Prime Health Diagnostics

Quality Report

Unit 10 and 11 Horizon Business Village,
1 Brooklands Road,
Weybridge,
Surrey,
KT13 0TJ
Tel:01932504999
Website:http://www.prime-health.co.uk/

Date of inspection visit: 09/10/2018
Date of publication: 19/03/2019

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

Ratings

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Services we rate

We rated it as good overall because:

- Staff were provided with sufficient mandatory training to ensure they could safely meet patients' needs.
- The safeguarding adults and children policy reflected national guidance. Staff were aware of their role in protecting patients from the risk of abuse. Safeguarding concerns were reported in line with the policy.
- The clinic was visibly clean and we saw environmental audits which showed high levels of infection control compliance.
- We saw staff apply infection control measures in line with best practice guidance. Hand hygiene audits were in place and showed good compliance.
- Equipment was visibly clean, serviced regularly and records showed staff checked the equipment daily.
- There were sufficient numbers of staff to meet the needs of the service, to keep people safe from avoidable harm and abuse and to provide the right care and treatment
- Clinical incidents were reported, investigated, learned from and used to improve the quality of the service.
- Policies and procedures reflected best practice and national guidance.
- There was an audit lead who had oversight of the audit process and supported staff when improvement was required.
- Staff were encouraged to continue their personal development and had a yearly appraisal.
- Staff understood their role in ensuring consent was obtained before patients had any examinations.
- Patients were cared for by kind, respectful and professional staff.
- Staff understood their patients' individual needs, because they involved them in decision making about how their care should be delivered.
- Emotional support was provided to patients by staff, this included extended appointments for those who suffered from anxiety related conditions.
- Services were tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. For example, many patients were provided with same day appointments. Extended opening hours meant those who worked office hours could access the service at a time that suited them. Patients were offered a holistic approach to care and could easily access other healthcare professionals and a wide range of alternative therapies.
- Patients' individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provide choice and ensured continuity of care by making sure reports were available within twenty-four hours, or immediately in the event of an urgent treatment.
- There was a proactive approach to understanding the needs of different people, to deliver care in a way that promoted equality. This included providing areas for patients who wished to pray whilst waiting for their appointments, extended appointment times for those with complex needs, and making key service information available via a hearing loop and braille.
- The leadership, governance and culture was used to drive and improve person-centred care. Staff were committed to the vision, strategy and aligned to a culture of ensuring clinical priority and customer service over financial gain.
- Governance and performance management arrangements was proactively reviewed and reflected best practice. Risk management processes were linked to ensure all risks regardless of severity were identified, mitigated, traffic light colour rated (Red, Amber, Green,) and reported to the Medical Advisory Committee.
- The clinical director demonstrated an inspiring shared purpose, strived to deliver and motivate staff to succeed. A cohesive, person centred and open culture had been developed.
- There were high levels of staff satisfaction. Staff told us they were proud of the organisation spoke highly of the leadership and the culture. Staff felt free to raise comments and concerns.

Summary of findings

- There was strong collaboration and support across the service, and a common focus on improving quality of care and people's experiences. This included good working relationships and feedback processes with the referrers and external organisations.
- Feedback was welcomed and used to improve the service and patient experience.
- The leadership strived for continuous improvement. Staff were empowered to deliver change and safe innovation was celebrated.

Name of signatory

Nigel Acheson

Deputy Chief Inspector of Hospitals

Overall summary

Prime Health Diagnostics Ltd opened in June 2012 and provides diagnostic healthcare services in a five to ten-mile radius around Weybridge, Surrey. The diagnostic imaging service, delivered 3T Magnetic resonance imaging (MRI), Digital X-ray and Ultrasound services. The provider is subcontracted by a local private hospital to facilitate a choose & book NHS contract.

The main service provided was diagnostic screening however, it also provided a GP and a wide range of other health therapies. We did not inspect the GP service as part of this inspection. Most of the MRI referrals are for musculoskeletal (MSK) imaging but also have a smaller number of neurological, urological and prostate referrals throughout the year. The x-ray and ultrasound services are mainly musculoskeletal (MSK) orientated, but also include other specialities.

We last inspected this location in January 2013. Our inspection found the provider compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 9th October 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 needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	The service provided safe treatment to patients. There were sufficient numbers of staff to meet the needs of the service and we found the risk associated with the spread of infection was well controlled. Policies and procedures reflected best practice and national guidance. Patients were cared for by kind professional staff. Patients' feedback was consistently positive and proactively sought to improve the service. Information on service fees was freely available to patients. The service delivered, took account of the needs of the local community. Patients' individual needs and preferences were central to the planning and delivery of services. The services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. The service was flexible, provided choice and ensured continuity of care by ensuring reports were available within twenty-four hours, or immediately in the event of a finding requiring urgent treatment. We found effective risk management and governance systems. These took account of, and provided oversight of the risks and quality of services. There was a clear leadership structure and team that provided good support for staff. The culture of the service was cohesive, proactive and held patients at the centre of the service. Staff felt valued by the leadership team, and were proud to work in the service.

