaining the magnet strength and safety rules.

Room temperatures were recorded as part of the daily MRI checks. We reviewed room temperature records on the online daily check sheet and saw temperatures had been checked and were within the required range. We spoke with staff who told us that where temperatures

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were not within the required range the scanner would not work and this would be escalated to the operations manager and the service company automatically by the MRI scanner itself.

We reviewed the August 2018 environment and health and safety audit. We found compliance with InHealth key performance indicators (KPI) was 100% in all areas.

Assessing and responding to patient risk

Staff assessed patient risk and developed risk management plans in accordance with national guidance. For example, the unit used a magnetic resonance imaging patient safety questionnaire. Risks were managed positively and updated appropriately where a change in the patient's condition including the management of claustrophobic patients.

Patients had the choice of wearing their own clothes or changing into a gown prior to the scan. This was due to the strong magnetic fields used by MRI scanners, and metallic items on patients clothes carrying accident risks. Most of the patients we saw during the inspection changed into a gown. However, one patient told us they had brought a track suit with them and changed into it on-site. All patients told us they were given information, were risk assessed and had signed a form to accept they had understood the risks in regards to their choice of clothing and MRI scanning.

There were clear pathways and processes for staff to assess people using services that were clinically unwell and needed to be admitted to hospital. For example, the InHealth routine MRI guidance policy was available to guide staff in referring patients to an emergency department for conditions related to spine. Patients that became unwell in the unit would be referred to their GP. Staff told us that if a patient required more urgent treatment they would call 999.

The service ensured that the 'requesting' of an MRI was only made by staff in accordance with the MHRA guidelines. All referrals were made using dedicated MRI referral forms which were specific to the contract with the commissioning group. All referral forms included patient identification, contact details, clinical history and the type of examination requested, as well as details of the referring clinician/ practitioner.

Signs were located throughout the unit in both words and pictures highlighting the contra-indications to MRI including patients with heart pacemakers, patients who had a metallic foreign body, such as an aneurysm clip in their brain could not have an MRI scan as the magnetic field may dislodge the metal.

In accordance with NICE acute kidney injury (AKI) guidelines and the Royal College of Radiologists standards for intravascular contrast agent administration, all patients referred for MRI were blood tested for kidney function prior to scanning to reduce the risk of contrast induced nephropathy (CIN), (this is a renal impairment or acute kidney injury occurring within 48 hours of administration of intravascular radiographic contrast material that is not attributable to other causes).

Staff we spoke with explained the processes to escalate unexpected or significant findings both at the time of the examination and upon reporting. These were in accordance with the InHealth routine MRI guidance policy.

InHealth had a pathway for unexpected urgent clinical findings. In the case of NHS patients, an urgent report request was sent to the external reporting provider. Once the report was received (within 24 hours), an email was sent to the referrer to highlight an urgent report was required. In addition to this, the InHealth picture archiving and communication system (PACS) team also contacted the referrer by phone to inform them an urgent report had been sent. The name of the person who was spoken with at the referring service was recorded on the InHealth database. The referring service were asked to acknowledge that an email with the report had been received and this was recorded on the InHealth system.

If a patient was a private patient, the reporting radiologist was contacted by a member of staff from InHealth Stratford to advise them that an urgent report was required. This ensured the report received prompt attention.

If radiographers thought a patient needed urgent medical attention, the patient was advised to attend their local accident and emergency department.

All images could be sent to referrers urgently via the image exchange portal.

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Medical emergency procedures were regularly audited. We viewed the unit's medical emergency audit dated August 2018. This included a check on staff awareness of the unit's standard operating procedure (SOP) for resuscitation, medical emergency and cardiac arrest.

There were processes to ensure the correct person got the correct radiological scan at the right time. The service had a Society of Radiographers (SoR) poster within the unit. The posters acted as an aide memoire for staff reminding them to carry out checks on patients.

We also saw staff using the SoR "paused and checked" system. Pause and check consisted of a system of three-point demographic checks to correctly identify the patient, as well as checking with the site or side of the patients body that was to have images taken and the existence of any previous imaging the patient had received. This enabled the MRI operator in ensuring that the correct imaging modality was used, and the correct patient and correct part of the body was scanned.

All clinical staff were basic life support (BLS) and automated external defibrillator (AED) trained. All administration staff were BLS trained.

Radiography staffing

InHealth used a purpose built 'staffing calculator', designed to take account of expected, and a degree of unexpected, absences; ensuring sufficient staff availability across all operational periods. This had been developed by InHealth from years of experience of successfully running 'community' and 'in-hospital' diagnostic services. Required staffing levels were calculated using core service information including: operational hours, patient complexity and service specifications, physical layout and design of the facility/ service, expected activities, training requirements, and administrative staffing requirements. Staffing levels had been set following extensive working time studies, analysing average task time requirements. This ensured sufficient staff to support patients a needs.

