

Medserena Upright MRI Ltd

Medserena Upright MRI 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?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

Our rating of this location improved. 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.
- 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:

- The call alarm in the patient toilet had been relocated since the last inspection and was now within easy reach from the toilet. However, it was a push-button call alarm and it was not obvious it was for emergency use. This was also the case in the patient changing rooms and the MRI suite. Since the inspection the service had demonstrated changes and signage now made it clear the push buttons were for emergency use.
- All staff including administrative staff had been made aware of their roles in the case of a medical emergency such as cardiac arrest and knew how to turn the magnet off. However, a radiographer occasionally worked without a second radiographer or radiologist, and there was a lack of all staff scenario training for when a patient was in distress.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	See overall summary.

Summary of findings

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Summary of this inspection

Background to Medserena Upright MRI Centre

Medserena Upright MRI Centre is registered to provide diagnostic and screening procedures. The service provides open and upright Magnetic Resonance Imaging (MRI) facilities for adults and young people over the age of 12 years. It is owned and managed by Medserena Upright MRI Limited and there is a registered manager in place.

We last inspected this service on 27 February 2019 where we made seven requirement notices because of breaches to the essential standards of quality and safety. They related to the environment, equipment, safe administration of medicines, governance and leadership.

This inspection focused on the key questions of is it safe and is it well led. This was because these were the areas where we had previously found concerns. At this inspection we found all of the requirement notices had been met.

How we carried out this inspection

We visited all parts of the service, including treatment rooms, waiting areas, patient changing area and record storage facilities. We spoke with patients, radiographers, administrative staff and managers. We reviewed documents that related to the running of the service including policies, standard operating procedures, equipment, meeting minutes, incident investigations, training records and service contracts.

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 the 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 consider implementing emergency scenario training so that all staff including administrative staff are clear about their roles in the event of a patient emergency.

Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

Safe	Good 
Well-led	Good 

Are Diagnostic imaging safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. The mandatory training was comprehensive and met the needs of patients and staff. Staff were provided with a day out of normal duties to complete their training which ensured the service maintained a 100% training record. The radiographers had both participated in continued professional development in MRI safety and were aware of the need to keep this in place to ensure safe practice.

Safeguarding

Staff understood how to protect adults and children at risk from abuse. Staff received training specific for their role on how to recognise and report abuse and they knew how to apply it. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

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. Staff followed infection control principles including the appropriate use of personal protective equipment (PPE). Nothing was re used including gowns.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Dedicated cleaners attended once a day and the MRI room was cleaned before and after each patient. In response to the Covid 19 pandemic cleaning products were changed to anti microbial.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Contracts were in place for all health and safety related upkeep such as alarms, fire safety and lift servicing. Electrical equipment had been portable appliance tested by a qualified person. The first aid box was clearly labelled, dated and all items present. The resuscitation trolley was checked daily and all items were within date. Sharps bins are correctly labelled and dated.

Diagnostic imaging

Servicing and maintenance of MRI equipment kept people safe. The MRI machine was regularly serviced and performance tested. Air flow and air conditioning were regularly checked. Software improvements kept up with technological improvements. MRI safety information was in place and dated. MRI safety labels were in place for all equipment including the toilet stand, wheelchairs and other aids.

The call alarm in the patient toilet had been relocated since the last inspection and was now within easy reach from the toilet. However, it was a push-button call alarm and it was not obvious it was for emergency use. This was also the case in the patient changing rooms and the MRI suite. Since the inspection the service had demonstrated changes and signage now made it clear the push buttons were for emergency use.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. Safety screening and assessments had been fully completed, dated and were suitable for identifying risks associated with an MRI service. Assessments had been updated to incorporate Covid 19 risks. Radiographers were trained in recognising obvious pathologies and had prepared a patient pathway for urgent reports and referrals.

A radiographer occasionally worked without a second radiographer or radiologist being present. All staff including administrative staff had been made aware of their role in a medical emergency and knew how to turn the MRI magnet off. However, there was a lack of scenario training for staff to rehearse their response to such emergencies.

