

Chenies Mews Imaging Centre

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

Chenies Mews Imaging Centre is operated by QS Enterprises Ltd. The service provides Magnetic Resonance Imaging (MRI) diagnostic services for young people and adults.

We inspected the MRI diagnostic facilities using our comprehensive inspection methodology. We carried out an unannounced visit to the hospital on 1 November 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's

Summary of findings

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

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

The main service provided by Chenies Mews Imaging Centre was MRI scanning.

Services we rate

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

We found the following issues the service needed to improve:

- The service did not have robust policies, procedures and processes in place to ensure children were protected from abuse and improper treatment.
- Staff kept themselves, equipment and the premises clean, but hand hygiene compliance was variable.
- Staff completed risk assessments for each patient. However, local emergency procedures for cardiac arrest were not being followed.
- The service did not always follow best practice when prescribing, giving and storing medicines.
- Staff recognised incidents and reported them. However, the provider had two systems for reporting incidents but it was not clear how learning from these, was shared or how practice was reviewed.
- The service did not reference the National Institute for Health and Care Excellence (NICE) guidance or other national guidelines in policies procedures and guidelines, the.
- The service had an audit schedule, but there was no formal peer review audit undertaken by Chenies Mews Imaging Centre or follow up where areas of non-compliance has been identified.
- The service's consent policy did not reference how staff should seek consent from children and young people under the age of 18 years of age.

- The service treated concerns and complaints seriously but information on complaints was not available at the service or easily accessible on the provider's website.
- The service did not have a systematic programme of clinical audit to monitor quality or systems to identify where action should be taken.
- The service did not have effective systems for identifying risks, planning to eliminate or reduce them.

However, we also found the following areas of good practise.

- The service provided mandatory training in key skills to staff.
- The service had suitable premises and equipment.
- The service made sure all staff were competent for their roles.
- All staff worked together as a team to benefit patients
- Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them about their care and treatment.
- The service was planned and designed to meet the needs of the patients as it gave them access to timely scans.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- The staff understood the vision and strategy of the service. Staff felt supported and were positive about their leaders.
- There were plans to extend the service and ensure sustainability.

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

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Diagnostic imaging

Requires improvement



QS Enterprises Ltd. The service provides Magnetic Resonance Imaging (MRI) diagnostic services to adults, children and young people.

Summary of findings

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Requires improvement 

Location name here

Services we looked at

Diagnostic imaging;

Summary of this inspection

Background to Chenies Mews Imaging Centre

Chenies Mews Imaging Centre is operated by QS Enterprises Ltd. The service opened in May 2017.

The Chenies Mews Imaging Centre (CMIC) provides a range of magnetic resonance imaging (MRI) examinations to private and NHS patients. Patients are referred from

the local NHS foundation trust through a service level agreement and other NHS trusts in the London. The unit is registered with the CQC to undertake the regulated activity of diagnostic imaging.

The current registered manager has been in post since 26 May 2017

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and a specialist advisor with expertise in radiological services. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Requires improvement** because:

- The service did not have robust policies, procedures and processes in place to ensure children were protected from abuse and improper treatment.
- Staff kept themselves, equipment and the premises clean, but hand hygiene compliance was variable.
- Staff completed risk assessments for each patient. However, resuscitation simulations were not being undertaken every month.
- The service did not always follow best practice when prescribing, giving and storing medicines.
- The service recognised incidents and reported them. However, the provider had two systems for reporting incidents but it was not clear how learning from these, was shared or how practice was reviewed.

However, we also found the following areas of good practise.

- The service provided mandatory training in key skills to staff.
- The service had suitable premises and equipment.

Requires improvement



Are services effective?

We do not currently rate of effective for diagnostic imaging.

- The service did not reference the National Institute for Health and Care Excellence (NICE) guidance or other national guidelines in policies procedures and guidelines, the service had an audit schedule, but there was no formal peer review audit undertaken by Chenies Mews Imaging Centre or follow up where areas of non-compliance has been identified.
- The service's consent policy did not reference how staff should seek consent from children and young people under the age of 18 years of age.

However, we also found the following areas of good practise.

- The service made sure all staff were competent for their roles.
- All staff worked well together as a team to benefit patients.

Are services caring?

We rated caring as **Good** because:

- Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Good



Summary of this inspection

- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them about their care and treatment.

Are services responsive?

We rated responsive as **Good** because:

- The service was planned and designed to meet the needs of the patients as it gave them access to timely scans.
- The service took account of patients' individual needs.
- People could access the service when they needed it.

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

- The service treated concerns and complaints seriously but information on complaints was not available at the service or easily assessable on the provider's website

Good



Are services well-led?

