

Brighton Nuffield MRI & CT Unit






Quality Report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?			
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

Summary of findings

Letter from the Chief Inspector of Hospitals

Brighton Nuffield MRI & CT Unit is operated by Alliance Medical Limited. The service registered with the CQC in 2010. It was last inspected in 2014 under the previous CQC inspection methodology, with a follow-up desk based inspection in January 2015 and at that time met the standards that it was measured against.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 15 January 2019.

We rated the service as good overall.

Our key findings were as follows:

- Staff had the right qualifications, skills, knowledge, and experience to undertake their roles and responsibilities. They had access to training and were supported by service leaders.
- There were effective systems to protect patients from harm and an incident reporting culture. Learning from incidents was disseminated to staff.
- The radiology equipment was maintained to a high standard. All equipment was subject to a comprehensive preventative maintenance programme as well as daily and weekly quality assurance checks.
- Staff used evidence based care and treatment in line with national guidance and local policies
- Patients had timely access to appointments.
- The service sought the views of staff, patients, and stakeholders to drive improvement within the service.
- Policies and procedures reflected best practice and national guidance and there was oversight in relation to the management and development of policies and procedures.

However:

- Contrast media was not always recorded in ward patient records of care, in line with best practice.
- The resuscitation equipment was not always checked and record in line with the host site's policy

Dr Nigel Acheson

Deputy 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

We rated this service good because it was safe, caring, responsive and well led. We do not rate effective for this type of service.

Summary of findings

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Good



Brighton Nuffield MRI & CT Unit

Services we looked at:

Diagnostic imaging

Summary of this inspection

Background to Brighton Nuffield MRI & CT Unit

Brighton Nuffield MRI & CT Unit is operated by Alliance Medical Limited. The service first provided mobile services in 1997 and a static department was created in 2003 within a radiology department. The service primarily serves the communities of the South Downs.

Brighton Nuffield MRI & CT Unit provides magnetic resonance imaging (MRI) and computerised tomography (CT) scanning to children from the age of three and adults. The service shares facilities including a waiting room with the host site's Radiology department.

The unit manager was the service's registered manager and had been in post for two years.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, a CQC inspector, and a specialist advisor with expertise in diagnostic radiography. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Brighton Nuffield MRI & CT Unit

The service provides diagnostic imaging and is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the MRI and CT unit. We spoke with three staff including radiographers and administrative staff. We spoke with two patients. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected three times, and the most recent comprehensive inspection took place in January 2014.

Activity

In the reporting period November 2017 to December 2018, the service scanned 1,435 CT patients and 1,286 MRI patients.

Track record on safety

- No Never events, serious injuries, or deaths.
- Seven clinical incidents reported with four no harm, and three unknown.

- No incidences of healthcare acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff) and E-Coli.
- Two complaints.

Services accredited by a national body:

- Imaging Services Accreditation Scheme – Whole organisation
- ISO27001- Whole organisation
- Investors in People- Whole organisation

Services provided at the service under service level agreement:

- Medical Physics Expert provision
- Radiation Protection Advisor provision
- Pharmacist support
- Interpreting services
- Maintenance of medical equipment
- Resident Medical Officer provision

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 skills to all staff and supported staff to complete the training.
- Staff had received training in safeguarding children and vulnerable adults. Additional support was provided by the safeguarding leads from Alliance Medical Limited and the host site.
- All areas we visited were visibly clean and tidy. Staff had access to personal protective equipment and hand gel.
- Equipment was regularly checked and maintained in line with manufacturers guidance.
- Staff could access records which were safely stored and kept confidential.

Good



Are services effective?

We did not rate effective for this service, however, we found that:

- Staff delivered care based on national guidance. Policies and procedures were in line with the Ionising Radiation (Medical Exposure) Regulations 2017.
- Patients were cared for by staff with the relevant qualifications and training.
- We saw evidence of effective multidisciplinary team working between Alliance Medical Limited staff and staff from the host site and from the local NHS provider.
- Consent was obtained in line with best practice. Staff were aware of what steps to take if they assessed a patient lacked capacity.

Are services caring?

We rated it as **Good** because:

- Patients spoke positively about their experience at the unit and 100% said they would recommend the service to friends and family.
- Staff supported patients including those who suffered from claustrophobia or anxiety by reassuring them throughout the procedure and familiarising them with the environment.
- Staff provided patients with verbal and written information relating to the procedure and after care and gave patients time to ask questions.

Good



Summary of this inspection

Are services responsive?

We rated it as **Good** because:

- The service took patients individual needs into consideration when planning and delivering care.
- There was no waiting list during the inspection and there were no cancellations in the last 12 months.
- The service was easy to access. There was sufficient space in the unit and a changing room which could accommodate a wheelchair.
- Report turnaround times were well within targets. Records showed scans were reported within two days of the image being taken.

Good



Are services well-led?

We rated it as **Good** because:

- There was a clear governance structure with regular meetings at local and corporate levels. Information flowed in two-ways ensuring that all staff were informed of any changes or updates within Alliance Medical Limited.
- Staff told us they were well supported by their colleagues and the unit manager and told us, the culture of the service was an open one.

However:

- Staff told us they felt unsupported by senior managers at corporate level unless they asked for help. They reported a sense of disconnection from the rest of the Alliance Medical Limited organisation.