Summary of findings

Contents

Good

Prime Health Diagnostics

Services we looked at:
Diagnostic imaging;

Summary of this inspection

Background to Prime Health Diagnostics

Prime Health Diagnostics Ltd opened in June 2012, and provides diagnostic healthcare services in a five to ten-mile radius around Weybridge, Surrey. The diagnostic imaging service, delivered 3T Magnetic resonance imaging (MRI), digital x-ray and ultrasound services. The main service provided by this service was diagnostic screening, however, it also provided a GP service and a range of other health therapies. We did not inspect the GP service as part of this inspection.

The provider is registered for the following activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The same CQC registered manager has been in place since the service was registered in 2012.

We last inspected this location in January 2013. Our inspection found the provider compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Our inspection team

The team that inspected the service comprised of two CQC inspectors. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Prime Health Diagnostics

Prime Health Diagnostics Ltd opened in June 2012 and provides diagnostic healthcare services in a five to ten mile radius around Weybridge, Surrey. The diagnostic imaging service, delivered 3T MRI, digital x-ray and ultrasound services. The business model ensured the service was responsive to provide rapid access, same day diagnostics services to elite sports men and women. The service is subcontracted by a local private hospital to facilitate a choose & book NHS contract. The service conducted 4,766 MRI's, 900 x-rays and 989 ultrasounds between September 2017 to September 2018.

The main service provided by this service is diagnostic screening. Most of the MRI referrals are for musculoskeletal (MSK) imaging. The service also receives a small number of neurological, urological and prostate referrals throughout the year. The x-ray and ultrasound services are mainly MSK orientated but also include other specialities. The service was primarily focused on self-pay, private medical insurance, elite sport, medicolegal and self-pay referrals.

During the inspection, we spoke with nine staff including; radiographers, the medical director, the clinical director, administration staff, reception staff and medical staff. We spoke with six patients. We also reviewed a large sample of patient feedback comments and suggestions completed prior to our inspection. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the Care Quality Commission at any time during the twelve months before this inspection. The service was inspected on one other occasion, and the most recent inspection took place in January 2013 which found that the service was meeting all standards of quality and safety it was inspected against.

Track record on safety

- There were no never events within the inspection time frame. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- A total of 15 clinical incidents was reported in between September 2017 to September 2018 which were graded as no harm or low harm.

Summary of this inspection

- No serious injuries were reported within the last twelve months.
- The service received four complaints.

Services accredited by a national body:

The service was not accredited. Accreditationis a quality assurance program for clinical images produced for MRI.

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?

Good

We rated safe as good because:

- There were systems and processes to ensure patients received safe care.
- The service provided sufficient mandatory training to ensure staff could meet the needs of the service.
- Staff were aware of their role in protecting patients from the risk of abuse. Staff reported concerns in line with national guidance.
- The risks associated with the spread of health acquired infection were reduced because staff followed best practice.
- There were sufficient numbers of staff to ensure the service was delivered.
- Patients had their individual needs risk assessed before a procedure.
- We found systems and process to ensure incidents were reported, learned from, and used to improve the service.

Are services effective?

Diagnostic imaging services are not currently rated in this domain.

- Service policies and guidelines reflected best practice and national guidance.
- We found audit processes monitored the image quality and suitability of the referrals against the Society of Radiographers best practice guidance. There was a clinical lead who had overall responsibility for the audit activity in the service.
- Staff were competent to meet the needs of patients. They were provided with an annual appraisal and supported to learn and develop professionally.
- There was a multi-disciplinary approach to service delivery.
- Consent was obtained in line with the service guidelines.

Are services caring?

Good

We rated caring as Good because:

- Patients were treated with dignity and respect. Staff interactions were kind, caring and professional. They provided detailed information to patients and gave them enough time to ask questions about their planned procedures.
- Patients were provided with emotional support by staff. They were also provided with additional therapies to manage claustrophobia or other anxieties if required.

Summary of this inspection

- Patient feedback was actively sought and used to improve the service. It was consistently positive.

Are services responsive?

Outstanding 

We rated responsive as Outstanding because:

- Services were tailored to meet the needs of individual people.
- Patients could access services without delay and at a time that suited them.
- People's individual needs and preferences was central to the planning and care delivery.
- The provider had a complaints review process which directly involved patients. Service improvements were made from comments and complaints.

Are services well-led?

Good 

We rated well-led as Good because:

- Governance and performance management arrangements were proactively reviewed.
- Risk management process were linked to ensure all risks (regardless of severity) were identified, mitigated, RAG rated and reported to the Medical Advisory Committee.
- The clinical director demonstrated an inspiring shared purpose, and motivated the team to succeed.
- The culture of the service was cohesive, proactive and held patients at the centre of the service. Staff felt valued by the leadership team, and were proud to work in the service.
- Staff at all levels are actively encouraged to raise concerns.
- There was strong collaboration with patients, eternal stakeholders and referrers which ensured a common focus on improving quality of care and people's experiences.