We rated well-led as **Requires improvement** because:

- The service did not have a systematic programme of clinical audit to monitor quality or systems to identify where action should be taken.
- The service did not have effective systems for identifying risks, planning to eliminate or reduce them.

However, we also found the following areas of good practise.

- The staff understood the vision and strategy of the service. Staff felt supported and were positive about their leaders.
- There were plans to extend the service and ensure sustainability.

Requires improvement



Diagnostic imaging

Safe	Requires improvement 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

Are diagnostic imaging services safe?

Requires improvement 

This was the services first inspection. We rated safe as **requires improvement**.

Mandatory training

The service provided mandatory training in key skills to staff.

The provider had a mandatory training policy which set out the training requirements for staff and frequency of the updates. The staff had honorary contracts with a NHS provider and could access the NHS providers portals and training facilities. Training was delivered via e learning modules and face to face training.

The mandatory training courses radiographers and the health care assistant had to be completed were either annually or every two years. Staff were required to complete the following courses annually, these were Information governance, fire safety, intermediate life support and paediatric life support all had a 100% completion rate. Adult basis life support (100%), conflict resolution (100%), hand hygiene and Infection control (100%), medicines management awareness (100%), moving and handling (33%) were completed very two years. Staff were also required to complete one off training in risk awareness and equality, diversity and human rights which staff had completed. Manual handling had the lowest compliance rate of 33%. The provider advised that training for manual handling had been booked.

Safeguarding

The service did not have robust policies, procedures and processes in place to ensure children were protected from abuse and improper treatment.

Chenies Mews Imaging Centre (CMIC) did not have robust procedures and processes in place to ensure children were protected from abuse and improper treatment. We reviewed the organisation's children safeguarding policy and found that it was not compliant with national guidelines. For example, the policy did not specify the level of safeguarding training required by staff or an identified lead for safeguarding children who should be trained to safeguarding level three. Safeguarding adults and children training courses for radiographers and the HCA was completed every three years. Staff had completed safeguarding children level 2, and safeguarding adults. Since the inspection the provider has advised they have an identifies lead who has been booked onto safeguarding children level three training.

The provider had separate policies for safeguarding adults and children. The policies included details of how staff should report concerns. Staff we spoke with demonstrated limited understanding of their responsibilities.

The provider had access to a local NHS foundation trust provider's safeguarding team. However this was not detailed in the provider's service level agreement (SLA) with the local NHS foundation trust.

The service did not display information regarding safeguarding people from abuse in areas where people using the service would see it.

Diagnostic imaging

Cleanliness, infection control and hygiene **Staff kept themselves, equipment and the premises clean, but hand hygiene compliance was variable**

The CMIC MRI scanner and rooms cleaning schedule set out the details of the cleaning required for the magnet room. This detailed the cleaning required before and after each patient, daily and weekly. The radiographer staff cleaned the MRI examination room daily to ensure magnet safety precautions for magnetic scanners was observed. We observed the scanner was cleaned after each patient by radiography staff.

We found all areas within the imaging centre to be visibly clean and tidy during our inspection. A daily cleaning record was in place for general areas which was signed to confirm cleaning had been undertaken. We saw a record of daily cleaning was in place for the period May to October 2018.

Details of an infection control audit undertaken in October 2018 was provided. This demonstrated that eleven areas were audited with one area scoring less than 100%, this was disinfectants and equipment (94%). An action plan was in place which identified the problem, recommendation and action taken which was to source new Control of Substances Hazardous to Health Regulations (COSHH) data sheets and undertake a risk assessment. The new risk assessment form was not provided.

Disposable curtains were in use to screen patients when in the patient preparation area however, these were not dated to indicated when they came into use and when they were due to be renewed.

There was access to hand washing facilities and hand sanitizer gel in line with infection prevention and control guidelines. Staff used personal protective equipment (PPE) such as gloves. Radiographer staff wore CMIC uniform. Whilst shirts sleeves were $\frac{3}{4}$ length they were below the elbow. This meant staff were not bare below the elbow which did not reflect best practice.

The five moments of hand hygiene was displayed near hand washing facilities. Hand hygiene audits were undertaken to measure compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce

risk of cross contamination between patients. We reviewed the audits from August to October 2018. The audit in October 2018 showed varying levels of compliance. It was not clear how non-compliance was followed up. There were no action plans in place to address areas of non-compliance.

Environment and equipment **The service had suitable premises and equipment.**

Chenies Mews Imaging Centre had a service level agreement with the local NHS foundation trust for the trust to provide resuscitation training. This included two simulation sessions, the provision of a resuscitation policy, annual serving and temporary replacement equipment.