Good







Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We rated it as **good**.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

- Mandatory training comprised of 13 modules, including health and safety awareness, infection control and medicine management in imaging. Most courses were completed online and modules such as immediate life support completed as face to face training.
- Compliance was recorded using Alliance Medical Limited's mandatory training tracking system. Other courses that were completed externally were tracked by the unit manager using a local tracking system. Mandatory training compliance was reviewed at corporate level and the service was benchmarked against other diagnostic services within Alliance Medical Limited.
- Staff told us they received emails from the tracking system to let them know when they needed to complete refresher training. They said they were given time to complete their training during their working hours. The service also provided mandatory training for bank staff, who could access online training from home. Staff could complete and maintain their compliance with ease.

- The service did not meet the organisation's training target rate of 90%. The compliance rate reported by the system was 76% however, this included courses that had not been completed by a new member of staff who had not started working for the service yet. Additionally, the system did not always reflect recently completed training. The unit manager told us all staff were up to date with their training and we saw paper copies of training certificates and online records that were not reflected on the Alliance Medical Limited system.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

- There were safeguarding policies for both adult and children which outlined staff responsibilities with regards to raising concerns and reporting to the local authority and or police as appropriate. The policy also stated requirements for all staff to comply with the enhanced Disclosure and Barring Service (DBS) checks before working for the organisation to reduce risks to patients. We saw documentation verifying that all staff had undergone a DBS check.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Safeguarding children and vulnerable adults formed part of the mandatory training program. Both radiographers were safeguarding children level three and adult level two trained and we were shown certificates indicating this. The service was supported by two adult and children safeguarding leads. One from the host site and the other was a corporate safeguarding lead who were available for advice.

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- All staff including non-clinical staff were trained in both adult and children safeguarding level one and two. This was in line with guidance from the “Safeguarding Children and Young People: roles and competencies for healthcare staff intercollegiate document, third edition 2014, - all non-clinical and clinical staff who have any contact with children, young people and/ or parents/ carers should be trained to level two for safeguarding of children and young people.
- No safeguarding referrals had been made to CQC or the local authority in the 12 months prior to our inspection. Staff were aware of how to raise and report any safeguarding issues however, they had not experienced a situation where they needed to raise a concern or make a referral. Staff had access to safeguarding flow charts and information on whom to contact.
- Each scanning room had a dedicated sink where staff could wash their hands. The CT room had its’ sink inside the scanning room, while, the MRI room had its’ sink in the patient preparation area. Above each sink was guidance on the hand washing technique.
- Staff had access to ample supply of personal protective equipment (PPE), including latex free gloves. We observed staff wearing gloves to cannulate a patient for their scan and washing their hands in between patient contact in line with the World Health Organisation (WHO) ‘Five moments for hand hygiene’. Monthly hand hygiene audits were undertaken and the service had scored a mean score of 98% in the hand hygiene audit over a 12-month period. The infection prevention and control report identified an area of development relating to staff not adhering to bare below the elbows guidance. We noted that all staff were bare below the elbows during our inspection.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept themselves, equipment, and the premises clean. They used control measures to prevent the spread of infection.

- Prevention and control of Infection for the service was supported by policy, procedure, and an annual audit. These reflected best practice guidelines. The service had an infection control lead who was responsible for ensuring standards were maintained and offer infection prevention and control support.
- An annual infection prevention and control audit was undertaken in July 2018. The service scored 84% which did not meet the organisation’s target of 90%. The audit had identified that the service used a wheelchair with a fabric seat, which could not be cleaned effectively and increased the risk of cross infection. The chair had been replaced with a wipeable wheelchair. The unit manager had implemented and was monitoring actions for improvement and we saw this was in progress.
- Sharps bins were correctly assembled, labelled with a date, location and signed by a member of staff. We saw that the bins were not overfilled and the temporary lid was closed.
- Hand washing facilities and hand gel dispensers were available for staff and visitors to use. These were placed at strategic points throughout the unit for example, at the reception desk and at the entrance of the scanning unit. We saw both staff and patients using these.
- Hand hygiene audits were also carried out on all staff. This was done monthly and the results were stored on file. Staff were always compliant with the hand hygiene requirements.
- The CT and MRI units were cleaned daily at the end of the day by a member of the host site’s cleaning staff. The cleaning records we reviewed were completed with no omissions for the previous 12 months. Infection prevention and control audits were conducted monthly. Results of the audits were displayed in the patient preparation area.
- There were no incidences of healthcare acquired infections in the 12 months prior to our inspection.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

- The service was bright, clean, and welcoming. Facilities included two patient changing rooms, a toilet, an MRI scanning room, a CT scanning room, a

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shared control room where staff could observe scans taking place and operate the scanners. Outside the control area was a patient preparation area where patients who were ready to be scanned waited and if necessary could be cannulated.