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Outstanding
Well-led	Good

Are diagnostic imaging services safe?

Good

We rated it as good.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service had enough staff with the right qualifications, skills and training.
- Mandatory training was provided to staff through an on-line learning platform. One day was set aside to ensure all staff completed their training at the same time each year. Staff confirmed they received sufficient mandatory training to ensure they could do their jobs.
- All staff had completed mandatory training. We saw training compliance records were held electronically on a central database for easy oversight. Examples of the training provided included the following topics, fire health and safety, infection control, information governance, customer service, equality band diversity. The service had a set training compliance rate of 100%.

Safeguarding

- Patients were protected from the risk of abuse because staff were aware of their duty to protect them.
- The provider had an up to date vulnerable adults and children policy which reflected national guidance and was easily accessible to staff.
- Administration staff received level one adult safeguarding training which was delivered as an annual online training package. Allied health professionals received level two adult and children's safeguarding training. One-hundred percent of staff had completed level one and level two safeguarding training. Two senior staff had received level three safeguarding training.
- There was a dedicated safeguarding lead for the service who provided additional support and advice to staff when needed.
- We saw written records which showed staff identified concerns and reported them in line with the service policy. Any safeguarding reports made were logged on the incident reporting system and had the outcome followed up. This was to ensure the service learned from alerts. On this occasion the alert was not accepted by the local authority, therefore the referral was not reportable to CQC.
- A safeguarding emergency contact list was laminated and displayed in the staff office. This ensured staff could easily raise a concern because the contact details were readily available.
- Patients rarely Did Not Attend (DNA) their appointments. Whilst there was no formal DNA policy in the service, administration staff followed these up via telephone call. An email was also sent to the refer to make them aware of the nonattendance.

Cleanliness, infection control and hygiene

- Service users were protected against the risk of health acquired infections.
- Staff were bare below the elbows, washed their hands in between patient contact, wore personal protective equipment (PPE) correctly. PPEis equipment that will protect the user against health or safety risks at work. We saw staff clean and prepare equipment in line with the providers own policies and best practice.

Good

Diagnostic imaging

- We observed staff cleaning reusable medical equipment such as immobilisation foams and radiofrequency coils (radiofrequency coils are essential for producing high quality images). They used disinfectant wipes after every use.
- The provider had an Infection Prevention and Control policy which reflected best practice guidelines. There was a staff member who took the lead on infection prevention and control practice. This role provided advice and support to staff, as well as oversight of infection control standards in the service. It was in date and reviewed regularly.
- The standard of cleanliness was audited twice a year. The last audit found the environment achieved 98% of the set standards.
- We saw clearing logs which showed staff routinely cleaned the equipment in between patients and on a daily basis.
- Staff had hand hygiene audits recorded every six months. These assessments showed good levels of staff compliance. The last audit showed 100% compliance with the set standards.
- Sharps bins were signed, dated and stored off the ground. Clinical waste was separated and disposed of in line with best practice guidance. Sharps practice was audited ever two months to ensure they met the regulations.
- Disposable consumables were single use. For example, gloves, paper towels and ear muffs.
- Hand gels were available around the clinic. They were full and we saw staff used them during the inspection.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- There was a security controlled entrance lobby with a high/low reception desk, waiting area and a private administrative office with kitchenette. The diagnostic suite was accessed via a security fob. This only allowed entry to authorised staff and accompanied patients.
- The service had three lockable private changing rooms, one had disability access and toilet facilities, and a separate secure clinical waste room. The digital x-ray and ultrasound service had separate rooms.
- Each scanning room, toilet and assessment room had an alarm for use in the event of an emergency. We saw records to evidence the emergency call bell checks. These checks showed the working order of the bell, as well as the staff reaction times to the alarm.
- The service showed us the annual fire risk assessment and fire evacuation drills for the clinic. We saw MRI safe fire extinguishers and the centre had dedicated fire wardens. MRI safe equipment is made from non-metal materials so not to interact with the magnetic field of the scanner. Equipment deemed to be MRI safe was marked so to make it easily identifiable in line with the Medicines and Healthcare Products Regulatory Authority (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2015).
- There was a Control of Substances Hazardous to Health (COSHH) policy. COSHH items were stored securely in a locked cupboard.
- The MRI had a maximum weight limit of 200kgs which was known to staff. We saw records which showed room temperatures were checked and recorded daily.
- There was an effective system for recording faulty equipment. All fault/error messages (including those resolved by radiographers) recorded to monitor trends. Messages were shared, reviewed, and discussed with service engineers and manufacturers. The service had a handover form which recorded the equipment checks. The form contained detailed information about each check and actions taken for any identified faults. There was a section for the receiving radiographer to sign to indicate they were happy with the standard of checks upon handover.
- We found appropriate signage displayed outside of clinical areas to indicate rooms were in use and should not be entered.
- We saw evidence that film badges and x-ray lead gowns were regularly tested. A lead gown is a is a type of protective clothing that acts as a radiation shield. A filmbadgeis a dosimeter or filmbadgeis a personal dosimeter used for monitoring cumulative radiation dose
- The service had a resuscitation trolley and emergency equipment available and certified as MRI safe. We saw evidence that showed this was checked regularly by staff.