The Chenies Mews Imaging Centre was accessible directly from the street. There was a ground floor reception area with a reception desk that was staffed during opening hours. The waiting area had comfortable seating and there was a range of magazines and refreshments.

The MRI controlled area was on the ground floor and contained three patient changing rooms, a patient preparation area, an accessible toilet, two MRI magnet/examination room, two MRI control room with the post processing and reporting area. Patients and relatives were escorted into the controlled area via a set of doors which had controlled access.

The scanning room had enough space for staff to move around the scanner and for scans to be carried out safely. During scanning all patients had access to a panic button, ear plug and could bring their own choice of music or bring DVD's to watch during the scan. Mirrors in the scanning room allowed patients to see staff in the MRI scanning room.

MRI local safety rules were in place and reflected best practise. There was signage in place which detailed the magnet strength and safety rule.

The magnet was fitted with emergency buttons which stopped scanning and switched off power to the magnet.

MRI safe equipment such as a trolley for the safe transfer of patients and oxygen cylinder were available in the scanning room patients. MRI safe equipment is equipment that is safe to be used within the scanning room.

Diagnostic imaging

A resuscitation trolley and defibrillator were in the patient preparation area. Staff completed a checking chart and the seal tag number was recorded and the contents of drawers were checked weekly. This ensured the resuscitation equipment was safe and ready for use in an emergency.

Assessing and responding to patient risk
Staff completed risk assessments for each patient.
However, resuscitation simulations were not being undertaken every month.

There were local emergency procedures for patients who had a cardiac arrest in the MRI scanner. These had been reviewed in April 2018. As part of the procedures staff roles were to be established at the beginning of each shift, and monthly simulations were to be conducted so all staff members were fully aware of the procedure. However, we found no evidence that staff were given designated roles in the event of a cardiac arrest or that resuscitation simulations were undertaken every month. One member of staff told us they had undertaken part in three simulation sessions.

A review of the cardiac arrest management at CMIC was undertaken in May 2017. This identified six actions / findings which included practice extraction of patients from each scanner to be at least monthly. We found no evidence that this was in place.

In one of the MRI control rooms we found the patient cardiac arrest flow chart was dated May 2017. These had not been updated to reflect the local emergency procedures that had been reviewed in April 2018. This meant that the provider could not be assured that staff would be following the most up to date procedures in the event of an emergency.

All patients were required to complete MRI safety questionnaires. The safety questionnaires included asking patients if they had cardiac pacemaker, defibrillators or other devices in their chest. Female patients were asked if they were pregnant or breast feeding. We saw these were fully completed. Radiography staff went through the check lists with patients before they had a scan to ensure patients understood the questions. Family members asked to complete a patient supporter MRI safety questionnaire.

Risk assessments were in place, these included scanning patients with a pacemaker, for the administration of

contrast media, the administration of adenosine and paediatric patients. This followed best practice and demonstrated that a comprehensive risk assessments and risk management plans were developed in line with national guidelines.

Gowns were available for patients to change if their clothing contained metal, such as metal zips. The gowns promoted safety, comfort and to protect patient dignity.

There was a process for flagging unexpected or significant findings. The radiography staff would flag these immediately to the medical radiologist. The medical radiologist would advise radiography staff how they should proceed. During the inspection we observed this process when radiography staff flagged an unexpected finding after further discussion with the patient the radiographers and radiologist took the decision not to proceed with scan. The patient was advised to go back to their referring doctor.

All referrals included patient identification, contact details, clinical history and examination requested, and details of the referring clinician/practitioner.

Radiography staff used The Society of Radiographers "Pause and Check" system. Pause and Check consisted of the three-point demographic checks to correctly identify the patient, as well as checking with the patient the site/ side to be imaged, the existence of previous imaging and for the operator to ensure the correct imaging modality is used.

Radiographer staffing
The service had enough radiographer staff to keep people safe.

The provider's radiographic service was led by a team of two senior radiographers, both of whom are employed by QS Enterprises Ltd but also held honorary contracts with a local NHS Foundation Trust. This enabled staff to access the trusts on line training and intranet. The provider employed one whole time equivalent (WTE) superintendent radiographer and one WTE senior radiographer.

The radiographers worked on a rota working from 8.00am to 6.00pm on a Monday to Friday.

The superintendent radiographer was responsible for the safe and efficient running of the department and the MRI service.

Diagnostic imaging

The service reported no staff vacancies within the last 12 months.

The service reported it had not used bank or agency staff in the last three months. The registered manager advised CMIC did not use bank or agency staff.