- The patient preparation area had a chair specifically designed for the use of cannulating patients, ensuring patients were comfortable during the procedure. As the area was also used as a thoroughfare, the service had a screen to maintain patient privacy.
- The patient preparation area also stored a crash trolley and MRI safe stretcher. MRI safe equipment is made from non-metal materials so not to interact with the magnetic field of the scanner.
- The resuscitation trolley belonged to the host site and was to be checked by a member of the hospital team in accordance with the host site's policy. We carried out a check of the equipment and consumables kept in the crash trolley and saw they were in date. The resuscitation trolley checklist had been checked in accordance with service's policy. However, for the month of December 2018, there were many unfilled gaps.
- The service also shared some facilities with the host site, including an administration office, and a patient waiting area with enough seats for patients and their relatives.
- Access to the scanning area could only be gained by entering the code into the keypad on the door. The code was kept on file and was available to all staff that needed to access the area. Staff told us that the code had not been changed for at least two years. This was because there had not been any changes in staff members. However, in the event of any staff leaving the service, the code would be changed.
- The annual radiation protection audit completed in June 2018 reported that the radiology equipment was maintained to a very high standard. All equipment was subject to a comprehensive preventative maintenance programme. Both scanners were serviced every three months. The service records showed that the MRI scanner was last serviced 30 October 2018, while the CT was serviced on 31 October 2018.
- There was a well-established in-house quality assurance programme and included all essential tests in accordance with the Institute of Physics and Engineering in Medicine (IPEM) 91 guidance: recommended standards for the routine performance testing of diagnostic x-ray imaging systems. We saw records of daily and weekly quality assurance tests on the MRI and CT scanners respectively. These were routinely completed and documented by the radiographers. The tests assured staff that the scanners were in working order, safe to use and ensured that the images were of good quality.
- The service used MRI equipment provided by the manufacturer which was magnetic resonance (MR) safe, so had no known hazards in an MRI environment. Other equipment used in and around the scanning room was risk assessed and clearly labelled correctly so staff were aware what they could take into the room. For example, stretcher was label MRI safe and could be used to transfer patients in and out of the MRI scanning room.
- Records showed that both radiographers were level 2 MRI safety trained. Staff we spoke with understood their responsibilities relating to the use of all equipment in an MRI environment.
- Warning signs were displayed at the entrance of the scanning rooms to indicate the presence of ionising radiation or a strong magnet. A radiation warning sign was always lit with a yellow background stating that this area was a radiation controlled area. When the CT scanner was in use, the red warning sign became visible to warn people not to enter the scanning room. Although the CT scanner was not in clinical use on the day of our inspection, we saw the warning lights were in working order during maintenance work.
- Staff had undertaken fire safety at work training. They could explain the evacuation procedure and were aware of where the fire extinguishers and quench button for the MRI scanner were located. We observed that all fire extinguishers had been serviced within the last 12 months.
- Local rules which summarised the key working instructions to restrict exposure in radiation areas were displayed at the entrance of the unit. The local rules were in date and all staff had signed them.

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Assessing and responding to patient risk

The service considered and took actions to lessen risks to patients.

- Staff screened all referrals against a set criterion set by the clinicians, to ensure they fit the criteria and all necessary information was on the referral form. Referral forms included information such as the requested examination, referrer details and if a contrast medium was to be used and clinical findings. The radiographers were responsible for ensuring referrals fit the criteria, determining if there were any reasons why the scan could not be undertaken and deciding if the scan should proceed. If the radiographer needed further information they would contact the referrer directly.
- All patients undergoing an MRI scan completed an MRI safety questionnaire before scanning took place. We observed staff reviewing the form after completion and verbally checking questions again with the patient as an additional safety check. Questions included asking whether the patient had a pacemaker, if they were pregnant or if they had shrapnel injuries.
- The service had a defined pathway to follow in the event of an abnormal finding during a scan. The pathway included contact numbers for radiologists at the host site as well as the local NHS trust. Unexpected findings were sent to the image exchange portal for the named radiologist to review. Reports for such findings were reported within two hours and onward referrals were made if necessary. This ensured that unexpected findings were promptly and properly investigated.
- In each area of the unit, there was a red cardiac arrest / emergency button that could be pulled in the event of a medical emergency. If this was pulled a response would be provided by the host site's medical team. There was also a green button that could be pressed when general assistance was required. The service adopted the host site's protocol for the deteriorating patient. Patients that became unwell and required transfer were cared for by radiography staff, who were both intermediate life support trained.
- The service had adopted the Society and College of Radiographers 'Pause and Check' and we observed

staff using this before starting the procedure. Pause and Check consists of the three-point checks to correctly identify the patient, as well as checking with the patient the site/side to be imaged.

- The service had up to date local rules that described the safe operation of the CT scanner, who may operate the scanner and the name of the radiation protection supervisor (RPS). The unit manager was the RPS for the service and their role was to ensure the service complied with the Ionising Radiations Regulations 2017 (IRR17) to support working practices.
- At the rear of the patient preparation area there was a fire escape that could be used in the event of an emergency. Outside the fire escape there was a pathway that led to the muster point. There was also a fire escape through the main reception area. There was clear signage, signposting staff, and visitors to the muster point. Staff said in the event there was a fire, scanning would continue if the fire bell was intermittent, this meant that there was no immediate risk in that area. If, however the alarm was continuous, all scans would be interrupted to ensure that patients could be taken to safety.