Assessing and responding to patient risk

Good

Diagnostic imaging

- The provider had systems and processes to ensure individual risks were assessed and effectively managed.
- Staff had access to a contrast policy which reflected best practice. Contrast can be defined as is a substance used to increase the contrastof structures or fluids within the body inmedicalimaging. Staff were aware of the risk contrast posed to patients for example, neuropathy, or anaphylaxis's and carried out a risk assessment prior to administration.
- There was a dedicated radiation protection supervisor who took responsibility for MRI safety in the service. The service had a routine performance testing programme in place for the MRI scanner and x-rays equipment. We saw both reports and found no concerns documented.
- All referrals had a risk assessment carried out by the radiographers to make sure the service could safely meet their needs. The service had a standardised proforma which asked questions related to pregnancy, pacemakers, shrapnel or metal. It also included the reason for referral, patients current condition, and any existing medical history.
- Patients presenting for x-ray whom were considered 'high risk' of pregnancy were asked to complete a pregnancy test upon arrival.
- All patients who presented for a scan had to fill out a safety questionnaire. Each form was reviewed together by the radiographers, and patient prior to any imaging procedure. Staff were observed reviewing the screening forms after completion and undertaking a systematic three-point check to confirm each patient's identity before a procedure.
- A three point identify check was undertaken to ensure the patients matched the details in the referral. We saw allergies clearly documented on the referral forms. Patients were also asked about their allergies, as part of the routine checks in line best practice guidance, prior to any procedure.
- Staff had access to an emergency trolley which contained all the consumables required to manage an unforeseen event. This included an anaphylaxis kit, an eye splash and first aid kits. We saw records which showed these were checked regularly by staff. Posters outlining the resuscitation council algorithms were displayed for easy access.
- The service had a policy and suitable guidance for staff to follow should an emergency occur.
- All staff received basic life support and Automated External Defibrillator (AED) training to ensure they had the skills required to manage an emergency.
- The MRI bed could be converted to a trolley which detached from the scanner if a patient needed to be transferred in an emergency.
- The centre had numerous emergency bells around the clinic, (toilets, MRI suite, and control rooms) to alert staff to an emergency.
- There was a dedicated ambulance meeting point where a staff member waited to direct the ambulance staff to the centre.
- If there was a concern identified during a scan or x-ray, there was a process for staff to follow to ensure an immediate response. This included fast radiologist reporting, and contacting the referrer directly to make them aware of the findings. Patients who required emergency treatment were provided with their scan results on a compact disc and advised to attend their local Accident & Emergency (A&E). Staff phoned local A&E to make the department aware of the findings, confirm the images electronic availability, and discussed the possible need for admission. We saw evidence that showed staff responded quickly to abnormal findings.

Staffing

- The service had sufficient numbers of staff who had the correct pre- employment checks undertaken before staring work.
- There was a standard staffing template in use to help determine the ideal numbers of staff up to a month in advance. A minimum of two MRI and x-ray competent radiographers were on duty every day. Five administration staff and other medically trained colleagues supported the radiographers. We saw staffing rotas which showed this was consistently achieved.
- Vacancies were back filled by the services own staff therefore; the service did not employ agency staff.

Medical Staffing:

- There was sufficient medical cover to meet the needs of the service.
- Onsite medical support was available each day during opening hours. There was always a GMC registered consultant available and emergency support could be access instantly by pushing the alarm.

- Staff had access to a list of GP's and consultants should they need urgent medical support. Scan reporting was undertaken by a team of radiologists who either worked directly for Prime Health Diagnostics or remotely under practising privileges arrangement.

Records

- We found records were generally stored in line with guidance and kept confidential. However, we found one record with patient identifiable information that was not stored in line with the regulations.
- The service used an electronic Radiography Information System (RIS). Medical records were stored securely and kept confidential. Virtual Private Network (VPN) connections was available to consultant radiologists to facilitate remote service access. Images were also sent via secure email which allowed for rapid reporting turnarounds. Image reports were provided to the referrer within 24 hours of the imaging taking place. This promoted fast clinical management for the patient.
- Patient radiology reports was made available to all consultants using the centre. Reports for external staff was sent via encrypted emails.
- Records contained information about radiation exposure and past exposures were checked routinely to reduce the risk of over exposure.

Medicines

- Medicines were stored, handled and disposed of, in line with national guidance.
- There were no controlled drugs (CD's) held on the premises. Controlled drugs are medicines liable for misuse that required special management.
- We found contrast was in date and stored in line with best practice guidance. There was also guidance on the safe disposal of contrast agent which staff followed.
- We saw logs which showed the fridge temperature were routinely monitored.
- Staff used Patient Group Directions (PGD's). Patient group directions allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription.
- Staff were assessed to ensure they were competent to administer these medications. We reviewed a sample of PGDs and saw they were in date and in line with National Institute for Health Care Excellence (NICE) guidance.

