United Open MRI Limited

The London Upright MRI Centre

Inspection report

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Date of inspection visit: 30 August 2022
Date of publication: 31/10/2022

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

Ratings

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

Summary of findings

Overall summary

This was the first time we have rated The London Upright MRI Centre. The London Upright MRI Centre is operated by InHealth Group and was registered by the Care Quality Commission (CQC) to provide Diagnostic and Screening Procedures in April 2011. We inspected this service in 2013 but did not rate it as at this time the CQC did not rate services providing diagnostic and screening procedures.

We rated it as good because:

- The service had enough staff to care for service users and keep them safe. Staff had training in key skills, understood how to protect people from abuse and managed safety well.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of the service users.
- Staff treated service users with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- Managers had the skills and abilities to run the service and were visible and approachable. Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities.

However:

- Furniture in the waiting area was not easily wipeable to maintain cleanliness and prevent cross infection.
- Not all staff had completed their mandatory training for basic life support.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	

Summary of findings

Contents

Summary of this inspection

Background to The London Upright MRI Centre

The London Upright MRI Centre is operated by the InHealth Group and is located in central London. The service provides magnetic resonance imaging (MRI), a medical imaging technique used in radiology to form pictures of the anatomy and the physiological processes of the body in both health and disease.

The London Upright MRI Centre provides service to the NHS and self-funded service users. The scanner is an open scanner making the scanning of service users who cannot tolerate the confinement of a standard MRI scanner, due to claustrophobia, severe anxiety. high body mass index (BMI), inability to lay flat for a variety of reasons or have a need of a positional/upright scan to assist in diagnosis possible.

The service is registered to treat adults and children under the age of 18 years. The service scanned nine children from June 2021 to June 2022.

At the time of the inspection there was a registered manager and nominated individual in place.

The service is registered to carry out the following regulated activity: Diagnostic and screening procedures. The location had been inspected in 2013 but not rated as at this time the CQC did not rate services providing diagnostic and screening procedures.

How we carried out this inspection

We inspected the service using our comprehensive inspection methodology and the diagnostic imaging core service framework. We carried out an unannounced inspection on 30 August 2022. During the visit to the service we spoke with staff on duty including; the registered manager, two radiographers, one senior radiographer and two reception staff members. We spoke with and observed the care of four service users. We also reviewed information on the service's online system and training records**.** Following the inspection, on 5 September we conducted telephone interviews with two members of staff.

The team that inspected the service comprised of two CQC inspectors, and a specialist advisor with expertise in radiology.

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

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure there is regular auditing or peer review of radiologist reports. (Regulation 17(2a))

Summary of this inspection

Action the service SHOULD take to improve:

- The service should ensure mandatory training for basic life support (Regulation 18).
- The service should ensure all chairs in the waiting room are covered in wipeable fabric (Regulation 12).
- The service should ensure all staff are aware that the use of family or friends to interpret is not in line with best practice (Regulation 12).

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

This is the first time we have rated safe. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and monitor completion of this training.

Staff received and most staff kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of service users and staff. Staff completed 15 mandatory training modules, which included chaperone training, equality and diversity, fire safety and evacuation and moving and handling training. These were provided during staff induction and then either via on-line training or for practical sessions face to face.

Staff training records were held centrally on an electronic database. The service met its 90% compliance for all mandatory training target for all modules except one which were basic life support (BLS). However, three out of 11 staff members had not completed BLS training within the last 15 months, we were assured that there was always staff on shift who were trained in BLS. In relation to MRI Safety training, of the five members of staff who would be required to undertake MRI safety training, four had completed their training. One member of staff had one module outstanding. We were assured that enough staff were fully MRI safety trained to provide a safe service.

The registered manager stated these modules had not met the compliance rate, due to reasons such as a staff member was awaiting a webinar.

Managers monitored completion of mandatory training for employees and staff were alerted when they needed to update their training. Staff could also access the online learning platform to check compliance.

All reporting radiologists were employed under practising privileges and completed mandatory training at their substantive employer in the NHS. Evidence of training was provided to the service for sign off during their onboarding process and was reviewed annually. This information was retained in their individual practising privileges file.

