

Chartwell Private Hospital and Diagnostics Limited

Chartwell Hendon Diagnostic Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Inspected but not rated	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

This was the first time this service had been inspected and rated. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not always follow the service's medicines policy on recording patients own pain relief use.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Chartwell Hendon Diagnostic Centre	5
Information about Chartwell Hendon Diagnostic Centre	5

Our findings from this inspection

Overview of ratings	6
Our findings by main service	7

Summary of this inspection

Background to Chartwell Hendon Diagnostic Centre

Chartwell Hendon Diagnostic Centre is an independently run Magnetic Resonance Imaging (MRI) service operating as part of the Chartwell Hospital network of services.

There was one scanning room at the service which used an open MRI machine. Open MRI machines can be used for claustrophobic and bariatric patients who would otherwise be unable to undergo a closed MRI scan and the service catered exclusively to these patient groups.

The centre provided services five days a week, Monday to Friday, for both NHS and private referrals for adults and young people over the age of 16. The service performed 100 scans per month.

The centre had a registered manager in post and was registered for diagnostic and screening procedures, and treatment of disease, disorder or injury.

This was the first time the service had been inspected and rated.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that all staff follow the medicines policy and record patients own pain relief usage.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Diagnostic imaging safe?

Good 

We have not previously rated safe at this service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Compliance for all staff was 100%. The target for all mandatory training was 90%.

The mandatory training was comprehensive and met the needs of patients and staff. This training included basic life support, infection control, and privacy and safety. Staff told us the training was mostly delivered via e-learning but that some modules such as intermediate life support, basic life support and moving and handling were face to face. Staff told us they received reminders when training was due for renewal.

Managers monitored mandatory training through a training matrix and alerted staff when they needed to update their training weekly. The matrix operated on a traffic light system, with green indicating training was in date, amber expiring in one month and red expired.

Senior managers told us consultants with practising privileges at the hospital completed mandatory training at their employing NHS hospital. The practising privileges were reviewed annually through a Chartwell Hospital centralised process with the hospital CEO providing oversight, consultants had to update their validation, mandatory training and competency records, otherwise practising privileges would be suspended.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The registered manager was the safeguarding lead for the service and had completed level three safeguarding training. The hospital target for completion of safeguarding training was 95%. All staff received level three safeguarding training in adults and children and service data showed compliance was 100%.

Diagnostic imaging

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Safeguarding policies and procedures were in place. These were available electronically for staff to refer to.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral following the safeguarding referral flowchart and who to inform if they had concerns.

There was a chaperone policy and we saw signs throughout the service advising patients how to access a chaperone should they wish to do so. We were told the service encouraged all patients to bring a chaperone with them to assist in reducing anxiety around the MRI scan.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Patient areas had suitable furnishings which were visibly clean and well maintained.

The service generally performed well for cleanliness. The service audited general infection control principles and practices and hand hygiene monthly. The service also received an external cleaning audit. The data we saw showed scores above 95% in all infection prevention and control related audits.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

At the time of inspection, the service was compliant with all government COVID-19 guidance. All staff wore masks and patients were encouraged to do so.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.

At the time of inspection we were not assured that access to controlled areas was strictly monitored in line with guidance. The medicines and healthcare products regulatory agency (MHRA), safety guidelines for MRI equipment in clinical use, recommended MRI equipment is housed in a controlled area. The department did have the appropriate controlled access area, with warning signage, although the door to the control area was not self-locking which the guidance recommended. However during our inspection we were shown evidence that a self-locking door was planned to be fitted later that week and following our inspection we received evidence to show this had been installed.

Free access to the controlled area should be given only to MRI authorised personnel. All other staff and visitors must be screened and given permission to enter the control area. On inspection, we were asked to complete safety questionnaires before entering the scanning room and were shown evidence that all other staff had also completed safety questionnaires.

Diagnostic imaging

Patients could reach call bells and staff responded quickly when called. Staff had a window in the control room through which they could see patients undergoing their MRI, communicate through microphones and respond quickly to patients needs when required.

The service had a maintenance contract with a specialist company for the servicing and repair of the MRI equipment in the event of breakdown. There was a service schedule in place with the service dates booked regularly. Routine servicing of equipment was always planned in advance to avoid disruption. Staff carried out daily safety checks of specialist equipment.

The service had enough suitable equipment to help them to safely care for patients. Equipment was correctly labelled to show whether or not it was MRI safe and all equipment, including items on the resuscitation trolley, was in date.