Incidents

- The provider had systems and processes to make sure incidents were identified, reported, investigated and learned from.
- There was an up to date incident reporting policy available which provided guidance for staff on how to raise a concern and outlined the process of investigation.
- Staff we talked with told inspectors how the incident reporting system worked and provided evidence of learning from incidents reported in the past. Learning from incidents was discussed as part of staff meetings. Staff told us the size of the team supported a timely and effective feedback.
- Staff told us the service had a 'no blame' approach to incident reporting. Staff were aware of how to raise an incident and could tell inspectors of the action take to prevent recurrence.
- The service did not report any never events in the 12 months prior to our inspection. The numbers of incidents reported was low. Of the incidents reported, we found they were all low-level reports, resulting in no harm to the patient.
- The service reported no Ionising Radiation (medical exposure) Regulations (IRMER), 2000 incidents to the Care Quality Commission (CQC) in the last 12 months. A radiation protection adviser (RPA) based at a London NHS trust was available for advice regarding incidents if required.
- The service had a Duty of Candour policy. Staff were aware of their role in upholding the regulation. We saw evidence that patients were involved in the incident review process.

Are diagnostic imaging services effective?

We did not rate the effective domain.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance.
- Policies and procedures used in the service followed evidence based practice and were developed in line

with the health and care professions council (HCPC) standards of proficiency for radiographers. These standards set out safe and effective practice in the Radiography profession.
- They also reflected the medicines and healthcare products regulatory agency (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2015).
- Polices also reflected the National Institute for Health and Care Excellence (NICE) guidelines.
- The service also used iRefer, a radiological investigation guidelines tool developed by the Royal College of Radiographers guidance to inform policies and pathways.
- The service was not accredited at the time of inspection. Accreditationis a quality assurance program for clinical images produced forMRI.

Pain relief

- Patients were not routinely asked about their pain levels. Due to the nature of the service, it was expected patients self-manage their pain prior to their appointments. However, if a patient expressed concerns about pain, this was assessed on an individual basis and staff provided guidance and support to manage the situation accordingly.
- Pads and supports were available for patients to ensure pain whilst in the scanner, from being in one position, was minimised.

Patient outcomes

- The service monitored the quality of the images and the relevance of the referrals in line with the Society of Radiographers guidance.
- This audit was undertaken every two months and included between 5 and 10% of all the images taken in the service. There was a process to ensure that poor performance was addressed and improved.
- Feedback from referrers on the quality of the images, responsiveness and overall service provided was also sought on an ongoing basis. This feedback was used to improve the service.

Competent staff

- All new staff went through an induction process to ensure they were familiar with the services policies and procedures.
- Records showed that staff were trained in MRI/X-ray safety level responsibilities relating to the use of all equipment.
- Bank staff completed the same induction programme as contracted staff. This included dealing with all emergency situations, policies, procedures, completing in-house mandatory training.
- All new staff completed a formal induction programme before they could work at the centre. We saw staff inductions were maintained by the service. This included an introduction to the environment, policies, procedures and company expectations.
- Records showed all staff had a yearly appraisal.
- Staff competence was scrutinised by the medical advisory committee (MAC) before practicing privileges were granted. Practising privileges were routinely reviewed at the MAC meetings and this was evidence in the database we reviewed. The practicing privileges data base also took account of professional registration and evidence of competency. This was looked at regularly to ensure staff with practicing privileges remained competent to carry out the role they were employed for.
- Staff had relevant pre- employment checks in place before starring work. We saw two personnel files which evidenced this.
- The service supported staff to maintain their professional registration and checked all staff were registered with the health care professions council.

Multidisciplinary working

- The service was delivered in a way that promoted multidisciplinary care. Examples of this included, but were not limited to: input from radiologists, radiographers, physiotherapists, GP's, urologists, neurologists and other therapists.

Seven-day services

- The service was provided between 8am and 8pm daily, Monday to Friday, and Saturday from 8 am to 1 pm.
- The provider was in the process of extending the accessibility of the service and planned to open seven days a week.

Consent and Mental Capacity Act

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Good

Diagnostic imaging

- The service had an up to date Mental Capacity Act (MCA) policy. The policy set out procedures staff should follow if a person lacked capacity.
- We observed patients giving informed consent before any scan was undertaken. This was verbally confirmed during the patient pre-scan information review process and was form completed by the patient and a radiographer prior to imaging.

Are diagnostic imaging services caring?

Good

We rated it as good.

Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Patients we talked to were very complimentary about the service they received. They told us they were treated well by kind staff.
- The interactions we observed showed staff being professional and compassionate. We heard staff speak to patient's in a friendly yet professional manner both in person and in telephone conversations.
- An example of patient's comments from the patient satisfaction survey included 'Excellent friendly service - dealt with respect, dignity - great job thanks and well done',
- All surveys consistently indicated patients would recommend the service to others.
- Staff told us their aim was "to provide the best care possible for people and we bend over backwards to do that". This included staff being flexing their working hours to ensure a same day service could be provided during busy times.

Emotional support

- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress for example patients with claustrophobia. Support included the provision of headphones to cancel the loud noise of the scanner. Personal play lists were also provided if requested.
- During the inspection we saw staff interact with patients which provided assurance and the emotional support before their scans.

Understanding and involvement of patients and those close to them

- Patients and those close to them were involved in making decisions about their care.
- We reviewed the individual feedback given by patients. Comments included "Excellent examination and diagnosis" and "A very pleasant experience, even for an MRI, Which I'd had before and was nervous. The staff put me at rest with their quiet, efficient professionalism. The radiologist was very kind and explanatory. Thank you".
- Staff provided clear explanations about the procedures and encouraged patients to ask questions. Patients told us they were provided with sufficient information before and during their appointments.
- We observed a patient being supported by staff to make decisions about their care and having their decision respected by staff. An example of this included a patient who was on crutches but couldn't take them into the MRI suit. The patients expressed a wish not to use the wheelchair. Staff supported the patient to move the short distance to access the MRI scanner.

Are diagnostic imaging services responsive?

Outstanding ☆

We rated it as Outstanding.

Service delivery to meet the needs of local people

- The provider planned and provided services in a way that met the needs of local people and responded to market forces. This service opening hours reflected service demand and patient appointment choice. The provider was planning to deliver a seven-day service and one stop prostate service in the coming months.
- Other developments to meet local needs included the development of a same day, one stop prostate treatment pathway. This was being introduced in collaboration with local consultants who identified a need for such a service.

Meeting people's individual needs

Good

Diagnostic imaging

- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality.
- Two emergency scan appointment slots were held daily for emergency scans. This ensured there were always capacity to offer same day scans. The service provided protected appointment slots for sports clubs and if these were not filled additional capacity was offered to other service users.
- The centre was compliant with the Disability Discrimination Act 1995. There was ramp access, a service lift, and four dedicated disabled parking bays available. We saw accessible toilet facilities, consultation rooms and a high/low reception desk.
- The waiting room had a service information file available for patients. This had detailed information about the service which included: the management structure, chaperone policy, access to translation services, what to do in the event of a fire, procedure specific information. It also included details on how to make a comment and concern. A copy of the file was also available in braille. This included the same detailed material in the information file.
- A hearing loop was available to those who were hard of hearing.
- Patient's had access to an itemised fee list which meant that they were fully informed and could make informed choices before a consultation or procedure.
- We saw multiple signage displayed which indicated chaperones were available for all appointments.
- Noise cancelling ear muffs and headphones were made available to patients.
- A telephone translation services was available to those whose first language was not English.
- The MRI and x-ray trolleys had a maximum weight limit of 200kgs which meant the service could meet the needs of bariatric patients.
- There was a children's play table with wipe down toys and books in the main reception area. The glass tables in the waiting room had been child proofed with rubber corners to reduce the risk of harm.
- Virtual Private Network (VPN) connections was available to consultant radiologists to facilitate remote service access. Images were also sent via secure email which allowed for rapid reporting turnarounds. Image reports were provided to the referrer within 24 hours of the imaging taking place. This promoted fast clinical management for the patient.
- There was a holistic approach to the service delivered at Prime Health. An example of this included a patient who required an MRI. At the appointment the patient discovered they suffered from claustrophobia. The service arranged for this patient to have an alternative therapy to manage their condition. The patient was provided with hypnotherapy which helped them overcome their anxiety and have the scan.
- The service aimed to learn and respond to individual patient experiences. As a result, it was in the process of developing hypnosis compact disc (CD) for future patients who suffer from extreme anxiety or claustrophobia.
- Patients who were diabetic, or had other specific care needs were offered early appointment slots or double appointment slots if their needs required more time and personal input from staff. For example, we were provided with an example of a patient who was provided with an extended appointment time upon booking. The patient's wife completed the formal screening form to ensure they could be in the MRI room during the scan to provide to additional support and assurance.
- The service accommodated patients' individual religious needs. An example of this included a patient who expressed a wish to pray whilst waiting for an appointment. The staff found a vacant consulting room to facilitate the request. Providing a space was made was due to the generous layout and number of consulting rooms.
- Staff told us they were happy to extend appointment times for people with age related conditions, mobility issues or mental health issues. We were shown an example of double appointments being book to ensure there was ample time to meet peoples individual needs.
- A patient requested squash be provided for children. The service now supplied fruit squash for children.
- Lolly pops were provided to children after their procedures. However, one patient requested a sugar free reward be provided. The service responded by introducing children's bravery stickers and bravery certificates.
- A new digital display board was installed on the ground floor waiting which was used to provide important or informative service information to waiting patients. For example, this included information about how the service was delivered, and health promotion advice.