The clinical coordinator was responsible for clinical shifts being rostered in accordance with InHealth 'Working Time Regulations' policy. The clinical coordinator was trained in rostering and used the staffing tool to ensure safe staffing numbers. The operations manager was responsible for monitoring the hours worked by staff and ensuring they did not exceed working time limits. This

included ensuring staff working longer than 6 hours at a time received a 20-minute rest break. Workers were entitled to a daily rest period of at least 11 hours uninterrupted rest in every 24 hour period, as well as a weekly rest period of 24 hours uninterrupted in every seven day period. The operations manager was able to flex staffing numbers to meet operational requirements.

Staff in the unit consisted of 0.3 whole time equivalent (WTE) operations manager, 10 WTE radiographers , 0.3 clinical coordinator WTE, one WTE superintendent radiographer, seven WTE clinical assistants and two WTE trainee radiographers. (Trainees had a written agreement between InHealth and their place of study).

Business continuity plans were in place to guide the service when responding to changing circumstances. For example, sickness, absenteeism and workforce changes. Agency staff were rarely used at InHealth Stratford. Shifts were usually covered by the unit's own staff. This ensured staff continuity and familiarity with the unit.

We were told that intravascular (IV) contrast administration was carried out occasionally at the unit. However, we saw that protocols were in place including having an external registered medical officer (RMO) on-site to treat any severe contrast reactions patients may have during scanning, including anaphylaxis. The unit did not have permanent medical staff on-site. RMO provision was provided by an agency via a written agreement for the provision of RMO services.

Once a month the externally contracted RMO covered one shift to support the unit's radiographers at a contrast clinic. The RMO had completed the InHealth 'Induction Checklist for Agency staff and Contractors.' Data provided by the unit showed that in the three months prior to our inspection three shifts had been covered by an agency RMO.

All staff we spoke with felt that staffing was managed appropriately

Radiologists were provided by a service level agreement (SLA) with an external provider. Radiographers told us they could contact a radiologist at the external provider for advice at any time.

Medical staffing

Diagnostic imaging

The service did not employ any medical staff. However, there was a contract for an agency RMO to provide support for radiographers at the monthly contrast clinic.

The unit had a contract for an external agency to provide reports written by a reporting radiologist.

Records

Staff kept and updated individual patient care records in a way that protected patients confidentiality. Patient care records were electronic and were accessible to staff.

Patients completed a MRI safety consent checklist form consisting of the patients' answers to safety screening questions and also recorded the patients' consent to care and treatment. This was later scanned onto the electronic system and kept with the patients' electronic records.

Patients' personal data and information were kept secure. Only authorised staff had access to patients' personal information. Staff training on information governance and records management was part of the InHealth mandatory training programme.

Staff completing the scan, updated the electronic records and submitted the scan images for reporting by an external radiologist. The unit had a service level agreement in place with a private provider of diagnostic imaging reports, this included quality assurance agreements in regards to the auditing of reports to review the quality of images provided, clinical errors in the report, and a review of the quality of the transcribed report.

The quality of images was peer reviewed locally and quality assured on a corporate level. Any deficiencies in images were highlighted to the member of staff for their learning.

We reviewed five patient care records during this inspection and saw records were accurate, complete, legible and up to date. Paper records were shredded in accordance with the InHealth policy once the paper based information was uploaded onto the electronic records system.

The service provided electronic access to diagnostic results and could share information electronically if referring a patient to a hospital for emergency review.

The radiology information system (RIS) and picture archiving and communication system (PACS) was secure and password protected. Both systems were secure and each member of staff had their own personal password.

All the forms completed by patients were scanned and transferred electronically to the patient management system (XRM), which was also accessible by the InHealth patient referral centre (PRC) to enable further communication with referrers.

Medicines

Medicines were not used in InHealth Stratford due to the unit having a remit to provide scanning for low risk patients. However, anaphylactic boxes were available and stationed with the resuscitation equipment. These were sealed and tagged with the expiry date of the next item needing replacement on the tag, including medicines. But, there were no records of what the box contained, or of when it was checked or by whom. This meant that staff could not be assured of the contents of the box and whether drugs were in date in the event of a patient requiring these.

Staff were trained on the safe administration of contrast media including IV contrast. Contrast media, sometimes called a MRI contrast media, agents or 'dyes', are chemical substances used in magnetic resonance imaging (MRI) scans. The contrast medium is injected intravenously (into a vein) as part of an MRI scan. We reviewed staff competency files and saw all staff had received this training. We observed three patients during our inspection, all patient allergies were documented and checked on arrival in the unit.

Patients were given a patient information card post scan which documented that they had received contrast. The card directed patients to seek advice from their GP or hospital accident and emergency department if feeling unwell after leaving the unit. The card explained that patients should show the information card to the GP or hospital to inform them of what they had received.