The service had suitable facilities to meet the needs of patients' families. The waiting area had an accessible vending machine that patients and families could use and water was available freely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff responded promptly to any sudden deterioration in a patient's health. Patients were visible and able to communicate with staff at all times while undergoing their scan. We observed staff responding quickly to patients and all staff were trained in intermediate life support in order to respond to any patient who became acutely unwell. Staff explained the procedure for removing a patient from the scanning machine in the event of an emergency and understood this was because emergency equipment is not MRI safe and cannot be used in the scanning room.

The service had an in-date deteriorating patient policy. In the event of a medical emergency, the service would call 999 for an emergency ambulance and we were shown designated ambulance parking. The service was on the ground floor and had multiple exits that could be used to transport a patient on a trolley.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after an incident. All patients completed an MRI safety questionnaire and consent form to ensure that patients did not have contra-indications to the MRI scan. All persons who enter the room, must complete a safety questionnaire, as the powerful magnetic field of the MRI system can attract objects from certain metals which can pose a risk to patients and staff. We observed staff checking the safety questionnaire and previous medical history with patients before their scan.

Staff knew about and dealt with any specific risk issues. The service had comprehensive local rules. Local rules are safe working practices specific to an individual location. Staff had to sign to confirm they had read and understood the local rules as part of their induction competency checks. All staff required to enter the scanning area had completed a safety questionnaire.

Shift changes and handovers included all necessary key information to keep patients safe.

Diagnostic imaging

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough staff to keep patients safe. Managers accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients. The number of staff matched the planned numbers. Staff told us that in the event they were short of a member of staff and a replacement was not available, patients would be re-booked to maintain a safe service.

The service had low vacancy and turnover rates. The service lead explained they would like to increase the number of staff available to expand hours at which the service could see patients and understood the importance of recruiting appropriate people into the small team.

Managers limited their use of agency staff and requested staff familiar with the service. Due to the type of machine used by the service, managers told us there were a limited number of agency radiographers with the appropriate expertise and they therefore had the same agency staff when required. Managers made sure all agency staff had a full induction and understood the service.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Records were stored securely. The service used a password protected secure electronic system to maintain patient records. Paper records such as the safety questionnaire were scanned and uploaded to the system before being confidentially disposed of. All patient and clinical information were recorded on this system. We reviewed ten patient records and found that all documentation was completed and correct.

Scan images were uploaded onto the dedicated image transfer system. The service uploaded images directly into the referring NHS hospital's picture archiving and communication system (PACS) for the trust radiologists to report. Private patient images were uploaded onto the secure electronic image transfer system for the external image reporting service radiologists to access and report on the scan. For referring clinicians unable to use the PACS system, images could be burnt onto a disc, however the service lead told us this was by exception and not the preferred method.

MRI scan reports were sent electronically by secure email to the referring clinician.

Medicines

The service used systems and processes to safely prescribe, administer and store medicines. Staff did not always record medicine use in line with the service policy.

Staff stored and managed all medicines safely. The service had a stock of MR contrast that was stored in a locked cupboard in the temperature controlled control room. MR contrast acts as a colourless dye and helps to highlight the areas of the body being examined when used. Fridge temperatures were checked regularly and this was recorded. All stock was in date.

Diagnostic imaging

Staff followed systems and processes to administer medicines safely. They followed national practice when administering MR contrast.

Staff did not always record medicine use in line with the service's policy. The service did not prescribe or administer pain relief to patients, however, some patients were prescribed pain relief by their referring consultant to minimise discomfort during their scan. We observed that staff did not always follow the service's medicine policy regarding the recording of patients own medication when this was taken at the service.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers were aware of incidents in similar services and shared lessons learned with the whole team and the wider service. If things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff were encouraged to report and record all incidents, and were able to give examples of types of incidents they would report. Staff raised concerns and reported incidents and near misses in line with the service's policy.

Staff understood the duty of candour. They were open and transparent, and knew how to give patients and families a full explanation if and when things went wrong.

The service had no never events. Managers shared learning with their staff about never events that happened elsewhere.

Staff reported serious incidents clearly and in line with the service's policy. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not rate the effectiveness of diagnostic imaging services; however, we found the following during our inspection.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidelines produced by the service and found they were in date and based on current legislation, national guidance and best practice.

Diagnostic imaging

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Due to the nature of the service, patients needed to be able to cooperate with the scan and procedures were in place to encourage and support all patients to attend with a chaperone to provide comfort as required. Staff had specific training on dementia and mental health included as part of their mandatory training.

Nutrition and hydration

Staff gave patients food and drink when needed.