Staffing

The service had enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

- The service ensured staffing levels were safe by using a staffing calculator, bringing the unit into compliance with Alliance Medical Limited's safe staffing policy. The service was provided by four permanent members of staff; a unit manager who was a senior radiographer, a second senior radiographer, a clinical assistant, and an administrator.
- The service reported a low sickness rate for all staff groups. The average rate of sickness absence in the three months before our inspection was 0% for radiography staff, 3% for clinical assistant staff and 7% for administration staff.
- In the event that a staff member reported in sick, the unit had access to agency, bank, and mobile staff from the organisation to help support the service. However, staff told us short notice sickness of clinical staff would

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potentially lead to a clinic being cancelled. This had not happened in the last 12 months but staff described situations when they had felt unwell and continued working to ensure appointments were not cancelled.

- In the three months before our inspection two shifts were filled by agency radiographers and one administrator shift cover by agency staff.
- The service had recently recruited a senior radiographer who was due to begin employment shortly. At the time of our inspection there were no vacancies.
- The service did not employ medical staff however, the Alliance Medical Limited staff had access to the host site's medical teams, and registered medical officer at all times. There was additional support provided by the host site's radiologists when present on site and remotely.

Records

Staff kept appropriate records of patients' care and treatment.

- Records were clear, up-to-date, and available to all staff providing care.
- Patients' records were held both electronically with limited paper format for referral forms and safety checks records. Staff told us they kept patients paper records for the statutory duration before it's destroyed. This was in line with the Caldicott Guardian principle that guided staff on handling patient identifiable information.
- Administrative staff received referral forms in paper form from patients or from the referring practitioner. An electronic patient record was created on both the Alliance Medical Limited and host site's systems once the referral form was approved.
- Staff we spoke with told us when information was needed it was readily available. Records were kept on two electronic systems which could be accessed by both Alliance Medical Limited and host site staff.
- All patient care was documented and stored on the Alliance Medical Limited electronic radiology information system (RIS).

- Staff used both the Alliance Medical Limited systems and the host site's radiology systems to record patient visits and examinations. All patients imaged within the department, except for Alliance Medical Limited national accounts patients, had their imaging uploaded onto the host site's picture archiving and communication system (PACS). Each staff member had their own personally identifiable password to access the system.
- We reviewed four patient records and found that they contained all required information. This included completed safety questionnaires, an imaging report with the investigation and contrast used, relevant findings and actions. All records were accurate, complete, legible, up-to-date, and stored securely.

Medicines

The service prescribed, gave, recorded, and stored medicines well. Patients received the right medication at the right dose at the right time.

- Medicines management was in accordance with policy and Alliance Medical Limited had an appointed pharmacy advisor who supported national requirements. The service was supported by a specialist pharmacist from the host site in accordance with the corporate service level agreement they shared.
- The service used patient specific directions (PSDs) which are instructions to administer medicines to individually named patients who have been assessed by a prescriber. This was required for all patients needing intravenous contrast enhanced MRI imaging. Contrast media is a substance administered into a part of the body to improve the visibility of internal structures during radiography.
- Contrast media administered was prescribed according to patient weight and recorded on the electronic system including the dose and batch number in line with national guidance. However, staff told us that on occasions, ward patients did not travel with their patient records when they attended for their scan. Any contrast administered for the scan, would not be recorded in the patient notes. This meant in the

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event of a patient reacting to the contrast post scan, ward staff would be unaware of the cause which could result in a delay in recognising and managing contrast reactions.

- Contrast media was safely stored in a locked cabinet in the control area and the key was held securely in a lockbox in the unit which, staff had access to.
- Allergies were clearly documented on the referral forms and on the electronic patient records. Staff verbally checked allergies during the patient safety questionnaire.
- The service did not store or administer controlled drugs.

Incidents

The service managed patient safety incidents well.

- The reporting, investigation and management of incidents included and supported learning and development at unit level and across the wider organisation. Duty of candour requirements as detailed in the service policy were applied in accordance with regulation 20 of the Health and Social Care Act, with staff being open and honest in the event of any level of harm. Learning from incidents was shared via a monthly risk bulletin.
- We reviewed the service's incident reporting and investigation policies. These were comprehensive and easy to follow. Incidents were categorised into red, amber, and green. Any incidents ranked as red or amber required a full root cause analysis. Each investigation had a time limit of 20 days to be completed.
- The service had reported 7 incidents in the last 12 months. Four incidents were of no harm and three were unknown. These incidents included contrast reactions, cannulation issues and equipment failure. We reviewed one incident where a patient had had an anaphylactic shock to the contrast that had been administered prior to their CT scan. The incident was reported in detail on the electronic incident reporting system with a step by step description of what happened. The deteriorating patient protocol (adopted from the host site) was followed and medical staff from the host site attended. The patient was then

transferred to the local acute NHS trust. The service followed their duty of candour policy by explaining immediately what had happened, to the patient's spouse.

- It was demonstrated that learning was taken from the incident. During the incident the machine monitoring vital signs did not hold its charge and another had to be sourced from elsewhere in the host site. The suction machine also failed to hold its charge and another had to be sourced from elsewhere in the host site. This had led to each piece of equipment being replaced and staff in the service taking responsibility for the daily testing. Following the investigation, it was agreed that a member of staff would attend the host site resus meetings.

Are diagnostic imaging services effective?

We do not rate effective for diagnostic imaging services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness.