Staff we spoke with felt that the staffing levels were appropriate,

Medical staffing

Consultants were not required to work under practising privileges with the provider. The provider held details of the consultants GMC number, insurance and details of the NHS trusts they worked for. Since the inspection the provider has advised that they require each consultant to provide proof of their appraisal either by their NHS employer or the NHS revalidation support team to ensure that consultants were fit and proper persons.

The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services. Medical staff from the local NHS foundation trust worked on rotation to review scans and prepare reports for consultant sign off.

Records

Records were clear, up-to-date and easily available to all staff providing care.

Patient records were stored and held electronically. Records were available for access by staff. Patients' personal data and information was kept secure and only staff had access to the information. Staff received training on information governance as part of their mandatory training programme.

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

Patients personal data and information was kept secure and only staff had access to the information. Staff received training on information governance as part of their mandatory training programme.

All NHS MRI examinations at the CMIC were performed under the local NHS Foundation trust patient hospital number. Each examination was booked and recorded using the local NHS foundation trust radiology information system and CMIC's own patient record system.

All imaging was stored securely on CMIC's primary image archive as well as being transferred securely via a direct link to the local NHS foundation trusts PACS system. This allowed for all imaging and reports to be accessed by the referring clinician using the local NHS foundation trust electronic health record system.

Arrangements ensured referrals from doctors not working for the local NHS foundation trust received results and the radiology reports via compact disc (CD) and paper copy. Emails were sent password protected.

All patients were given a compact disc copy of their scan.

We reviewed three patient care records during this inspection and saw records were accurate, complete, legible and up to date.

Chenies Mews Imaging Centre had a health record management policy which was in date and due for review in April 2019.

Medicines

The service did not always follow best practice when prescribing, giving and storing medicines.

The administration of contrast media was done under a protocol. A protocol is a set of instructions to guide the care of a patient or to assist the practitioner in the performance of a procedure. The local injection policy for intra venous cannulation and administration of contrast media stated, "The radiographer must have authority from either the requesting physician or on-duty radiologist before giving intravenous injections of MRI contrast". In records we reviewed it was not clear how this authority was documented. Following the inspection, the provider advised they have implemented changes to their administration process.

A risk assessment was in place for the administration of adenosine for perfusion scan purposes. The local injection policy and the drug policy and procedure did not refer to the administration of adenosine

Diagnostic imaging

Staff were trained on the safe administration of contrast medium including intravenous contrast. We reviewed staff competency files and saw all staff had received this training. We did not see evidence that staff had been trained in the safe administration of adenosine.

Fridge and room temperatures were not monitored to ensure medicines were stored at the correct temperature. This meant the service was unable to provide assurance that medicines were always stored at the correct temperatures to remain effective. In the fridge that held pain relieving cream, we found drinks for patients were also being stored.

No information was given to patients post scan which documented the contrast media they had been given which meant if they had side effects they would not know what to expect or who they should contact if they had any concerns. One patient we spoke with told us they were not advised of any side effects when they first had contrast media injected. They advised they were told to eat and drink something and wait a while before leaving.

When contrast media was administered this was recorded in the MRI log book. Staff recorded details of the patient number, name, diagnosis, the label of the contrast administered, quantity, dose and expiry date which was in line with good practice guidelines.

Medicines requiring storage were stored securely within lockable cabinets. No controlled drugs were stored and/or administered as part of the services provided by the Chenies Mews Imaging Centre.

Incidents

Staff recognised incidents and reported them. However, the service had two systems for reporting incidents but it was not clear how learning from these, was shared or how practice was reviewed.

There were six incidents reported in the 14 month period July 2017 to August 2018, four related to private patients and two incidents involved staff. The themes included equipment failure (2/6), unwell patients (2/6), patient injury (1/6) and a needlestick injury (1/6). All the incidents had details of actions taken.

Incidents involving NHS patients were reported through an electronic incident reporting system widely used in the NHS to report incidents. Under the QS Enterprises Ltd

service level agreement (SLA) all adverse incidents were to be managed by the local NHS foundation trust. Information on the number of incidents reported on NHS patients was not provided.

It was not clear how learning from incidents was shared. We review three sets of radiographers meeting minutes which demonstrated incidents were not discussed as part of these meetings.

There had been no never events in the 12 months prior to the inspection. Never events are serious patient safety incidents that should not happen if healthcare provider's follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

The staff we spoke with demonstrated limited understanding of their responsibilities under duty of candour.

Are diagnostic imaging services effective?

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

The service did not reference the National Institute for Health and Care Excellence (NICE) guidance or other national guidelines in policies procedures and guidelines.