Safeguarding

Staff understood how to protect service users from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff had completed safeguarding training level two for both children and adults. This was in line with the Royal College of Nursing intercollegiate safeguarding document. The service had an identified safeguarding lead and deputy trained to safeguarding level four.

Staff knew how to access the safeguarding adult policy and the safeguarding children policy which was version controlled and in date. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Radiologists had an established safeguarding standard operating process (SOP). This detailed that if they identified or suspected non-accidental injuries on a scan an urgent notification was sent to the referrer and escalation was made through the local procedure, which included reporting to CQC.

Safeguarding contact details were displayed in the consulting area with a flow chart which was accessible to all staff members on the electronic system and in the policy folder. The service informed us one safeguarding concern had been raised in the last 12 months. The service advised they followed their process of notifying the local safeguarding team and submitting a notification to the CQC.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. We spoke with a radiographer who was able to describe safeguarding practices in relation to children. Staff followed safe procedures for children visiting the service. Staff informed us of the processes to follow when children attended the service.

Cleanliness, infection control and hygiene

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

The clinical areas and waiting room were visibly clean, tidy, and clutter free. The furnishings were clean and well-maintained. However, the waiting room chairs were not easy to clean between service users.

Staff completed mandatory training in infection prevention and control. The service completion rate for this training was 90%.

Staff, service users and visitors had access to hand sanitiser gel at reception. We observed staff were bare below the elbows. There were gloves, universal wipes and hand washing facilities available for staff to use in the clinical areas. However, we did witness one clinical member of staff who was wearing two rings with gems stones.

Following the inspection, we requested hand hygiene audits. We saw evidence of audits in June 2022 and August 2022 which showed 100% compliance in both months.

Clinical staff cleaned equipment after each service user contact, we observed this occurring and all staff we spoke to told us this was their usual practice. However, there was no specific documentation completed between service users. However, following the inspection, the service provided us with copies of electronic documentation which is undertaken after each patient contact. We did not see this during the inspection.

Cleaning records were up to date and demonstrated that all areas were cleaned regularly. The daily cleaning records for the last six months, showed the reception, office and clinical areas were cleaned daily.

Good

Diagnostic imaging

Environment and equipment

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

The service was in the basement of a set of shared offices, it was accessed via an intercom at street level and a lift or stairs. The reception area was locked accessible via an intercom. The reception area was small and had a "keep safe distance" tape on the floor in front of the reception desk. In the waiting area there were two accessible, gender neutral toilets.

The service had enough suitable equipment to help them to safely care for service users. Staff carried out weekly safety checks of resuscitation equipment. We saw evidence that this had been completed consistently between April and August 2022. The resuscitation equipment was stored in the MRI control room. There was a daily check of the resuscitation drugs and equipment which were in date.

We saw evidence that staff were trained to use the defibrillator. We were told staff were also trained to use evacuation equipment in the event of an emergency.

There was a service level agreement in place which included annual servicing and repairs of the MRI scanner. We saw evidence that this annual servicing of the scanner had taken place.

All equipment used in the MRI scanning room was Medicines and Healthcare products Regulatory Agency (MHRA) MRI safe compliant.

The design of the environment was a separate waiting area, scanning room and reporting area with a window allowing staff to observe the patient in the scanning room during their scan to ensure they could respond in a timely manner in the event of an emergency.

Entry to the scanning area was secure. Appropriate safety information was displayed on the door from the reception area to the scanning room and on the scanning room door. Staff would be able to remove service users from the scanner safely and quickly in the event of a clinical emergency as the MRI machine allowed instant shutdown. The service also had an MRI safe wheelchair which they would be able to use in the event of an emergency to transfer service users.

There was comfortable seating in the waiting area including seats for bariatric service users. There was a water dispenser and information posters on display including a poster reminding service users to remove all valuable items including metal jewellery, body piercings and coins. There were two lockable changing rooms available should a service user need to change into a gown, with emergency call bells and personal lockable lockers to store personal items.