Patients undergoing contrast enhanced scans were required to fast before scanning and the service provided information and support to those patients.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. The patient waiting area had an accessible vending machine that patients and families could use and water was available freely.

Patient outcomes

Managers monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included quarterly waiting times from date of referral to appointment, monthly completion rate for claustrophobic patients and monthly completion rate for bariatric patients. The service participated in relevant national clinical audits.

Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. Managers and staff used the results to improve patients' outcomes. We were given evidence that completion rates for claustrophobic patients had improved from 90% to 95% following changes made to the patient guidance leaflet after the opportunity to improve performance was identified in the monthly audit.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Improvement was checked and monitored.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All radiographers were Health and Care Professions Council (HCPC) registered. Practising privileges for supporting radiologists were available and reviewed.

Managers gave all new staff a full induction tailored to their role before they started work. The service had a radiographer competency checklist that new radiographers worked through as part of their induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified poor staff performance promptly and supported staff to improve.

Diagnostic imaging

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. These included the supporting radiologist working under practising privileges and their input had resulted in a monthly 24 hour post-IV contrast reaction monitoring audit being added to clinical audit programme. Staff told us they worked effectively across the multidisciplinary team with their colleagues.

Seven-day services

Key services were available to support timely patient care.

The service was provided Monday to Friday from 9am to 5pm.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. All patients completed safety questionnaires before their scans. Staff made sure patients consented to treatment based on all the information available. The MRI safety form required patients to sign a confirmation they had received an explanation of the procedure and wanted to proceed. Staff clearly recorded consent in the patients' records.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. Staff could describe and knew how to access policies on Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff were aware of what to do if they had concerns about a patient and their ability to consent to the scan. Staff told us they were given information about patients living with learning disabilities and dementia in advance and that these patients were advised to attend with a relative or carer to provide any necessary support.

Staff understood Gillick Competence and supported young people who wished to make decisions about their treatment.

Are Diagnostic imaging caring?

Diagnostic imaging

Good 

We have not previously rated caring at this service. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. One patient we spoke with had been unable to complete their scan due to claustrophobia. However, they praised staff for their patience and the dignity with which they treated them. Results from patient surveys between January and June 2022 showed performance averaged above 95%.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff knew the patients seen at the service were often anxious and understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We observed staff demonstrating a calm, reassuring approach when communicating with patients.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. This included taking into account information about an individual provided at the time of booking, access to translation services and individual changing rooms.

Patients were encouraged to bring a chaperone with them and staff ensured chaperones had completed a safety questionnaire before entering the scanning room. Staff supported patients who became distressed in an open environment.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their diagnostic procedure. Staff supported patients to make informed decisions about their care.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. This included access to language interpreters.

Diagnostic imaging

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. A feedback questionnaire was left in the patients changing room for them to complete and the service had a 35% response rate between January and June 2022.

Patients gave positive feedback about the service. In June 2022, 44 patients gave feedback on the service and 89% rated the service as excellent in all categories.

Are Diagnostic imaging responsive?

Good 

We have not previously rated responsive at this service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The service provided magnetic resonance imaging (MRI) services for private patients and supported local NHS trusts. The provider had a service level agreement with local NHS trusts to see patients in an open MRI machine which the service used exclusively. Open MRI machines can be used for claustrophobic and bariatric patients who would otherwise be unable to undergo a closed MRI scan.

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for patients in need of additional support or specialist intervention.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff received training in equality, diversity and inclusion and hospital training records demonstrated all staff were up to date with this training.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The service liaised with other providers to know when patients had additional needs and supported them with necessary arrangements as well as encouraging a relative or carer to accompany the patient for support.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication aids to help patients become partners in their care. This included access to a language line which could be used to explain the scan process to the patient over the telephone.

Diagnostic imaging

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. Data provided by the service showed that the average patient wait from referral to appointment between April and May 2022 was 24 days.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to provide feedback in patient areas and all patients were given the opportunity to do so. Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Are Diagnostic imaging well-led?

Good 

We have not previously rated well-led at this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Chartwell Hendon Diagnostic Centre was part of the wider Chartwell Hospital network of services. This location was overseen by the governance and leadership team based at Chartwell Hospital. The service did have its own registered manager who was on site at all times the service was open and we found that all policies were site specific to this location.

Staff we spoke with told us that the leadership team were approachable and visible with frequent walk-arounds and an open door policy.

All staff we spoke with told us they felt supported and listened to by their line manager. Staff told us they felt valued and spoke positively about the leadership. Staff felt encouraged to challenge leaders where appropriate.