- Guidelines and policies were readily available for staff electronically. Policies were developed in line with statutory guidelines and best practice such as Ionising Radiation Medical Exposure Regulations 2017 (IR(ME)R 2017) and Medicines and Healthcare Products Regulatory agency (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2005).
- The service adhered to National Institute for Health and Care Excellence (NICE) guidelines for diagnostic procedures. For example, staff checked that all patients having contrast media administered as part of the procedure had recently had a blood test and the results were available within the desired criteria before proceeding with the scan. This was in line with NICE guidelines and minimised the risk of patients suffering from contrast induced kidney failure or other adverse reactions.
- The service applied the Public Health England guidance on National Diagnostic Reference Levels when setting their local diagnostic reference levels.

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Diagnostic reference levels gave staff guidance on the expected dose to be delivered for specific examinations. These doses are expected not to be exceeded for standard procedures when good and normal practice is applied. Diagnostic reference levels were available to staff in the control area and electronically and included paediatric reference levels.

- Staff told us they were kept up-to-date with changes in policies through the unit manager, via email from corporate leaders and in the newsletters. Records showed staff had read and signed updated policies.

Pain relief

- Patients were not routinely asked about pain, but if patients were in pain, staff could ask the referring doctor or the host site's resident medical officer to prescribe pain relief.
- Staff said patients who were not referred through the host site were advised to bring their own pain relief medicines. All patients we spoke to on the day did not require pain relief.

Patient outcomes

The service monitored the effectiveness of care and treatment and used the findings to improve them.

- They compared local results with those of other services to learn from them.
- The service had an audit programme which monitored patient outcomes and effectiveness of policies and procedures. Benchmarks were set against other Alliance Medical Limited services across the country. The service did not participate in national audits, therefore could not benchmark themselves against similar services nationally.
- The radiation protection supervisor conducted the annual radiation protection advisor's audit in June 2018. The audit found that the service was fully compliant with the current regulations, standards and reference guidance relating to the use of ionising radiation in diagnostic imaging. There were no problems raised by the radiation protection supervisor.
- Alliance Medical Limited provided a scan only service so did not have discrepancy meetings. Discrepancy meetings facilitate collective learning from radiology discrepancies and errors and thereby improve patient

safety. The Royal College of Radiologists "standards for learning from discrepancy meetings 2014" does not require a provider to have a discrepancy meeting if they do not report on scans. Staff at the service worked closely with the host site's radiologists to provide an optimal imaging service. There was regular communication with the radiologists regarding the image quality and service provisions.

- Image quality was reviewed by radiologists and local key performance indicators (KPIs) were agreed with the commissioners at the point of contract agreement. To further monitor image quality and service provisions, the service asked referrers to complete a survey. Surveys completed in July 2018 showed 94% of referrers were satisfied with the range of examinations provided. A further 88% said the image quality was comparable to other scanners in the area. Seventy-five percent of referrers said the overall service provided was good and 19% described it as outstanding.
- Alliance Medical Limited staff attended service review meetings with commissioners where KPI's were reviewed and outcomes were then discussed at the monthly meetings as required.

Competent staff

The unit manager made sure there were staff with the skills needed to provide high-quality care.

- They supported staff with appraisals, supervision, opportunities to update and further develop their skills.
- Staff were recruited in accordance with organisation policy. Qualifications required varied dependent on area of practice and where required, were verified with the relevant professional body. Any training requirements were identified on appointment and supported by Alliance Medical Limited to ensure staff were trained to the standard required.
- All new employees undertook a corporate induction and a local induction to become familiar with the organisation and department. The local induction included an orientation to show new staff where

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various equipment was located in the department. All staff we spoke with said they had undertaken both local and corporate inductions and records in their employee files confirmed this.

- The unit manager was responsible for appraising all staff and records showed that all staff had received an appraisal in the last 12 months. The regional manager appraised the unit manager. However, they had not had a comprehensive appraisal in the two years they had been in post.
- Staff were encouraged at their appraisals to express interest in external training. The organisation also provided internal skills study days, which some staff had attended in the last year. Staff said although the organisation supported them by giving them time to attend and complete courses, they rarely provided funding.
- Clinical competencies were reviewed on an ongoing basis and we saw formal documentation to support areas of development. Managers appraised staff's work performance and held supervision meetings with them to provide professional development to support a safe service to patients.
- All radiographers were registered with the Health and Care Professional Council (HCPC) and were required to complete continuous practice development to meet their professional body requirements. Staff were required to renew their membership every two years and we saw that both radiographers had successfully renewed their membership.

Multidisciplinary working

Staff from different disciplines worked together as a team to benefit patients.

- We observed and staff interviews revealed good multidisciplinary working between Alliance Medical Limited staff and host site staff. There was regular contact between all staff and we observed a radiologist seeking advice from one radiographer relating to a patient's medical history records, ensuring a holistic service was provided.
- Staff told us inpatients from the host site were scanned, there was an effective handover of clinical care and this was documented to support continuity of care.

Seven-day services

- The service was contracted to operate Monday to Friday; from 9am to 5pm. The service did not provide an out of hours service for both CT and MRI. Patients requiring urgent imaging were transferred to a local NHS hospital.

Consent and Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly.