Fire exit signs and extinguishers were located throughout the centre. All fire exits, and doors were kept clear and free from obstructions. The service tested fire alarms and emergency alarms weekly every Friday.

Staff disposed of clinical waste safely. All clinical waste was placed in orange clinical waste bags. Full clinical waste bags were stored in the locked cleaner's cupboard and collected by a clinical waste company fortnightly. We saw all sharps bins were assembled correctly and all were dated and signed.

Good

Diagnostic imaging

Assessing and responding to service user risk

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

We were informed that radiographers screened all referrals and all necessary information was recorded on the referral form before the scanning appointment was booked. If it was identified the service user was pregnant, the MRI scan would not be booked or undertaken.

All service users completed a safety questionnaire on arrival, which identified specific individual risks. We observed a radiographer reviewing the safety questionnaire with service users prior to their scan and asked them to confirm the body part to be scanned.

Staff responded promptly to any sudden deterioration in a patient's health. There was an in date standard operating procedure (SOP) for the resuscitation and management of medical and emergency events and an in-date resuscitation and management of medical emergencies policy, due for review by December 2022. There were processes to record the outcome of any collapse of a service user while undergoing a scan which would be followed up by the most senior member of staff on duty. The service informed us there had been no incidents of reactions to contrast media in the last year. Staff we spoke with knew what to do if this were to happen and were able to follow a protocol to assist the service user.

The service provided mandatory basic life support (BLS) but not all staff had completed their mandatory BLS. Staff told us in the event of an emergency the service user would be removed from the scanner and taken to a designated safe zone. Service users would have their blood pressure checked and appropriate action taken including if necessary, calling for an ambulance.

Staff responded promptly to any significant, critical or unexpected scan results sharing this information with the referrer. The service user was asked to wait in reception whilst the service contacted the referrer. Following guidance from the referrer, the service would advise the service user accordingly.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep service users safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough staff to keep service users safe. The service employed staff including receptionists and MRI radiographers on full time contracts and six consultant radiologists under practising privileges of which two neuroradiologists, three musculoskeletal radiologists and one ENT radiologist. Practising privileges are an authority granted to a physician by a hospital/ service governing board to provide service user care. We saw the Practising Privileges Policy which was up to date and relevant to the service. The service had recently recruited four new radiographers and were recruiting for an additional staff member to enable Sunday cover. At the time of our inspection the service was recruiting for one superintendent radiographer and a medical receptionist.

We were told the service's staffing model was flexible to meet service user's needs. Staffing levels and skill mix were identified using a staffing calculator which highlighted the current vacancies and the days worked by staff members.

The service employed a locum doctor to administer contrast media on designated days each week. We were informed all their documentation i.e. qualifications, background speciality, DBS and experience had been sent to the provider's head office and shared with the local team when they commenced employment.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The five sets of service user notes reviewed were all clear and up to date. The five safety questionnaires and five contrast administration forms we reviewed were completed appropriately and up to date.

Records were stored securely. All records were scanned and stored securely on the patient information computer system. Once the paper records had been uploaded to the electronic system they were shredded.

There were no delays in sending reports to the referrer, these were sent via secure transfer methods within 72 hours of the scan being completed.

Medicines

The service used systems and processes to safely prescribe, administer, record and store contrast media.

Staff stored and managed medicines safely. Contrast media was stored in the MRI lobby area in locked cupboards. The only other medicines held and administered by the service were the emergency drugs. The emergency resuscitation drugs were stored in a separate case from the box containing other resuscitation equipment such as cannulas. The tamper seal on the emergency drugs case was intact.

Staff followed systems and processes to prescribe and administer contrast media safely. There was an up to date medicines management policy and administration of gadolinium-based contrast media policy. Contrast media was administered under the direction of a consultant radiologist.

Staff completed medicines records accurately. A patient allergy and consent form for the administration of contrast media was completed and signed by each service user prior to administration of the contrast. Staff recorded the dosage and batch number in the service user's record.

Incidents

The service managed service user safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave service users honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. There was a system and process in place to report, investigate, and learn from incidents. The service used an electronic reporting system which all staff had access to. Staff told us they were encouraged to report incidents and felt confident to do so. They provided examples of reporting incidents.