Patient group directions (PGDs) were used for administration of contrast media and anaphylactic drugs. PGDs allow some registered health professionals, such as radiographers, to give specified medicines to a

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predetermined group of patients without them seeing a doctor. We saw, in staff training files, where staff had been assessed as competent in the provision of contrast media and use of PGDs.

The unit did not have an on-site pharmacist. However, InHealth had a consultant pharmacist who issued guidance and support at a corporate level and worked collaboratively with the InHealth clinical quality team on all issues related to medicines management. Staff told us they could contact the InHealth pharmacist if they had any concerns in regards to medicines patients were taking.

Incidents

The service had an incident reporting policy and procedure in place to guide staff in the process of reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, and investigate and record near misses. Staff reported incidents using an electronic reporting system. Between August 2017 and 21 February 2018, the unit reported 30 incidents through the incident reporting system. Most incidents in the period involved booking issues, with 17 booking issues being reported in the period. For example, there were a number of incidents where brain scans had been booked in at the unit. The unit did not do brain scanning. On 5 August 2017 it was a clinic and 8 November 2017 it was the PRC. In all incidents of booking issues the unit had taken action to address patients being booked incorrectly directly with the source of the referral or the point of triage.

Learning from incidents was shared with staff at the unit via staff meetings.

During the period September 2017 to August 2018 there had been no serious incidents requiring investigation, as defined by the NHS Commission Board Serious Incident Framework 2013. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive investigation.

There had been no 'never events' in the previous 12 months prior to this inspection. Never events are serious incidents that are entirely preventable as guidance, or

safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.

There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. The duty of candour is a regulatory duty that relates to openness and transparency and 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.

Incidents were reviewed weekly at the clinical governance complaints, litigation, incidents and compliments (CLIC) meeting. The clinical governance team analysed incidents and identified themes and shared learning to prevent reoccurrence at a local and organisational level.

An InHealth organisational policy and procedure was available to staff providing guidance on the process to follow if an incident was to occur that met the requirements of the duty of candour regulation. All staff had been trained and made aware of duty of candour and what steps to follow where it was required.

The online incident reporting system generated a duty of candour alert when a serious incident that met the duty of candour requirements, this prompted staff to give consideration to them.

Staff we spoke with demonstrated that they understood the requirements of the duty of candour regulation. Incidents involving patient or service user harm were assessed with the 'notifiable safety incident' criteria as defined within regulation 20 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Incidents meeting this threshold were managed under the organisations 'adverse events (incident) reporting and management policy' and 'Duty of Candour, procedure for the notification of a notifiable safety incident' standard operating procedure.

National patient safety alerts (NPSA) that were relevant to the unit would be communicated by email to all staff. All staff had to accept emails with mandatory information in them this evidenced that they had been read. There were processes to ensure the right person got the right radiological scan at the right time.

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Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

This was the first inspection for this service. We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

Patients care and treatment was delivered and clinical outcomes monitored in accordance with guidance from the National Institute for Health and Care Excellence (NICE). NICE guidance was followed for diagnostic imaging pathways as part of specific clinical conditions. For example, NICE CG75 Metastatic spinal cord compression in adults.

Staff assessed patients' needs and planned and delivered patient care in line with evidence-based, guidance, standards and best practice. For example, staff followed the MHRA guidelines safety guidelines for magnetic resonance imaging equipment in clinical use. An audit was carried out annually to assess clinical practice in accordance with local and national guidance.

Nutrition and hydration

Patients had access to water and hot drinks whilst awaiting their scan. During our inspection we observed staff offering patients drinks before and after they were scanned. Patients could also help themselves to hot and cold drinks in the main reception area.

Pain relief

Pain assessments were not undertaken at InHealth Stratford. Patients managed their own pain and were responsible for supplying any required analgesia. We were told patients received a letter prior to the procedure advising them to continue with their usual medications. We saw staff asking patients if they were comfortable during our inspection.

Patient outcomes

The service recorded the times taken between a referral being received for a scan and the time it took for a scan to be booked. They also recorded the time from the scan to when the scan was reported on.

Staff compared and audited key elements of the referral and scanning pathway and these were benchmarked with other InHealth locations.

Audits of the quality of the images were undertaken at a corporate level. Any issues were fed back to local services for quality assurance purposes and learning and improvement.

InHealth quality audits were undertaken annually and used to drive service improvements. The service audited 14 individual areas including, patient experience, health and safety, medical emergency, safeguarding, equipment and privacy and dignity.

Competent staff

All staff received a local and corporate induction and underwent an initial competency assessment.