Services, care and treatment were delivered in line with the National Institute for Health and Care Excellence (NICE) and the referring NHS trust's requirements. However, Chenies Mews Imaging Centre policies, procedures and guidelines did not reference the National Institute for Health and Care Excellence (NICE) guidance and other relevant professional guidance such as the Royal College of Radiologists.

Diagnostic imaging

Staff assessed patient's needs. Scans were planned and delivered in line with evidence-based, guidance, standards and best practice.

MRI local safety rules were in place. We found these were in date and reflected best practise.

Nutrition and hydration

Patients had access to water and hot drinks whilst waiting for their scan. There were facilities in the waiting area for patients to help themselves to tea and coffee. There was also a water dispenser for patients use.

Pain relief

Pain assessments were not undertaken at CMIC. The service held a pain relieving cream that was used as a local anaesthetic.

Patient outcomes

Managers did not monitor the effectiveness of care and treatment and used the findings to improve them.

No formal peer review audit was undertaken by CMIC.

All scans were reported by a consortium of consultant cardiologists and neuroradiologists employed by two NHS hospital trusts. All cardiac MRI examinations were double reported to ensure consistency and accuracy. All neuro MRI examinations are reported by consultant neuroradiologists, and 10% of their work was audited by the local specialist neurology hospital. It was unclear how this was reported back to CMIC so that any learning was identified and findings were taken forward.

There were no clinical audits. Chenies Mews Imaging Centre audit schedule 2018 had three audits listed. These were administration audits, radiology reporting time audits and patient satisfaction audits. The schedule detailed the frequency of each of the audits.

The service monitored the MRI turnaround times for private patients for one week during each month. The number of reports monitored each month varied from between 12 and 18. The audits demonstrated:

- the percentage of reports published within 24 hours in the ten-month period January to October 2018 were between 83% and 100%.
- the percentage of reports published within 4 hours in the ten-month period January to October 2018 were between 0% and 13%.

- the percentage of reports published in 2 hours was between 6% and 7% in August to September 2018 when one report was published each month.

Chenies Mews Imaging Centre had an administration audit schedule and policy dated September 2018. Audits were to be completed every four months. The audit included several areas including ensuring patient records had been scanned, patients had been consented correctly. One audit was provided for October 2018 which showed the 10 patient records audited all conformed to the specified requirements.

Local audits of handwashing for the period August to October 2018. The audit in October 2018 showed varying levels of compliance. There were no action plans in place to address areas of non-compliance.

Competent staff

The service made sure all staff were competent for their roles.

The service had systems in place to ensure that medical staff were competent and had the right qualifications, skills and experience which were necessary for the work performed by them.

All radiographers were Health and Care Professions Council (HCPC) registered and met standards to ensure delivery of safe and effective services to patients.

The provider reported that 100% of staff had received an appraisal in the last 12 months. Staff told us they had annual appraisals and they could attend clinical practice study days which were provided by the local NHS foundation trust. Staff were also able to undertake further professional development which included post graduate training in MRI. As part of radiographers continuing professional development (CPD) in radiography staff meeting minutes we saw that staff would presented cases for discussion. Radiography staff were also able to attend international conferences to learn about the latest techniques in MRI imaging.

The provider had a local induction checklist which was mandatory for all new staff to complete within two weeks of starting. The local induction ensured staff were competent to perform their required role. The local induction included an introduction to the work location, health and safety, governance and code of conduct.

Diagnostic imaging

Multidisciplinary working

All staff worked together as a team to benefit patients.

The provider had a service level agreement with the local NHS foundation trust. This included the provision of a clinical advisor and clinical scientist support. Consultants radiologists from the local NHS foundation hospital rotated on the site and worked alongside the radiographers reviewing the scans.

Seven-day services

Chenies Mews Imaging Service did not provide a seven day a week service

The service operated from 8.00am to 6.00pm on a Monday to Friday.

Appointments were flexible and could be offered at short notice if required.

Health promotion

The provider did not have health promotion information available to support the national priorities of for example, alcohol awareness and bone health to improve the populations health.

An information leaflet was available for private patients. This included what is an MRI scan, what will happen during the visit and how patients should prepare for their scan.

Consent and Mental Capacity Act

The service's consent policy did not provide guidelines for staff on how they should gain consent from young people under the age of 18 years of age.

Chenies Mews Imaging Centre had a consent policy. The consent policy states that consent was obtained by the radiographer or HCA asking a series of safety questions. The policy did not refer to how staff should seek consent from young people under the age of 18 years of age.