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.

There were two radiographers, including one senior. The service was aware of the need to have two staff present when patients were cannulated for the administration of contrast media and adhered to this staffing level for safe practice. A contrast agent (or contrast medium) is a substance used to increase the contrast of structures or fluids within the body in medical imaging.

The two radiographers only worked alone when the other was on leave. The service had identified this was not ideal because of manual handling and chaperone possibilities and were employing a third. There were three administrative staff, including one senior who provided adequate support.

There was a sufficient number of consultant radiologists, covering specialisms that met the needs of patients. One was contracted as the head of MRI safety and provided advice on safe practice and treatment. Consultants were maintained on practising privileges. Suitable checks were in place and up to date.

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.

Patient records were mostly online with firewall, encryption and security. Referrals and safety questionnaires that were in paper form, were scanned and then destroyed. All paper records were stored in secure, locked cupboards.

Diagnostic imaging

Patient notes were comprehensive and all staff could access them easily. Assessments were completed correctly and dated daily. Records were diligently completed and included the time and length of scans. Consultants described images as excellent and reportable quality. PACS images, were there and sent to the referrer, for example the hospital trust. Patients were given USB stick with their images.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. Contrast safety had improved and was now authorised and prescribed by a consultant radiologist, and no contrast was given without them being present.

Cannulation was viewed by a radiologist who reported on it being correctly completed. MRI staff were trained to cannulate, and practice was audited. Contrast was stored securely; temperature checked and was checked for being in date.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. A system of online reporting was in place. Incidents were reviewed by the service director. Learning took place in team meetings where actions were agreed. Managers ensured that actions from patient safety alerts were implemented and monitored. Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Are Diagnostic imaging well-led?

Good 

Our rating of well-led improved. 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.

All staff reported to the operations manager for the service. They reported to the managing director for the UK. The period of time following CQC's last inspection was described as a learning curve. Leaders demonstrated a good awareness of their regulatory responsibilities and keeping people safe.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. We were provided with an evidence-based strategy and a business plan. The vision and strategy were focused on sustainability of services and aligned to the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Culture

Diagnostic imaging

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. There was a culture that valued kindness and a belief that being a good employer filtered through to good patient care. The service had an open culture where patients, their families and staff could raise concerns without fear. Comments made by patients about the service were valued and acted upon for service improvement and patient satisfaction.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. There was a governance structure that worked to provide assurance to the company's overseas management board.

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 were regular UK management board and management team meetings taking place. Quarterly team meetings were attended by all clinical and admin staff.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. There was a management committee that regularly reviewed identified risks. Risks were also escalated through team meetings attended by all clinical and administrative staff. Meeting minutes demonstrated incidents, clinical risks, clinical quality assurance were regularly discussed. There was a safety committee attended by a physicist, radiographer and radiologist that reported on practice updates, risk and safety. This included their responsibility for complying with the Ionising Radiation (Medical Exposure) Regulations 2017.

Audits effectively monitored risk and performance and were reported up to management meetings. This included audits in infection control practices, environment, cannulation, equipment and standard reporting measures such as patient contact for appointment, referral to appointment time and report turnaround time.

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. An IT structure was in place with firewall and security. Patient images were sent through encrypted and confidential online reporting systems.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service regarded the comments section of patient satisfaction surveys as a valuable source of engagement with the patient experience. We were given several examples where the service had made changes following patient comments. Patient satisfaction surveys were regularly achieving an 80% feedback rate. Since the pandemic and changes to infection control processes, this had fallen. However, the service were considering other ways of improving this.

Diagnostic imaging

The service regularly engaged with NHS trusts where service level agreements were in place. This included direct contact with MRI leads and regular meetings regarding performance. Studies on patient conditions Ehlers-Danlos *syndrome* and cranial instability were taking place in collaboration with external stakeholders.

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.