Staff had the right skills and training to undertake the MRI scans. This was closely monitored at a corporate level and locally by the operations manager. Staff skills were assessed as part of the InHealth recruitment process, at induction, through probation, and then ongoing as part of staff performance management and the InHealth appraisal and continuous professional development (CPD) process.

All staff were required to complete the InHealth mandatory training programme as well as role specific training to support ongoing competency and professional development. We viewed three staff CPD records and found these included case studies, reflections on practice, self-directed learning, and skills training.

Local induction for all staff ensured staff were competent to perform their required role. For clinical staff this was supported by a comprehensive competency assessment toolkit which covered key areas applicable across all roles including equipment, and clinical competency skills relevant to their job role and experience. We viewed eight radiographers' induction records and saw these included induction and competency checklists which were signed and dated by the clinical lead to indicate the radiographer was competent in specific tasks and the use of equipment. We also saw induction records for six clinical assistants. This included an assessment of clinical

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assistants skills and knowledge. Clinical assistants were also graded according to the InHealth competency framework, with a 'C' grade indicating when the staff member was competent in a specific task.

Staff we spoke with told us InHealth Group Limited had a comprehensive internal training programme for magnetic resonance imaging (MRI) aimed at developing MRI specific competence following qualification as a radiographer. Modality specific training was given in magnetic resonance imaging safety led by the InHealth magnetic resonance safety expert and MRI clinical lead that held the international magnetic resonance safety officer (MRSO) certificate.

Staff had the opportunity to attend relevant courses to enhance the professional development and this was supported by the organisation and local managers. InHealth offered access to both internal and externally funded training programmes and apprenticeships to support staff in developing skills and competencies relevant to their career with InHealth. For example, CPD records dated June 2018 recorded that a radiographer had completed an external online training course in leadership for business.

Radiographers' performance was monitored through peer review and issues were discussed in a supportive environment. Radiologists fed back any performance issues with scanning to enhance learning or highlight areas of improvement in individual radiographers' performance.

All radiographers were registered with the Health and Care Professions Council (HCPC) and met HCPC regulatory standards to ensure the delivery of safe and effective services to patients. Radiographers also had to provide InHealth with evidence of continuous professional development (CPD) at their appraisals. MRI radiographers must have either completed or been in the process of completing their MRI competency assessment training.

Staff had regular one to one meetings with their manager and a biannual appraisal to set professional development goals. Records we checked confirmed that staff appraisals were up to date.

Multidisciplinary working

The service had good relationships with other external partners and undertook scans for local NHS providers and private providers of healthcare.

Staff told us there was good communication between services and there were opportunities for them to contact referrers for advice, support and clarification.

The operations manager worked closely with the operations manager for the peripatetic services (ultrasound, physiological measurement services, echocardiogram, and abdominal aortic aneurysm (AAA) screening), by providing room availability on a monthly basis. Peripatetic services were provided by teams that moved around InHealth units across London. The peripatetic services were registered separately with the CQC and entirely managed by the registered manager for the peripatetic services. However, both the InHealth Stratford operations manager and the peripatetic services manager worked closely together, following the same corporate policies and quality indicators to ensure a seamless patient pathway and experience for patients.

Seven-day services

The unit was operational from 8am to 8pm Monday to Sunday including bank holidays except Christmas Day, Boxing Day and New Year's Day. The unit operated from 8am to 4pm on Christmas Eve and 8am to 6pm on New Year's Eve.

Appointments were flexible to meet the needs of patients, and appointments were available at short notice.

Health promotion

Information leaflets were provided in the unit for patients on what the scan would entail and what was expected of them prior to a scan. The unit also provided information to patients on self-care following a scan. However, the unit did not enable patients to increase their control over, and to improve, their health by providing information and access to a wide range of social and environmental information or health promoting activities.

Consent and Mental Capacity Act

Staff we spoke with had some knowledge of the requirements of the Mental Capacity Act 2005 (MCA). We asked the operations manager about staff training in the MCA. The registered manager told us this was part of the

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safeguarding e-learning module. We subsequently viewed the InHealth safeguarding e-learning and found the MCA was referred to, but, the module did not provide staff with any detail in regards to the requirement of the act or deprivation of liberty safeguards (DoLS). The head of operations told us InHealth had purchased an e-learning programme for the Mental Capacity Act 2005 and InHealth were considering which staff the module would be relevant to. However, at the time of inspection the provider could not be assured that all staff had an appropriate level of knowledge to support people who may lack capacity to consent.

During this inspection there were no patients who lacked capacity to make decisions in relation to consenting to treatment. Where a patient lacked the mental capacity to give consent, guidance was available to staff through the InHealth corporate consent policy. Staff also told us they would encourage patients to be accompanied where there were concerns about their capacity to consent to care or treatment.

Staff we spoke with were aware of the need for consent and gave patients the option of withdrawing consent and stopping their scan at any time. The service used a MRI consent form to record patients' consent which also contained the patients' answers to their safety screening questions.