We saw that patients were required to complete, sign and date a safety questionnaire which the consenting radiographer would also sign and date. Staff we spoke with were aware of the need for consent and gave patients the option of withdrawing consent and stopping their scan at any time.

Staff demonstrated limited understanding of mental capacity. Mental Capacity Act 2005 training was not part

of the mandatory training programme. Following the inspection, the provider advised that Mental Capacity Act 2005 training was included within the safeguarding level 2 training.

Are diagnostic imaging services caring?

Good 

This was the services first inspection. We rated caring as **good**.

Compassionate care

Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Staff were seen to treating patients with dignity, kindness, courtesy and respect during the inspection. Staff introduced themselves prior to the start of a patient's treatment and spoke kindly, and with understanding of how they might be feeling.

Staff ensured that patients privacy and dignity was maintained during their time in the MRI scanner. Patients had designated changing rooms. Patients were provided with a gown if required in the changing room to protect their modesty whilst having their scan.

In the reception / waiting area we observed patients could be overheard when speaking to reception staff in the reception / waiting area which could compromised patient's privacy and dignity.

Staff demonstrated a kind and caring attitude to patients. This was evident from the interactions we witnessed on inspection. One patient we spoke with who had used the service regularly told us the staff treated them very well and were very good.

To ensure patients were comfortable staff asked patients if they wanted a blanket for warmth and comfort before the procedure and we observed staff checking if patients were comfortable during the procedure. Patients were also given ear plugs to protect their ears prior to the scan.

Patients could leave feedback following their scan at CMIC. Patients were asked five questions about their experience. In the nine-month period January 2018 to

Diagnostic imaging

September 2018 a total of 90 patients left feedback. For the question did staff treat you with dignity and respect 100% of patients responded 'yes' in eight of the nine months, however in July 2018 this was lower (88%).

Emotional support

Staff provided emotional support to patients to minimise their distress.

We observed the staff provided ongoing reassurance throughout the scan, they updated the patient on how long they had been in the scanner and how long was left. Patients also had a panic button they could press any time during the scan to summon help. Staff could stop the scanning immediately if the patient requested this.

One patient we spoke with told us that they did not like the contrast media being injected and it made them anxious. They had raised this with staff who had been supportive and made them feel better about having the contrast media injected.

Family members or carers were able to accompany patients that required support into the scanning area.

Patients could bring their own choice of music or bring DVD's to watch during the scan which was played through headphones. This helped to disguise the noise the scanners made which could cause anxiety for some patients. Earplugs were also available which protected their ears and helped to reduce the noise.

Patients could see the radiology staff whilst in the scanner using a mirror system which helps to provide reassurance.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them about their care and treatment.

We observed when staff checked through the patient's safety questionnaire, patients were given an opportunity to ask questions.

We observed staff spending time and offering reassurance to one patient whose scan had been abandoned following an unexpected finding. The patient was reassured and advised to return to the referring doctor for an x-ray prior to being referred.

Are diagnostic imaging services responsive?

Good 

This was the services first inspection. We rated responsive as **good**.

Service delivery to meet the needs of local people

The service was planned and designed to meet the needs of the patients as it gave them access to timely scans.

The service was planned and designed to meet the needs of the patients as it gave them timely access to scans.

Chenies Mews Imaging Centre (CMIC) offered predominately cardiac and neuroimaging MRI scans for both clinical and research purposes. CMIC predominately scan private patients for consultants from the local NHS foundation trust.

Chenies Mews Imaging Centre had a service level agreement with the local specialist neurological NHS hospital to scan NHS patients and provided research scanning services.

Progress in delivering services against the service level agreement was monitored six monthly by the provider and the local specialist neurological and local NHS hospital trust.

The environment within CMIC was appropriate and patient centred. There was comfortable seating, toilets, magazines and hot and cold refreshments were available.

Meeting people's individual needs

The service took account of patients' individual needs.

Chenies Mews Imaging Centre could offer same day appointments, or an appointment at a time which is most convenient for the patient. Appointments could also be arranged so patients were able to see their consultant for their results on the same day, which meant that patients did not have to make multiple journeys.

Chenies Mews Imaging Centre could report 69% of scans within 24 hours of the scan taking place.

Diagnostic imaging

Patients left with a CD of their scan so they were also able to take this to their next referring consultant/doctor appointments.

Microphones were built into the scanner to enable two-way conversation to reassure patients and offer support. Patients had a panic button they could press at any time during the scan to summon help. Staff could stop the scanning immediately if the patient requested this for example if patients felt claustrophobic.

Family members or carers were able accompany patients that required support into the scanning area if the patient wanted them there.