We reviewed all the incidents that had been reported between September 2021 to September 2022. We saw all incidents had been investigated, action points highlighted, and key learning points identified.

Good

Diagnostic imaging

Staff received feedback from the investigation of incidents, both internal and external to the service. Incidents were discussed and reviewed at the service's team meetings. We saw evidence of this in the meeting minutes we reviewed.

Staff told us there had not been a need to undertake duty of candour in the past 12 months. They understood duty of candour and when it would need to be used, and that they would need to provide service users and families with a full explanation when things went wrong.

Are Diagnostic imaging effective?

Inspected but not rated

We do not currently rate effective for diagnostic imaging services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance. We were informed all staff knew how to access policies and procedures.

There was an index of the policies, which made it easy for staff to find the policy they required. All policies were in date, had a review date and referenced guidance and legislation.

Nutrition and hydration

Service users had access to drinking water in the waiting area. There was no food or vending machines available.

Pain relief

The service did not store or administer pain relief to service users.

Service users' outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.

The service completed some audits and quality assurance reviews to improve the quality of service provided. For example, we were informed the service completed monthly audits of service user's waiting times. This audit looked at the time between booked appointment and the time the service user was taken into scan. When these audits identified delays, these were investigated to identify the reason for the delay and what changes could be made to improve the service user's experience.

All staff had access to audit results as the outcome of these audits were discussed at team meetings. We noted these discussions were recorded in the team meeting minutes which were circulated to all staff.

Competent staff

Good

Diagnostic imaging

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of service users. All new staff had a three-month induction tailored to their role before they started work. We saw evidence that staff had completed this induction and the induction sign off form to demonstrate they were competent for their role had been signed. The radiologists were supervised by another radiologists when scanning service users during their induction. The radiologists were all registered with the General Medical Council (GMC).

Managers supported staff to develop through yearly, constructive appraisals of their work. There was a clear appraisal system in place with managers being alerted when the annual appraisal window opened and an appraisal checklist and guide for managers on how to upload to employee records. These appraisals included assessing performance against set objectives and a mid-point review for the manager and staff member to discuss their performance and any development they needed. We saw evidence that in the last 12 months all staff had participated in an appraisal. For those staff working under practising privileges, managers received a monthly alert for those staff requiring evidence of an updated appraisal. We were told all staff working under practising privileges had an up to date appraisal.

Managers held supervision meetings with staff to provide support and identify any training needs. Staff told us they had the opportunity and felt supported to discuss their training and development needs with their line manager. These training and development needs were documented in their individual professional development plan which formed part of their appraisal.

Multidisciplinary working

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

The team including managers, radiographers, administration staff and support workers all worked well together to provide a high-quality service. All staff we spoke with were positive about team working and felt they could and would seek the support of their colleagues or managers.

The service also worked closely with referrers to facilitate prompt referral, the arrangement of appointments and diagnosis. There were good working relationships and a clear escalation process back to referrer should abnormal results be identified on scans. This ensured information and results were shared in a timely manner.

Monthly all staff team meetings were held, attended by both clinical and non-clinical staff. Following these meetings, the manager sent minutes of the meetings to all staff members. Staff we spoke with confirmed they received the minutes of these meetings.

Seven-day service

The service was opened Monday to Friday 7.30am to 9pm and Saturday 8am to 8pm. To meet service user needs, the service would occasionally operate on a Sunday between 8am to 5pm.

Health promotion

Staff gave service users practical support and advice to lead healthier lives.

Good

Diagnostic imaging

The service had relevant information promoting healthy lifestyles. Staff provided support to service users to live a healthy lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported service user to make informed decisions about their care and treatment. They followed national guidance to gain service users' consent. They knew how to support service users who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff gained consent from service users for their care and treatment in line with legislation and guidance. The service had an in-date consent policy that all staff we spoke with were aware of. The service ensured the radiographer undertaking the scan, gained consent from the service user prior to their scan. The consent form was part of the safety questionnaire, which all service users completed and signed. Their documents including the consent form were scanned onto the provider's electronic system at the end of their appointment and their paper records shredded.