Staff were aware of children's consent procedures and InHealth had a corporate consent policy in place. Young people (aged 16 or 17) were presumed to have sufficient capacity to decide on their own medical treatment, and provide consent to treatment, unless there was significant evidence to suggest otherwise. Staff were able to tell us about Gillick competence, this is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. However, the unit did not provide diagnostic services to young people under the age of 16.

Are outpatients and diagnostic imaging services caring?

Good 

This was the first inspection for this service. We rated caring as **good**.

Compassionate care

During this inspection we saw all staff treating patients with dignity, kindness, compassion, courtesy and respect. Staff introduced themselves prior to the start of a patient's treatment, interacted well with patients and included patients in general conversation.

In the interactions we saw during this inspection and feedback provided by patients we spoke with staff demonstrated a kind and caring attitude to patients. Staff introduced themselves and explained their role and explained to patients what would happen next.

Staff ensured that patients' privacy and dignity was maintained during their time in the unit and during MRI scanning. Patients waited in a waiting area with changing rooms prior in the basement and on the first floor. Patients were provided with a dressing gown in the changing room to protect their modesty whilst waiting in the scanning rooms waiting areas.

Patient satisfaction was formally measured through completion of the InHealth 'Friends and Family Test' (FFT) following their examination. Between January 2018 and September 2018 12,668 patients had responded to the FFT survey, with 99% of responders responding that they were extremely likely or likely to recommend the service. This was the same as the InHealth company FFT average.

Feedback from the FFT was analysed by an external, independent provider and the results and a dashboard sent to the clinical quality team and registered managers. Data was provided on number of items including patient satisfaction percentage and all comments were recorded. These were available weekly on the InHealth intranet and enabled the manager to use the positive comments to praise the staff or investigate negative comments and use their information to improve the service.

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During this inspection we spoke with eight patients about various aspects of the care they received at InHealth Stratford. Without exception, feedback was consistently positive about staff and the care they delivered.

Emotional support

Staff supported people through their scans, ensuring they were well informed and knew what to expect.

Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calm and reassuring attitude so as not to increase anxiety in nervous patients.

Staff provided reassurance throughout the scanning process, they updated the patient on the progress of the scan and how long they had before their treatment was complete. All eight patients we spoke with told us staff had been supportive.

We spoke with the unit staff felt that recognising and providing emotional support to patients was an integral part of the work they did. Staff recognised that scan-related anxiety could impact on a patient's diagnosis and result in possible delays with the patient's treatment.

Understanding and involvement of patients and those close to them

Staff communicated with patients in a manner that would ensure they understood the reasons for attending the unit. All patients were welcomed into the reception area and reassured about their procedure.

Staff recognised when patients or relatives and carers needed additional support to help them understand and be involved in their care and treatment. Staff enabled them to access this, including access to interpreting and translation services.

Patients and relatives and carers could ask questions about their scan. A range of MRI related leaflets were available to patients in the unit. Patients could also access information on MRI scanning from the InHealth website.

The service allowed for a parent or family member or carer to remain with the patient for their scan if this was necessary.

Are outpatients and diagnostic imaging services responsive?

Good 

This was the first inspection for this service. We rated it as **good**.

Service delivery to meet the needs of local people

The service was planned and designed to meet the needs of the patients. Information about the needs of the local population and the planning and delivery of services was agreed collaboratively with clinical commissioning groups (CCG). The service provided imaging for low risk patients only.

The InHealth diagnostic centre in Stratford opened in July 2013. The site had two magnetic resonance imaging (MRI) scanners and also had facilities offering five clinical rooms providing ad hoc peripatetic services. All services other than MRI from InHealth Stratford were provided on an ad hoc basis by InHealth Group Limited and were managed by a separate registered manager employed by InHealth.

The operations manager received a daily information report from the patient referral centre (PRC) which detailed the unit's capacity and allowed the manager to make an informed decision if waiting times were increasing. If required, the manager could extend operating hours temporarily whilst also reviewing clinic utilisation to reduce lost appointment slots through patients' non-attendance.

InHealth Stratford engaged appropriate medical advisers through the InHealth network of retained medical and subject advisors who were accessible through the InHealth clinical quality team. When contrast enhanced MRI scans were provided a registered medical officer (RMO) was always on site to oversee the procedure and to support staff that may need medical advice about escalation or in the event of a medical emergency. InHealth Stratford operated a monthly schedule with planned slots for contrast enhanced MRI scans and had a booking process to ensure an RMO was confirmed in advance and was onsite before the procedure commenced. This was managed by the operations

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manager via email confirmation and confirmed with the bookings team at the PRC. Radiographers did not commence contrast scanning without the presence of an RMO in accordance with the InHealth MRI policy.