Face to face translation, or sign language interpreting services, including deaf relay interpreters and British sign language (BSL) lip speakers, were provided by an external provider.

The main entrance foyer had step free access for patients who had mobility issues which led directly to a dedicated reception desk and large waiting area for patients and visitors.

Access and flow

People could access the service when they needed it.

Chenies Mews Imaging Centre scanned 2307 patients in the twelve-month period November 2017 to October 2018. This included 22 children and young people which was less than 1% of the patients scanned. CMIC advised the patient mix was mostly 60% private patients and the numbers of patients being scanned as part of research studies was less than anticipated.

Private referrals were mainly sent directly to CMIC or came via specific consultant neuro-radiologist or cardiologist. The service would contact the patient to arrange a suitable date and time for an appointment. If patients had specific questions, or required any specific preparation prior to their appointment, this was discussed at the time. CMIC did not operate a waiting list for private patients.

The service level agreement (SLA) with the local NHS foundation trust included the scanning of 1200 patients per annum between CMIC and the other QS Enterprises Ltd location. NHS patients were offered appointments within the six-week timescale set out in the SLA.

Chenies Mews Imaging Centre reported no cancelled appointments in the period September 2017 to September 2018.

The registered manager reported it was very rare for private patients not to attend their appointment. If NHS patients did not attend (DNA) CMIC would contact the appointment and offer them another appointment. After two DNA's the patient would be referred to their referring consultant/doctor.

Learning from complaints and concerns

The service treated concerns and complaints seriously, but information on complaints was not available at the service or easily assessable on the provider's website.

Chenies Mews Imaging Centre received one formal complaint which was upheld in the period September 2017 to September 2018. Information from the provider demonstrated the complaint was acknowledged, investigated and responded to within seven working days. CMIC complaints policy sets out the timescales for acknowledging receipt of a complaint which was within 2 working days unless a full reply could be sent within five working days. However, the complaint was not acknowledged within the timeframe set out in the policy. It was not clear what learning had been identified following the investigation to prevent a further reoccurrence.

The registered manager told us they resolved complaints and concerns as they arose. The main theme for complaint was the difficulty patients found in locating the service. It was not clear what action the provider had taken to address this.

We found no information was on display on how patients could raise a complaint.

The Chenies Mews Imaging Centre private patient guide referred patients to the Chenies Mews website for information on how to make a complaint. We found this information was not easy to find on the provider's website.

Diagnostic imaging

Are diagnostic imaging services well-led?

Requires improvement 

This was the services first inspection. We rated well led as requires improvement.

Leadership

Managers in the service had the right skills and abilities to run a service providing sustainable care.

The registered manager was the chief executive officer (CEO) for QS Enterprises Ltd. They worked from another location but spent one day a week at Chenies Mews Imaging Centre (CMIC). The registered manager was supported by the marketing and new business manager who acted as the deputy manager. The superintendent radiographer was responsible for the clinical issues, scans and overseeing the senior radiographers including their appraisals.

The registered manager as the CEO reported to the board of directors for QS Enterprises Ltd which met bi-monthly. The registered manager told us the board of directors were very supportive of the staff and work undertaken by CMIC.

The registered manager was visible and approachable. They worked alongside other staff within the MRI facility and was clearly proud of their team and the service they provided for patients.

Staff we spoke with found the managers and the superintendent to be approachable, supportive, and effective in their roles. They all spoke positively about the management of the service.

Vision and strategy

The service had a vision for what it wanted to achieve and plans to turn it into action.

QS Enterprises had a strategic plan for 2017 – 2020. The vision and strategy for CMIC was to build on the private cardiac MRI services and become more involved with research projects to protect the business for the future.

QS Enterprises Ltd Business plan for 2018/2019 had eight strategic objectives for the developing the business which included the services at CMIC.

Radiographer staff worked closely with the staff from another location. Staff were aware of the plans to develop the services and worked closely with staff. This provided additional opportunities for training and staff development.

Culture

Managers promoted a positive culture

The staff we spoke with were very positive and appeared happy in their role.

Staff felt valued and supported. We observed good team work and peer support.

Governance

The service did not have a systematic programme of clinical audit to monitor quality or systems to identify where action should be taken.

The Medical Advisory Committee (MAC) for QS Enterprises Ltd met annually. Minutes from the meeting in March 2018 demonstrated clinical governance, operational issues, complaints, incidents, training, induction and staff appraisals were discussed.

There was a service level agreement with local NHS Foundation trust for the provision of services. However, these did not include access to the NHS provider's safeguarding team.