- Feedback forms were available in two different formats. One was standard text with a scoring system between one and ten to indicate a level of satisfaction. The other was designed with smiley faces. This was to ensure the survey was inclusive, effective for multilingual use, and suitable for all ages.
- Patients rarely Did Not Attend (DNA) their appointments. Whilst there was no formal DNA policy in the service, administration staff followed these up via telephone call. An email was also sent to the refer to make them aware of the nonattendance.

Access and flow

- Patients could access the service in a way that suited them.
- The service was delivered in a way that provided daily emergency scan appointments and a rapid response to all other referrals.
- The service had a referral criterion which was reviewed prior to referral acceptance. This was to ensure staff had all the necessary patients' information and to ensure the service could meet their needs.
- The service took pride in responding rapidly to these referrals. There was a system to allocate several 'on the day' appointment slots for urgent scans. The administration team contacted patients within a matter of hours of receiving routine referral.
- Waiting times for routine procedures was 24-48 hours but many patients were scanned or X-rayed on the same day. Patients were offered a date and time which was convenient for them. The centre was open 8am-8pm on Monday to Friday and 8am – 1pm on Saturday to provide appointments for patients outside normal working hours.
- Patients told us they could access the service in a timely manner. Patients told their appointments ran to time and they did not experience long delays. We saw positive feedback from referrers and patients thanking the provider for their responsiveness for urgent same days scans.
- The patient and referrer satisfaction surveys also showed consistent satisfaction with the accessing services.
- The service policy stated scans would be reviewed within 24 to 48 hours of the scan being completed. However, data showed reporting was generally completed and sent to the referrers well within the 48 hours stated in the policy. Urgent scans were reported there and then by the contracted radiologist.

Learning from complaints and concerns

- There was an active complaints review process, and improvements are made as a result. Patients who use services was actively involved in the review.
- Records showed patients could be confident their complaint would be acknowledged and properly looked into. Patients were kept informed of the progress and told the outcome because the clinal director took the time to contact the individual complainants. We saw the service treated complaints fairly, politely and with respect.
- The service had a complaints policy which outlined how the provider should respond to comments and concerns.
- Staff we talked with told inspectors how they would respond to a comment or complaint. The explanation given reflected the service policy and procedure.
- Patient feedback was actively sought and recorded in a formal survey. Areas addressed in the survey included the booking process, convenience of appointment times, helpfulness of receptions and clinical staff, amount of information provided and how at ease patients felt.
- A total of four complaints were received within the inspection time frame. All four were upheld. Complaints were formally responded to well within the twenty-eight days outlined in the service policy. We reviewed the complaints and found them to be low level concerns. Never the less, the provider had used them to make changes to the way the service was delivered to reduce the risk of recurrence. Examples of this included a request for privacy robes to be a bigger. The service changed provider to ensure a wider size range was available. Another example was adding to the MRI music collection when patients made requests.
- The service had information on how to make a comment or complaint posters displayed around communal areas. This information was also included it the information folders in the reception area. We noted the provider had an information paragraph for patients who were unhappy with how their complaint was handled. It directed patients to CQC for a complaint

review. CQC do not investigate individual complaint because we do not have the power to do so. This was brought to the attending of the provider and we were assured the information was going to be updated.
- All complaints regardless of the impact or severity were escalated through the governance process and reviewed at the Medical Advisory Committee (MAC) meetings. This was evidenced in the meeting minutes we reviewed.

Are diagnostic imaging services well-led?

Good

We rated it as good.

Leadership

- Managers in the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was a clearly defined clinical leadership team. The team consisted of a Medical Advisory Committee (MAC) chair, a Clinic Director (CD), office manager and lead radiographer.
- Staff were aware of who their immediate line manager and told us they received 'very good' support from their immediate line manager.
- The clinical director was supported by the medical advisory committee (MAC) chair and held quarterly MAC review meetings.
- The clinical director referred to the staff as 'the ambassadors of the service" and expressed a genuine drive to establish a leadership style and culture that staff wanted to work in'. There was a clear recognition that if the work environment was right, the service would attract the right people, and develop the best possible culture to drive a high standard of customer service.
- Practising privileges was managed well and staff competency was continuously monitored and evidenced.

Vision and strategy

- The service had a suitable and executable vision and strategy which was described as 'clinical and customer service before financial profit'. Staff understood this and felt aligned and committed to its delivery.
- We saw evidence during the inspection that demonstrated the vision of patients centred care over profit was put into practice.