The service provided evening and Saturday appointments to accommodate the needs of patients who were unable to attend during the weekdays. However, the operational manager told us the service were planning to extend opening hours from 7am to 9pm. But a date for commencement of the extended hours had not been set at the time of inspection.

The unit was located on Stratford High Street. The unit was accessible by public transport being ten minutes' walk from Stratford underground station or a two minute walk from Stratford High Street station.

The environment was patient centred. InHealth Stratford was located in a modern building which was built in 2013. The unit had comfortable sufficient seating in reception areas. Toilets and a drinks machine were available to patients and visitors in the main reception waiting area.

InHealth Stratford was also accredited by a large provider of private health services to provide services to private medical insured patients.

Meeting people's individual needs

Staff had an understanding of the cultural, social and religious needs of patients. For example, there was a diverse staff group with multilingual and diverse faith backgrounds.

During scanning, staff made patients comfortable with padding aids, ear plugs and ear defenders to reduce the noise of the MRI. Patients were provided with an emergency call alarm in case of the patient experiencing any distress. Microphones were built into the scanner to enable two-way communication between the patient and staff.

Patients were advised that if they wanted to stop their scan, staff would assist them and discuss choices for further imaging or different techniques or coping mechanisms to complete their imaging.

Explanations were given post examination on aftercare. For example, cannulation sites and hydration, as well as how and where patients could get the results of their scans.

Patients with mobility needs had access to a lift to gain access to the scanning floors and ramps were installed to gain entrance to the building.

An MRI compatible wheelchair was available for patient that were unable to weight bear.

Staff could use a telephone interpreting service for patients that did not speak English. We saw the contact details of the service in the unit's office.

Easy to read leaflets and large print patient information was available and braille could be provided on request.

Nervous, anxious or claustrophobic patients could have a preliminary look around the unit prior to their appointments to familiarise themselves with the environment and decrease anxiety. Staff told us patients could bring their own music for relaxation. However, patients we asked were unaware that they could have their own music during their scan.

Patients with a learning disability or dementia could bring a relative or carer to their appointment as support. Patients and relatives could be present in the scanning room if required.

Access and flow

Patients were referred to the service by via the InHealth referrals system. Patients could book appointments through several media platforms including, telephone and self-booking services through the InHealth interactive 'patient portal' on the internet. All appointments were booked via the InHealth patient referral centre (PRC). However, patients' appointments were usually made by telephone at a time and date agreed by them.

In the case of a requirement to conduct an urgent scan due to a request by a referring clinician or a patient, the PRC could offer alternate InHealth locations in London to the referrer or patient within a reasonable distance.

All the referrals were triaged by the clinical radiographic staff that reviewed and confirmed suitability of location for patients. For complex cases the clinical radiographic staff could seek assistance from the InHealth consultant radiologist team.

InHealth had a service level agreement (SLA) in regards to an external private company providing paying patients additional triage services. This was as a result of InHealth

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having contracted some of its triage functions to a private company. All patients being triaged by the external company received an appointment letter or email with details of their appointment and were encouraged to contact the unit if they had any concerns or questions about their examination.

Waiting times in the unit were met. There were very few delays and appointment times were closely adhered to. Referrals were prioritised by clinical urgency by triage staff at the PRC. Patients were often given an appointment within 48 hours. One patient we spoke with told us they had been offered an appointment on the same day as their referral.

InHealth ensured that diagnostic reports were produced and shared in a timely fashion and closely monitored key performance indicators (KPI) including referral to appointment, reporting turnaround times and reporting audit.

The service were meeting the InHealth KPI in the period January to September 2018. For example, 99% of patients had been contacted within five days of being referred to the service. In the same period 100% of patients had an investigation completed within 20 days of their referral being accepted. 100% of urgent referrals had investigation reports sent to the referrer within two days of investigation. 0% of patients had a repeat activity as a result of incorrectly or inadequately performed investigations.

From August 2017 to September 2018 454 (1.07%) of planned examinations were cancelled for non-clinical reasons. 0% of planned examinations had been delayed in the same period.

From August to September 2018 the did not attend rate was 1.6%. It was not possible to determine from data provided by the unit which of these patients were subsequently scanned. However, staff told us that patients that did not attend their appointments would be contacted to ascertain the reasons for their non-attendance and an appointment would be re-booked if necessary. Referrers were informed of patients that did not attend appointments.

Learning from complaints and concerns

Staff were encouraged to resolve complaints and concerns locally. InHealth had a complaints handling policy and all had staff completed a mandatory training course on customer care and complaints.

The unit had a complaints log. This recorded that the unit had received 19 complaints in the period October 2017 to September 2018. All were managed through the InHealth informal complaints procedure. 18 complaints were logged as “insignificant or minor”, one complaint was logged as, “moderate.” The complaints log recorded actions the unit had taken in response to the complaint. The log recorded when patients had received a verbal apology from the service. Most complaints related to appointments.