Staff understood how and when to assess whether a service user had the capacity to make decisions about their care. All staff completed the service's Mental Capacity Act and Deprivation of Liberty Safeguards training. Staff we spoke with could describe what to do if a service user lacked capacity and knew how to access the Mental Capacity Act and Deprivation of Liberty Safeguards policy.

Are Diagnostic imaging caring?

Good

This is the first time we have rated caring, We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for service users. They took time to interact with service users and those close to them in a respectful and considerate way. We observed service users being welcomed, treated with kindness and compassion throughout their visit. Staff communicated with service users during their scan through the intercom to ensure they were as comfortable as possible.

Staff were motivated to provide care that was kind and offered with dignity and respect. Staff told us that most service users were referred into the service due to claustrophobia and anxiety issues and they were experienced in dealing with these issues and did so with empathy. Service users told us they were happy with their care and that they would rate the service very good.

Emotional support

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

Good

Diagnostic imaging

Staff gave service users and those close to them help, emotional support and advice when they needed it. Staff considered the needs of the service user and this was reflected in the care that was delivered. We observed staff were reassuring and comforting to service users.

Staff understood the anxiety or distress associated with the procedure and engaged service users to ensure they were comfortable. We observed staff supporting a service user who became distressed in an open environment and helped reassure them while maintaining their privacy.

Members of the team were introduced to the service user and told who would be looking after them throughout their time at the service. Comments seen from a service user's feedback included being well informed about the process which made them feel calm and in control.

Understanding and involvement of service users and those close to them

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

Staff made sure service users and those close to them understood their care and treatment. During the inspection radiographers were observed communicating with service users providing reassurance, explaining what would happen and answering any questions they had.

The majority of service users were extremely claustrophobic and or anxious, and many had had traumatic experiences when attempting traditional supine MRI. The service took all available steps to inform them about what would happen during the scan and reassure service users prior to their attendance. Service users were invited to visit the centre prior to their appointment to view the scanner and discuss any concerns with a radiographer. The service allowed additional time for service users who were particularly claustrophobic or anxious and encouraged all service users to bring a friend or relative with them who was welcome to accompany them for the duration of their scan following careful safety screening. Patients gave positive feedback about the service. Service users told us staff were incredibly professional, supportive and friendly.

Are Diagnostic imaging responsive?

Good

This is the first time we have rated responsive. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of people accessing the service.

Managers planned and organised services so they could meet the changing needs of the service users accessing the service. We were told when screening service users for appointments, some were sensitive about answering questions about their weight and measurements and this may influence if they booked appointments. The service now gives details of the scanner and why information about their measurements are required. We were informed this has had a positive impact on the success rate for service users booking an appointment.

Facilities and premises were appropriate for the service being delivered. The service was not step free but had portable ramps to facilitate access to the building.

The service booked appointments within 72 hours of receiving the service user's referral. Managers monitored and took action to minimise missed appointments. The service called the service user 24 hours before their scheduled appointment to confirm their appointment. If the service was unable to speak with the service user, they would send a follow up email reminding them of their appointment.

If the service user could no longer attend their appointment, the service would rebook the appointment for a later date. If an appointment was cancelled, the service would make every attempt to fill that appointment slot with another service user. This not only fully utilised the service's capacity but also reduced the waiting times for those service users willing to attend at short notice.

Managers contacted service users who did not attend appointments to identify the reason for this missed appointment. The service user would be offered another appointment, if this was refused, the service would inform the referrer.

Meeting people's individual needs

The service was inclusive and took account of service users' individual needs and preferences. Staff made reasonable adjustments to help service users access services.

Throughout every stage of the service user's journey, from booking an appointment to attending the scan, staff were responsive and when possible modified or adapted care to consider individual's preferences and needs. For example, when a referral was accepted for a service user known to be claustrophobic, the radiographer or delegated member of staff would contact them to assess their level of claustrophobia using an assessment tool and offer them the opportunity to see the machine before their actual appointment. Alternatively, they could be sent pictures of the scanner or directed to their website for further information.