- All staff had a sound understanding of consent and which form of consent was necessary. All CT and MRI patients completed a questionnaire before scanning and by signing the form, the patients were giving consent to the scan.
- The service used separate forms for young people and patients who lacked capacity. Staff had limited experience of scanning patients who were confused or lacked capacity as these patients were not usually referred to the service. Staff told us they received support from the host site's medical staff to manage patients who lacked capacity.
- We saw verbal consent was obtained when staff went through the patient safety questionnaire with patients and signed the form to confirm this.
- There was a consent policy which was in date and gave guidance regarding adults and young people that lacked capacity.

Are diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs.

- All patients were sent an electronic satisfaction survey by email. From November 2017 to October 2018 the level of patient engagement of these surveys was

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between five and 10%. Results of these surveys were displayed within the unit. Questions covered the cleanliness of the environment, the appointment booking experience and recommending the service to friends and family. Overall responses were positive with 100% of patients stating they would recommend the service to friends and family.

- We spoke with two patients during our inspection and the feedback was positive. One patient on the unit told us “the care has been excellent and seamless” and another told us they had been happy coming to the service for years and was always happy with the service they received.
- During an MRI procedure we saw the radiographer maintaining the patient’s privacy and dignity ensuring they were covered up until the point of scanning. The radiographer communicated with the patient through the intercom throughout the scan to ensure the patient was comfortable.
- There were chaperoning posters displayed throughout the unit including the changing cubicles. These reminded staff and provided information to patients and their carers that they could request a chaperone. A chaperone is a person who serves as a witness for both a patient and clinical staff as a safeguard for both parties during a medical examination or procedure.

Emotional support

Staff provided emotional support to patients to minimise their distress.

- Patients who suffered from claustrophobia or anxiety were invited to attend the department early on the day of their appointment or before the day to familiarise themselves with the environment. We observed staff providing patients with constant reassurance throughout the procedure and updating them on how much time was left before the scan was completed.
- MRI patients could have a buddy in the scanning room to provide the necessary support but only after they had completed a safety questionnaire.

- Patients who were unable to proceed with the scan were advised to visit their GP to get a prescription for oral sedation. Staff explained that they spent time reassuring patients and making sure they were relaxed and comfortable before and during the scan.
- Staff offered patients ear plugs to protect their ears from the noise of the MRI scanner.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.

- Staff communicated with patients and their relatives in a way that they could understand. Patients were given sufficient time to ask questions and we observed this. Staff took time to explain the procedures and answer all questions.
- Patients were given verbal and written information about the procedure and how to prepare for it. Information leaflets were displayed for patients and visitors to read. The topics of the leaflets included contrast, MRI, and CT.
- Staff gave patients post scan patient care information. We observed a radiographer explaining to a patient what to do and expect after a contrast scan. The patient was informed of where the images were sent for reporting, who to contact and advice on bleeding after the removal of the cannula.

Are diagnostic imaging services responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided services in a way that met the needs of local people.

- The environment of the unit was friendly, clean, and pleasant with reading materials available and information displayed relevant to the service.

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- The Alliance Medical Limited website provided useful information about the service including downloadable patient safety questionnaires to complete before attending their appointment.
- Signage throughout the department was clear, visible, and easy to follow. Patients were given clear information on how to find the unit and of parking requirements at the point of booking.
- The opening hours of the unit, aimed to support accessibility for all. Choice of appointments was offered to meet the needs of the patient and depending on the protocol and availability, some patients could have their scan on the same day the referral was made. In the event that an appointment was cancelled due to any unexpected issue the patient's appointment was rebooked as soon as possible.
- All patients were informed of when they could expect to receive the results from their scans.
- The service was located near established routes, with a bus stop a short distance away. Patients travelling by car had access to a free car park however, parking spaces were limited.
- The service offered free hot drinks and water. There was a water dispenser and hot drinks machine in the waiting room for patients and visitors to help themselves.
- Patients had access to the host site's café where more food and drink options were available.
- The statement of purpose said they scanned children aged three and above. However, the service manager told us if a child was under the age of eight, they would be referred to the local NHS imaging department, as this was purpose built and had facilities to better accommodate children.

Meeting people's individual needs

The service was accessible to all who needed it and took account of patients' individual needs.

- Staff helped patients with communication, advocacy, and cultural support.
- Access for disabled people was managed well. There was sufficient space to manoeuvre and position a

person using a wheelchair in a safe and sociable manner. This included two changing rooms of different sizes, one of which could accommodate a wheelchair.

- Patients were screened during the booking stage to ensure reasonable adjustments were made before their appointments. Staff were trained to use a hoist as part of their mandatory training. In the event a patient required a hoist transfer for their scan, staff said they often requested assistance from the host site's ward staff who used the equipment more frequently ensuring the patient was transferred safely and comfortably.
- The service tried to ensure that the service was accessible for all. Although they did not have equipment for bariatric patients, the CT scanner could take a patient weighting up to 230kgs and the MRI 220kgs. In the event a patient could not be safely scanned, the service referred them to the nearest open MRI or CT service that could accommodate the patient within the Alliance Medical Limited group.
- There was access to a hearing loop system fitted in the waiting area for patients with hearing difficulties. For non-English speaking patients, the service provided patients with an interpreting service which was booked on request at the booking stage. Furthermore, patients had access to a language line with over 20 different languages.
- Patient information leaflets were available in a larger font size for those with a visual impairment.

Access and flow

People could access the service closest to their home when they needed it.