Nine of the 19 complaints to the unit were formal complaints that were dealt with under the InHealth formal complaints procedure; of the nine formal complaints two were upheld.

The InHealth complaints procedure was displayed for patients and relatives to read in the main reception area.

Are outpatients and diagnostic imaging services well-led?

Good 

This was the first inspection for this service. We rated it as **good**.

Leadership

InHealth Stratford was managed by the operational manager, supported by regional management and central support functions. The operations manager had taken up the Stratford operational manager’s role in August 2018. However, they had worked for InHealth for nine years.

At the time of inspection the operations manager was in the process of applying for registration as a registered manager with the CQC. However, following the inspection the operations manager was registered with CQC as registered manager of InHealth Stratford on 16 November 2018.

The management structure within the unit consisted of an operations manager. Staff also had specialist lead

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roles within the unit. For example. The operations manager was the lead for health and safety, safeguarding, and infection prevention and control (IPC). There was also an allocated MRI responsible person whose responsibilities included being the lead for health and safety, incidents, and fire warden. There was also an allocated incident officer that led on the monitoring incidents in the unit.

The operations manager was recently new to their role. Operations managers were responsible for the administrative functions of the unit. The operations manager was enthusiastic and keen to improve the quality of services provided. The operations manager was supported in their role by an experienced superintendent radiographer that supervised clinical work.

The operations manager also managed two other InHealth sites in London. This meant they divided their time between sites. However, staff we spoke with told us the operations manager was visible and approachable and they could contact them at any time by phone or email when they were not on-site. Staff said both the operations manager and the superintendent radiographer were approachable, supportive, and effective in their roles. All the staff we spoke with were positive about the management of the service.

InHealth had an initiative called 'The Deal.' This was an initiative to support staff in taking responsibility for their own career and professional development. For example, junior and middle managers were encouraged to gain an NVQ qualification in leadership. There was also a leadership development programme that would lead to a recognised level 5 qualification for senior managers in leadership and management at the time of this inspection. Staff told us 'The Deal' was linked to the InHealth corporate values.

The InHealth staff survey for InHealth Stratford dated December 2017 found that 100% of staff responded that the operations manager was an effective leader of the team.

Vision and strategy

InHealth had four clear values: 'Care, Trust, Passion and Fresh thinking'. The company also had a mission

statement, 'Making Healthcare Better'. Staff we spoke with were aware of the InHealth values and said they were encouraged to reflect the company's values in their work.

All staff were introduced to the InHealth values when first employed during the corporate induction. The appraisal process for staff was also aligned to the InHealth values and all personal professional development objectives discussed at appraisal were linked to the company's objectives.

Staff in the service understood the part they played in achieving the aims of the service and how their actions reflected the organisations vision.

Staff told us InHealth had a service user group that had been involved in the formulation of the company's values.

Culture

Most of the staff we spoke with were very positive and happy in their role and stated the service was a good place to work. However, one member of staff raised issues about changes to staff rotas in response to the service extending its opening times to 7am to 9pm. The staff member said this created difficulties for staff that lived at a distance or had childcare responsibilities. Managers said they were aware that some staff felt disgruntled about the new working arrangements, but, highlighted that staff were contracted to work three long-days, 12 hour shifts, and the amount of hours they worked would not change as a result of extended opening hours, it was the start and finish times that may change.

Most staff we spoke with told us they felt supported, respected and valued on a local and corporate level. Staff said they were actively encouraged to make suggestions about changes and improvements to the services provided.

Staff demonstrated pride in their work and the service they delivered to patients and their service partners. Staff told us they had sufficient time to support patients.

Staff told us there was a 'no blame' culture in regards to incidents and they always received feedback from incidents. The electronic incident reporting system automatically referred incidents from the unit to a

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designated senior manager, based upon the degree of severity of the incident. These were reviewed weekly by the complaints, litigation, incidents and complaints (CLIC) team.

There was good communication in the service from both local managers and at corporate level. Staff stated they were kept informed by various means, such as newsletters, team meetings and emails. The operations manager had regular one to one supervisions with staff.

Formal minuted team meetings were held monthly. We were provided with minutes from these meetings which included; how the unit was progressing in regards to the company strategy, performance, policies, and reviews of incidents and complaints and any lessons learnt.

Informal site meetings were held weekly to discuss day to day working plans and schedules.

Staff told us there were good opportunities for continuing professional development (CPD) and personal development in the organisation. They also stated they were supported to pursue development opportunities which were relevant to the service. For example, managers were being encouraged to completed qualifications in leadership and management. Staff also told us teamwork was good within the unit.