Service users were provided with a range of information about their scan and what to expect before their appointment. However, these service user packs were not version controlled. The MRI safety questionnaire, which included the consent form was available in other languages and in braille. A range of information leaflets were available regarding different aspects of the service user's care. These leaflets were available in multiple languages but not braille or easy read.

Staff understood service users may become distressed and a chaperone was provided if requested by the service user to provide reassurance. There was a chaperone poster in the service providing information about chaperoning. Service user's own family member or companion could sit with the service user and hold their hand during the scan to provide reassurance and support.

The service had systems to help care for service users in need of additional support or specialist intervention. For service users whose first language was not English and required an interpreter, this need was usually documented in the referral letter. The service provided a telephone-based translation service which was booked in advance of the appointment. However, some staff we spoke with stated they would use the family member or friend accompanying the service user to translate for use them rather than use language line. This was not in line with best practice guidance.

For those service users with a hearing impairment, a British Sign Language (BSL) interpreter would be provided. The service also had a hearing loop.

The service could meet the needs of service users with limited mobility. The service had two portable ramps at reception which were used to support wheelchair users access the building.

The service could accommodate most service users, however, due to the design of the scanner, which had a maximum shoulder width this was not suitable for some service users with a high body mass index (BMI). For service users who could not be comfortably accommodated in the scanner they were referred to one of the provider's other locations who had a scanner that could accommodate them.

The service used a television as a distraction technique during scans. Following service user feedback that they could not hear the TV during the scan, the service implemented the use of subtitles. The service offered this to all service users and their feedback evidenced how useful this was.

All staff had completed equality and diversity training and understood the importance of providing care without prejudice to protected characteristics. Staff could give examples of how to protect service users from harassment and discrimination, including those with protected characteristics under the Equality Act.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Managers monitored waiting times and made sure service users could access services when needed to. Service users had their scan within agreed timeframes. These timeframes were agreed and documented in local service agreements, with each of the referring organisations.

The service offered an appointment-based service. They had the capacity to scan eight to ten service users a day. Service users who self-referred could book an appointment online that met their individual needs. For those service users who were referred to the service by a healthcare referrer, their appointments were booked within 72 hours of receipt of the receipt of the referral. We saw evidence the service met their own key performance indicator (KPI) for booking appointments within 72 hours of referral 100% of the time.

If the scan could not be completed due to the service users' anxieties or if the findings were insufficient, this was classified as a failed scan and not chargeable. A follow up scan was scheduled as soon as possible.

Managers worked to keep the number of cancelled appointments to a minimum. When service users had their appointments cancelled or had to cancel an appointment at the last minute, managers made sure they were rearranged as soon as possible. They used the cancellation tracker that identified cancelled appointments by service users and the dates service users were available for the next appointment.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included service users in the investigation of their complaint.

Service users, relatives and carers knew how to complain or raise concerns. We saw evidence of leaflets in the reception area of how service users could make a complaint. Staff understood the complaints' policy and how to handle complaints. All staff we spoke with were able to explain the complaints process to us. Staff knew how to acknowledge complaints. The registered manager stated that service users received feedback after their complaint investigation was completed and this was provided within 20 days.

Good

Diagnostic imaging

Managers investigated complaints and identified themes. All complaints were received by the provider's complaints team at their head office. These were logged onto an electronic system which the service had access too. This information included details about the complaint and action points to be taken by the service. Themes were identified at local and provider level meetings and addressed by a manager. The themes identified by the service included issues relating to poor image quality. We were informed this was due to the type of open scanner the service used.

The service received eleven complaints in the last 12 months. We saw evidence that complaints were investigated, and changes made. For example, following a complaint about a scan report not being provided within agreed timescales, changes were made. These included the administration team monitoring and escalating reports that were at risk of missing their reporting timescales.

Managers shared feedback from complaints with staff and learning was used to improve the service. We were informed shared learning took place in clinical and non-clinical meetings and key learning points were shared in an email to all staff members. Following the inspection, we saw evidence of meeting minutes that documented this learning was shared.