- Waiting times from referral to scanning and reporting were in line with good practice.
- Staff followed the patient care pathway when dealing with new referrals. Staff offered patients the first available appointment, or booked according to patient availability. In most instances the service could offer same or next day appointments for CT, and one to two-day availability for MRI. This was confirmed by comments from patients who said the service was prompt.

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- Staff said waiting lists for the service were usually short. However, if there was a backlog, the unit manager liaised with the host site's radiologists to provide additional lists to clear the backlog. When patients needed to be prioritised, referrers and radiologists were consulted about the urgency to ensure the patient was seen in a timely fashion.
- Appointments were booked in accordance with the radiologist's availability. Staff tried to book appointments so images would be ready for reporting at the earliest point. Records from the three months before our inspection showed the turnaround from scanning to reporting was two days meeting the key performance indicator KPI of one week.
- There were no cancellations in the time period of November 2017 to October 2018. In the same time period there were nine delays, all due to machine breakdown.
- Staff reported a low "did not attend" (DNA) rate as the service was provided at times that were convenient to the patient. In the month prior to our inspection the rate was 4% which data put down to patient illness.
- Patients we spoke with said their appointments were always on time. Staff ensured appointments were long enough to prevent delays affecting other patients.

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.

- Patient information leaflets about how to raise a concern or complaint were available. Leaflets included information for NHS patients to complain to the Parliamentary and Health Service Ombudsman and for self-funding patients there was information about the Independent Sector Complaints Advisory Service (ISCAS).
- All staff had completed conflict resolution training and told us they tried solving all patient queries or complaints as they arose. If a patient wished to make a formal complaint, staff assisted patients who needed assistance on dealing with a complaint.
- The registered manager and the unit manager were responsible for overseeing the management of

complaints. Complaints for patients referred from the host site were reported on two different reporting systems and were subject to a cross investigation by the host site's complaints team and the Alliance Medical Limited team. Part of the complaints process was informing the patient and relatives about how they used the complaint as a learning experience to improve the service.

- We saw that learning from complaints was shared with all staff in the unit and across Alliance Medical Limited to ensure similar situations were prevented. Learning was shared at staff meetings and through newsletters.
- From November 2017 to October 2018 the service received two complaints. These were dealt with as part of the formal complaints process. One of these complaints had been upheld.
- We reviewed one complaint in its entirety. The response was provided in a timely way, was clear, thorough and all parties that should have contributed to the investigation did so.

Are diagnostic imaging services well-led?

Good 

We rated it as **good**.

Leadership

Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.

- The unit manager had been in post for two years. They had made many changes and updated policies and procedures since being employed and had received good support corporately. However, staff reported to us that they felt that they didn't get the level of support from senior managers until they had asked for it.
- Staff spoke positively about the management of the service. They found the unit manager to be approachable, supportive, and effective in their role.
- Staff told us the unit manager was visible and worked alongside other staff within the unit and was clearly proud of the team.

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However:

- Staff told us they felt disconnected from the Alliance Medical Limited group. They told us senior managers had visited the service, although it was rare to see them on site. Staff told us they felt processes could have been made easy with the appropriate support being made readily available. Staff said they received more support from the host site senior manager than they did from their own senior managers.

Vision and strategy

The service had a vision for what it wanted to achieve.

- The service's aims were to provide high standard of diagnostic imaging to meet the needs of the hospital, referrers, and their patients as well as those of Alliance Medical national accounts and contract agreed patients.
- Alliance Medical Limited had a set of values which included; "collaboration, excellence, efficiency and learning" which were displayed on the corporate website. We asked three members of staff if they knew the organisation's vision and values. They demonstrated that they were familiar with these concepts. However, staff felt the host site's values better reflected how they worked and delivered care.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- There was an open culture and staff spoke of a flat hierarchy. Staff said they could challenge anyone despite their seniority.
- Staff could give examples of occasions where they had raised concerns or had not agreed with their colleagues or a senior member of staff from the host site. Staff told us they felt listened to, supported, and used such occasions as a learning opportunity.
- Alliance Medical Limited collected and published Workforce Race Equality Standards (WRES). WRES data is used to help providers to close the gap in workplace experience between white and black and ethnic minority (BME). Alliance Medical Limited's last WRES

report was published in July 2018 and found there was a significant increase in the proportion of recorded ethnicity data since 2016 from 13.5% to 82%. The organisation could make a meaningful analysis across the most of the nine WRES indicators. For example, workforce indicator seven: Percentage believing that Alliance Medical provides equal opportunities for career progression or promotion had increased for both white and BME staff from the 2017 to the 2018 survey. The percentage for white staff increased for 70% to 75%, while BME staff increased from 69% to 76%.

- Alliance Medical Limited suggested this increase was due to their heavy investment in education, learning and development initiatives which included management development, clinical development, and an apprenticeship scheme.
- Staff explained that it was difficult to plan annual leave. There had been occasions when requests for annual leave had been declined due to staffing issues. In the last year the radiographers had been unable to book a full week of annual leave as this would result in patient appointments being cancelled.