Equality and diversity were promoted within the service and were part of mandatory training. The diverse staff team promoted inclusive and non-discriminatory practices. However, InHealth identified that staff ethnicity was not previously captured in the staff survey and self reporting of ethnicity was low. There was no comparative data for 2016 as a result of this. The action plan stated that this would be included within the 2018 report (not yet published).

A whistle blowing policy, duty of candour policy and appointment of two freedom to speak up guardians supported staff to be open and honest. Staff told us they had attended duty of candour training and described to us the principles of duty of candour.

All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. A WRES

report was produced for this provider in September 2017 including data from June 2016 to June 2017. There was clear ownership of the WRES report within the provider management and governance arrangements, this included the WRES action plan reported to and considered by the Board.

Governance

There was a robust corporate and local governance framework in place which oversaw service delivery and quality of care. This included a framework of governance meetings which fed information from the unit to the InHealth board.

InHealth operated a clinical governance framework which aimed to assure the quality of services provided. Quality monitoring was the responsibility of the operations manager and was supported through the InHealth clinical quality team and InHealth governance committee structure, which was led by the director of clinical quality. This included quarterly risk and governance committee meetings, clinical quality sub-committee meetings, a medicines management group, water safety group, radiation protection group, radiology reporting group and weekly CLIC meetings for review of incidents and identification of shared learning. All these meeting had a standard agenda and were minuted with an actions log. This ensured that actions to improve services were recorded and monitored to completion.

Managing risks, issues and performance

Performance was monitored at a local and corporate level. Progress in delivering services was monitored through key performance indicators (KPI). Performance dashboards and reports were produced that enabled comparisons and benchmarking against other InHealth services.

The unit had a performance dashboard which was updated daily and reviewed monthly by the operations manager and superintendent radiographer. The performance dashboard recorded the number of patients scanned, number of parts scanned, number of patients that did not attend (DNA), cancellations and feedback forms completed.

There was a robust risk assessment system in place locally with a process of escalation onto the corporate risk register. The local risk register was reviewed and

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updated monthly and new risks added regularly. However, we found one risk on the register relating to the construction of the building prior to 2016. The risk had been closed in June 2018. However, this risk should have been removed from the risk register to ensure the risk register only reflected current risks to the service.

There was a system of risk assessments in place. Risks with higher scores were added to the local risk register. Risks on the local risk register that had actions to mitigate risks in place and still scored highly were added to the regional risk register. A quarterly report on new and updated risks was sent to the quarterly risk and governance committee where it was reviewed for comments and actions identified. Support with risk assessments was provided by the InHealth health and safety advisor and the risk and governance lead who also advised registered managers on the correct process to add a risk to the risk register and complete the quarterly risk report.

InHealth Stratford had a comprehensive business continuity plan detailing mitigation plans in the event of unexpected staff shortages or scanner breakdown.

InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS) and were using the traffic light system tool and gap analysis to prepare for ISAS inspection. The director of clinical quality was leading on the accreditation preparation. As part of this InHealth were working on the development of evidence for each of the domains including: leadership and management, workforce, resources, equipment, patient experience and safety. The director of clinical quality and clinical governance lead were members of the ISAS London Region Network Group which shared best practice and guidance on services working towards accreditation. InHealth aimed to be accredited across diagnostic and imaging services by 2020.

Managing information

The service had access to the InHealth intranet where they could access policies and procedures.

Staff told us there were sufficient numbers of computers in the unit. This enabled staff to access the computer system when they needed to.

All staff we spoke with demonstrated they could locate and access relevant information and records easily, this enabled them to carry out their day to day roles. Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.

Information from scans could be reviewed remotely by referrers to give timely advice and interpretation of results to determine appropriate patient care.

Engagement

Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions implemented from the feedback received.

We were provided with the InHealth Stratford staff survey action plan for December 2017. Results from this survey found that InHealth Stratford were the same as the InHealth providers average in regards to staff engagement at 71%.

Results from the December 2017 survey included 100% of staff responding positively to the question 'if one of my friends or family needed care or treatment, I would recommend InHealth Stratford services to them', 98% of staff said, patient safety is a key priority at InHealth Stratford and 89% said, equality and diversity were valued.

The service engaged regularly with clinical commissioners to understand the service they required and how services could be improved. This produced an effective pathway for patients. The service also had a good relationship with local NHS providers.

Learning, continuous improvement and innovation

InHealth had a corporate strategy, this included an expansion programme whereby the provider would provide three million diagnostic imaging appointments for the NHS in 500 locations by 2020. This meant InHealth Stratford would experience an increase in the number of appointments it offered to the NHS.

InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS). The director of clinical quality and clinical governance lead was member of the ISAS London Region Network Group

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which shares best practice and guidance on services working towards accreditation. InHealth aimed to be accredited across diagnostic and imaging services by 2020.