Radiography staff meetings were held monthly. We reviewed three sets of radiographers meeting minutes which demonstrated operational and governance issues were discussed. However, these did not evidence an analysis of performance, review of audit, or discussion of local incidents where this was applicable.

Extracts for meetings of the board of directors for QS Enterprises Ltd demonstrated that under the agenda, items such as clinical governance reports, the risk register, incidents and complaints were discussed as part of these meetings. Extracts were provided for four meetings held in March, May, July and September 2018. The extracts provided did not include details of action points to be completed or had been completed.

QS Enterprises held department managers meeting annually.

Diagnostic imaging

Chenies Mews Imaging Centre had a clinical governance policy which set out how the service operated in term of human resources, infrastructure, work environment, customer satisfaction, adults, equipment and management.

Managing risks, issues and performance

The service did not have effective systems for identifying risks, planning to eliminate or reduce them.

QS Enterprises Ltd had a corporate risk register which identified 25 risks to the business. All the risks had an identified person who was responsible for overseeing them. However, there was no evidence of when the risks had last been reviewed or when they had been entered onto the risk register.

Chenies Mews Imaging Centre had a local risk register which identified two risks. It was unclear how these risks were monitored; what actions had been taken to mitigate the risks or when they were last reviewed.

Chenies Mew Imaging Centre did not have formal MRI Safety Meetings which did not reflect best practise. The provider told us this was included as part of the MAC meetings and radiography meetings but there was no standing agenda item for MRI safety. Following the inspection, the provider forwarded a proforma standing agenda for a MRI safety meeting. No further information was provided on when this was to be introduced or frequency of meetings.

There was a lack of local audit and no formal peer review of scans for quality and accuracy which meant CMIC were not able to easily identify what areas of practice and performance needed to be reviewed or improved.

QS Enterprises Ltd had a business continuity plan which covered all the services in the event of an incident causing significant disruption to normal service delivery. The plan was due to be next reviewed in November 2018.

Managing information

The service held information using secure electronic systems.

Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.

Information from scans could be reviewed remotely by referrers from the local NHS trust, 69% of patient's scans were reported and published within 24 hours. This meant referrers received advice and interpretation of results to determine appropriate patient care in a timely manner.

Staff had secure access to the local NHS foundation trust intranet which gave them access to trust news, policies and procedures and their training and personal development records.

There were sufficient computers in CMIC for the number of staff to be able to access the system when they needed to.

Engagement

The service engaged with patients and staff.

Chenies Mews Imaging Centre had a patient satisfaction survey policy and procedure. The procedure set out the data to collected which included an overall star rating with free text feedback, quality of facilities, friendliness and helpfulness of staff, quality of communication, privacy and respect, quality of information provided and quality of food/beverages (if applicable).

Private patients could feedback via an iPad that was available in the reception area, via the CMIC google page or write to the manager. NHS patients were referred to feedback via the local NHS foundation trust. However, it was not clear how this feedback was reported back to CMIC.

Following feedback from patients the CMIC advised they now offer a selection of patient gowns which gives greater dignity for patients, improved beverage facilities, a wider range of waiting room literature and newspapers, and increased flexibility of appointments for patients.

Radiographer meetings were held monthly and minutes were taken at these meetings. We saw the minutes from the last three meetings which included; news and updates, operational issues and governance and continuing professional development (CPD).

Learning, continuous improvement and innovation

The service was committed to improving services

Diagnostic imaging

Rotation of staff between QS Enterprises Ltd two locations in London enabled cardiac expertise to be gained by all radiographic employees, this enables further development opportunities for staff and provides a more robust scanning service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure staff understand their responsibilities under duty of candour.
 - The provider should have robust policies, procedures and processes in place to ensure children were protected from abuse and improper treatment.
 - The provider should ensure staff comply with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.
 - The provider should monitor fridge and room temperatures to ensure medicines were stored at the correct temperature.
 - The provider should ensure they follow best practice when prescribing, giving and storing medicines.
 - The provider should ensure there is learning from incidents are shared and practise reviewed.
 - The provider should ensure monthly resuscitation simulations are undertaken.
- The provider should ensure they have effective systems for identifying risks, planning to eliminate or reduce them.
 - The provider should ensure there is a systematic programme of clinical audit to monitor quality or systems to identify where action should be taken.
 - The provider should ensure policies, procedures and guidelines reference the National Institute for Health and Care Excellence (NICE) guidance and other relevant national guidelines.
 - The provider should ensure the consent policy provides guidelines for staff on how they should gain consent from children and young people under the age of 18 year of age.
 - The provider should ensure information on complaints is easily assessible on the provider's website and in the clinic.