Diagnostic imaging

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Service leaders had a clear vision that sought to expand the service and allow more patients to be seen within a shorter timeframe by purchasing a more powerful open MRI scanner. Funding had been approved for the improved equipment and the strategy was now awaiting certainty around estate planning before being implemented.

The service had a clear vision for what it wanted to achieve and a strategy to turn it into action. Progress against goals were discussed regularly in meetings at board level. The service had a high cost equipment replacement programme which outlined the life cycle of imaging equipment and replacement strategy.

The values of Chartwell Hendon Diagnostic Centre had been codeveloped and aligned with the values of the wider Chartwell Hospital network of services. Staff we spoke with were committed to providing good care to their patients and demonstrated awareness of the values of the service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

We found an inclusive working environment within the department. Staff we spoke with described the culture as 'patient orientated', and 'rewarding' with many referring to the anxious patients they successfully helped as an important highlight of their job. We found highly dedicated staff who were positive, knowledgeable and passionate about their work.

Staff we spoke with told us they felt cared for, respected and listened to by their peers and managers. Staff told us they felt able to challenge unsafe practice and report them to the manager. Staff told us they received debriefs where necessary, although staff said they rarely had difficult encounters with patients.

The registered manager responded positively and took immediate action as a result of most of the concerns we found on inspection and showed willingness to learn and improve.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was a clear governance structure in place. We saw an overall schematic of how this governance system operated with its structure from Chartwell Hospital level down to Chartwell Hendon Diagnostic Centre level. The service's formalised governance framework had processes to support the safe and effective delivery of care. For example, the registered manager had implemented a schedule of reminders to check compliance of mandatory training and audit the cleanliness of the clinic and equipment maintenance. They had oversight of expiry dates for Health and Care Professionals Council (HCPC) registrations and Disclosure and Barring Service (DBS) checks.

Diagnostic imaging

The Medical Advisory Committee (MAC) advised on matters such as the granting of practising privileges, scope of consultant practice, patient outcomes, clinical standards and implementing new and emerging professional guidance. The MAC ensured there was a process for overseeing and verifying doctor revalidation, continuing practice development and reviewing practising privileges.

The service had three different team meetings which took place monthly, and minutes of these were made available to staff who were unable to attend. These meetings were the practice meeting for clinical staff, the governance meeting for administrative staff, and the management meeting for clinical, administrative and service leadership. We reviewed the June 2022 meetings for each format of staff meeting, which showed staff received relevant updates regarding learning from incidents and complaints, patient experience, the business, training, and clinical effectiveness.

Management of risk, issues and performance

The service used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a local risk register. Risks had mitigations in place and plans to address them. These were reviewed and updated regularly in line with the services risk management policy.

We spoke with the registered manager who had knowledge and oversight of the services main risks and understood the challenge of risks in terms of quality, improvements and performance. These correlated to the risks we identified during the course of our inspection.

The service had a fire risk assessment, fire risk evacuation procedure, fire extinguishers and smoke detectors. All staff had completed mandatory fire safety training.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Staff had completed mandatory training on information governance and cyber security.

Staff reported there were sufficient numbers of computers in the service and spoke highly of the electronic record system being used and the centralised booking system managed by Chartwell Hospital.

Staff had digital access to policies and received feedback from audits on performance.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff had regular engagement with managers at meetings, via email, and through daily interactions. Managers were involved in the day-to-day running of the service.

Staff surveys were completed at the service and included all staff. The most recent staff survey showed that all staff felt that supported by leaders and that their efforts were recognised at least most of the time.

Diagnostic imaging

The service encouraged patients to feedback via surveys and we saw positive examples of feedback as well as negative feedback the registered manager had responded appropriately to.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Staff felt confident to suggest improvements to the service such as the introduction of a monthly 24 hour post-IV contrast reaction monitoring audit.

The service had signed contracts with a local NHS trust to be involved in a national project to collate and share relevant Central Alerting System (CAS) alerts. CAS is a web based cascading system for issuing patient safety alerts, important public health messages and other safety alerts.

The service had begun the Quality Standard in Imaging (QSI) accreditation as part of its clinical audit programme for 2022/2023 and this was predicted to be a 2 year long process to achieve.

The service had recently signed a long term contract to join a local NHS trusts Magnetic Resonance Safety Expert Services (MRSES) with the first Annual MRI Safety Audit under this new arrangement scheduled to be completed in July 2022. This also provided the provider with access to attend the MRSES's MRI Safety Network meetings, which enabled the sharing and joining of research projects.