Culture

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- We found a very positive, cohesive and open culture in the service. Staff told us they felt the culture was set by the clinical director who led by example.
- Staff told us they felt very valued and respected in their roles. They praised the leadership support and efforts taken to make them feel valued as a team and as individuals.
- The leadership team took time to celebrate and acknowledge team achievements. It also included noting personal and team achievements in the staff newsletter. The last newsletter celebrated a staff engagement and the birth of a baby. Staff told us they were treated to a team meal out several times a year and that they received a personal birthday card and gift every year. They told us this made them feel very valued.
- Staff told us they were empowered to make comments and suggestions, could talk freely and felt supported to drive improvements by the clinical director. For example, staff told us "this is the best job I have ever had" and "I wouldn't change anything about working here". "You feel valued and they understand the pressure of the job". The service staff were highly valued. The clinical director told us "my prize asset is my team, not my MRI scanner".
- Staff attended monthly meetings which had a standardised agenda and were formally recorded. This provided staff with an opportunity to make comments or raise concerns and be involved in the learning from incidents and complaints, review compliments and celebrate success.
- We saw staff interact with each other in a very respectful and caring way during the inspection. It demonstrated a very team oriented approach to service delivery was nurtured in the service.
- Staff told us they were "very happy" working for the provider. They described a team approach to service delivery where each person was valued, regardless of their role, or designation. Staff turnover was minimal.

- We saw complimentary feedback from the consultant body praising the service.

Governance

- The service had a governance framework which was used to monitor the quality of the service provided.
- We saw two medical advisory committee (MAC) meetings and administrative meeting minutes openly discussed the quality of service and developments within the business. Both meetings had standardised agenda which allowed for continuity.
- We reviewed the last two medical advisory committee minutes showed good levels of scrutiny and challenge towards the quality and risk identified in the service. All actions were completed within a reasonable time frame.
- Governance meetings were held every quarter and had a standardised agenda, and was in- line with the agreed terms of reference. There was a standardised approach to these meetings and the minutes we looked at showed actions were reviewed appropriately and in a timely manner.
- Staff competence was scrutinised by the medical advisory committee before practicing privileges were granted. Practising privileges were routinely reviewed at the medical advisory committee meetings and recorded on the database we reviewed. The practicing privileges database also took account of professional registration and evidence of competency. This was reviewed regularly to make sure staff with practicing privileges were competent to carry out the role they were employed for.
- Performance data was routinely collected and collated to make sure the service was meeting the key performance indicators outlined in service contracts. This data was presented and challenged at the governance meetings.
- Feedback from these meetings were provided to staff via the clinical director. Staff expressed confidence in the governance process.
- There was an established local radiology quality assurance programme. The service also had a yearly independent quality review to ensure standards were being maintained.

Managing risks, issues and performance

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service had an incident, complaints, and risk register which were linked. Each register was RAG (Red, Amber Green) rated. This traffic light approach was applied to easily identify the severity and risk of each entry. The overlap of each register made sure that all the organisation risks were captured, reviewed and addressed by the senior team regardless of their origin or type.
- A wide range of clinical and non-clinical risk assessments were carried out. Each assessment had associated actions logged and received a risk score. These risks were then incorporated into the risk management framework. This provided a robust way of making the senior leadership team aware of the risks, mitigations and ensured a timely resolution.
- The service had a dedicated audit lead and audit programme which included areas such as health and safety, infection control, environment audits and compliance with Society of Radiographers guidance and MHRA notifications.
- The service had a radiation protection committee. The role of the committee was to have oversight of all matters relating to the safe transport, use, storage and disposal of materials producing ionising radiation and the use of all equipment. It also had a function to oversee compliance with relevant statutory provisions and approved codes of practice.
- The inspection found an open and candid approach to incident and complaint management. Staff we talked with understood their role to ensure an open and transparent approach was routinely applied.

Managing information

- The provider collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The provider had improved the service website to make it easier to use and update the information available to potential patients.
- The service had a Caldicott guardian who had responsibility for protecting the confidentiality of people's health and care information and making sure it is used properly.

Engagement

Good

Diagnostic imaging

- The service engaged with its patients and referrals through feedback questionnaires. We saw evidence that this feedback was then used to improve the service. For example, this included the provision of reward stickers instead of sugary treats for children.
- Feedback regularly sought from consultants, GP's and other referrers and member of the multidisciplinary team.
- The service feedback form had a free text box for patients to comments about any other aspect of their experience.

Learning, continuous improvement and innovation

- The service showed it used patient feedback to continuously improve the service.
- The service was in the process of introducing a health care assistant role. This ensured staff had an opportunity to develop and process in a new role and patients had additional support provided whilst using the service.
- All consultation rooms had 40-inch LCD screens mounted on the wall so patients could easily could see their images.
- An orthopaedic consultant provided feedback and asked the service to change the approach to weight-bearing X-rays. The radiographers identified the 'firm foam block' compressed slightly when weight was applied. They were unable to find a suitable x-ray compatible solid alternative. The radiographers made a bespoke wooden device which was risk assessed before use. The device resulted in improved image quality and positive feedback from the consultant.

Outstanding practice and areas for improvement

Outstanding practice

- The service ensured a holistic approach to service delivery which took patients individual care needs in to account.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- All reported incidents, and complaints were linked to the risk register which ensured good oversight of all potential risks to the service.