Governance

The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

- Alliance Medical Limited had an established governance structure. There were regular meetings at all levels and a two-way flow of information from corporate leaders to operational staff and vice versa ensuring all staff were informed of what was happening within the Alliance Medical Limited group.
- Staff at the Brighton Nuffield MRI & CT unit told us they attended monthly meetings and meeting minutes confirmed all four members of staff had attended. We reviewed three local meeting minutes. There was a standard agenda template and agenda items included quality and risk, health and safety and information governance and security. Local meeting minutes from

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the meeting held on 26 October 2018, showed that complaints, mandatory training, and World Radiography day were discussed and detailed action for staff to complete.

- We also reviewed three integrated governance and risk board meeting minutes. The board meeting discussed issues raised at the organisation's radiation protection committee. For example, at the September 2017 meeting, the committee updated the board that local rules for the organisation had been updated. They highlighted the need to plan for changes to the Ionising Radiation (Medical Exposure) Regulation (IR(ME)R) which were introduced in February 2018.
- The unit manager attended monthly manager meetings at the organisation's headquarters. Corporate messages from this meeting were shared with local staff at the monthly meetings.

Managing risks, issues, and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

- The unit manager kept a record of service specific risks. The likelihood and the impact of the risks were considered and the likelihood and impact to the service if the risk occurred. All risks had controls put in place to reduce the likelihood of the risk occurring. The service had a risk assessment system, which was clearly identified and managed risks, with a process of escalation onto the corporate risk register.
- The service had a business continuity policy, and staff were aware of their roles and responsibilities to ensure patients and their relatives were not affected in the event of a major incident. The policy was based on a tiered approach referred to as gold, silver, and bronze, with the most serious issues such as major clinical governance incident falling under the gold category. The policy had a flow chart to assist staff to correctly escalate incidents.
- The service monitored performance at local level. Performance dashboards were produced enabling the service to benchmark themselves against other services. Information on did not attend rates, patient satisfaction surveys, turnaround time, incidents and complaints were collated into meaningful data.

- The host site had backup generators which were tested monthly. This ensured that in the event of a power cut, the service could continue scanning patients with minimal disruption.

Managing information

- **The service collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.**
- Alliance Medical Limited were ISO27001:2013 accredited. The ISO27001:2013 standard provides external assurance of the service's approach to information security management. Alliance Medical Limited had maintained compliance in 2017, and recertification was achieved for a further three years. During this period, the organisation's systems policies and procedures were to be reviewed twice a year by an external registered auditor.
- Alliance Medical Limited carried out an annual self-assessment of their compliance against the Department of Health information governance policy and standards via the information governance toolkit. In the 2017/18 assessment, the outcome was satisfactory against the NHS Business Partner/ITSC requirements which meant that all categories had at least a level two compliance score with an overall score of 80%. Compliance was better by 10% from the 2016/17 assessment.
- Patients could request their own scans to be sent to them. This was done via a secure online portal. This meant that the patient would need to set up an account. We were told that the only problem caused by this was patients forgetting their reporting details.

Engagement

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

- All staff received newsletters called "Risky Business" via email. The newsletter informed staff of developments at other sites within the Alliance Medical Limited group, incidents, risks, learning and performance information.

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- Alliance Medical Limited had recently introduced a daily huddle for staff to catch up with each other, voice any concerns and discuss the day ahead. Staff at this service felt it was unnecessary due to the small size of their team and explained that they were in constant communication throughout the day. However, they were trialling it to provide feedback to the organisation.
- There was an employee forum lead by the regional director and human resources for all staff across the organisation to share ideas and issues they faced. However, they had not received any enquiries and staff did not feel it was useful.
- Staff told us the service was rarely visited by Alliance Medical Limited leaders. Staff told us the regional manager had visited the service once in 12 months and they had not had any visits from any other Alliance Medical Limited leaders.
- Staff at the service told us they had good working relationships with local NHS Hospitals, other local MRI services and the host site. Staff told us they were well integrated and worked closely with staff from the host site.
- The service was part of local network of MRI services who had agreed on following a set procedure for the scanning of the ovaries to support continuity of care for local patients. This reduced the need for additional scans if the patient was to be treated at a different service to the one where they had their scan performed. It also ensured patients could be placed on the correct pathway at the earliest opportunity, whether it was entering a trial or treatment. Patient were all placed under the same specialist consultants for that area with the aim to provide better care and treatment.

- There was ongoing patient engagement through the use of patient surveys. We saw posters displayed in the unit with example of changes the service had made as part of the 'You said, we did' initiative.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, and innovation.

- Staff had opportunities to contribute to service development and had recognised an area of the CT service they could develop, with a potential to increase CT scanning work. Staff were in the final stages of finalising a local standard operating procedure for a radiographer led CT colonography service.
- Staff at the service were open to hearing suggestions from patients, visitors, and stakeholders on how they could improve the environment. The service did not have an area to cannulate patients, therefore staff used the scanning rooms which did not promote good patient experience, impacted on workflow particularly when there were complications, and increased infection risks. Staff created a patient preparation area next to the control room, which better accommodated the cannulation chair and equipment, the crash trolley and allowed for easy and clear access to the fire escape.
- There was quality use of downtime. On the day of our inspection, the service had a maintenance day for the CT scanner. The time was used for learning, upgrading software and they had invited an application specialist to review a new scanning service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should consider recording contrast media administered for the scan in all patient care records.
- The provider should consider that the resuscitation equipment checklist is checked and recorded regularly in accordance with the host site's policy.