Service users and their families could give feedback on the service and their treatment and staff supported them to do this. Whilst on inspection we were informed service users could provide feedback on a tablet located at reception or following the appointment through a link which was emailed to them. The majority of feedback was positive with 133 compliments from service users being submitted between August 2021 and August 2022.

The service had a "You say we did" campaign where each month they published service user feedback and provided an overview of the actions taken. For example, a service user indicated there was a long wait time to obtain an appointment. The service stated that due to ongoing renovations, the appointment slots had been reduced which could be causing delays. To mitigate this the service was liaising with service users to facilitate scans being undertaken at their other branches.

Are Diagnostic imaging well-led?

Requires Improvement

This is the first time we have rated well led. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for service users and staff.

Local service leadership was provided by a manager supported by experienced clinicians and the provider's regional head of imaging services. The manager had the right skills and abilities to run a service providing high-quality sustainable care. They were described by staff as "approachable, open and honest". Staff we spoke with spoke positively about the team and found the manager to be supportive.

The manager had the experience, capacity and capability to ensure the service's strategy could be delivered and risks to performance addressed. They were passionate about the service provided and were very focused on people who used their service.

Good

Diagnostic imaging

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them.

The service had a vision for what it wanted to achieve and a strategy to turn it into action, The focus was on providing a high-quality diagnostic imaging service for users, to be the most valued and preferred provider for service users and to increase the number of appointments available annually. The corporate induction which all staff completed included a session on the vision and mission.

Leaders and staff were committed to implementing the strategy, they worked in a way that demonstrated their commitment to make healthcare better and achieve the provider's vision. All staff we spoke with were committed to improving access to the service and improving the service user experience.

The service had implemented the provider's four core values; trust, passion, care and fresh thinking. These core values were communicated to staff during their induction and formed a core element of all ongoing training.

The values and strategy were also communicated to staff at meetings and in emails which emphasised the service's direction and core values. Staff we spoke with understood the goals and values of the service and how these would be achieved.

Culture

Staff felt respected, supported and valued. They were focused on the needs of service users receiving care. The service promoted equality and diversity in daily work. The service had an open culture where service users, their families and staff could raise concerns without fear.

Staff we spoke with felt respected, supported, and valued by their leaders. Staff felt able to raise any concerns or issues they may have. The service had a diverse team of staff, and staff we spoke with felt they worked in a fair and inclusive environment.

When speaking with staff they demonstrated passion and positivity in their work and the service they delivered. Staff were happy with the time they had to support service users and felt they worked well as part of a team. The July 2022 staff survey results were positive and scored highly for recommending the service to their friends and family and being service user focus.

Service users and their families felt able to raise concerns. We saw evidence of this and how the service responded.

Governance

Leaders operated effective governance processes, throughout the service. 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.

The service had a clear management structure with defined roles and responsibilities. Staff we spoke with knew all key senior staff and how to escalate matters that arose. Staff were clear about their roles and what was expected of them.

Good

Diagnostic imaging

There was a clinical governance structure which included a range of local and corporate meetings that were held regularly including a shared services meeting, management, staff and community diagnostic centre meetings. At the local staff meetings staff discussed feedback, concerns and explored areas for improvements. For example, staff raised concerns about filling appointments at the last minute.

Staff from the service attended monthly corporate governance meetings including learning from adverse events and complaints meetings. These meetings had a standard agenda and outputs which included minutes and action logs to track completion of actions. The minutes of these meetings demonstrated discussions regarding incidents, complaints, policies, performance were discussed.

The service had an audit programme, we saw evidence of regular audits being undertaken for example hand hygiene and monthly image quality audits. The results of these were discussed in team meetings. However, no auditing or peer review of radiologist reports had taken place for the last six months. We were told there had been a change in auditing arrangements for radiologist reports and these audits were now undertaken at provider level. These audits had not commenced and there was no date for when they would start. There was no rationale provided why these audits had been discontinued at a local level before the provider had started auditing or peer reviewing radiologist reports.

There were systems and processes in place at a corporate level to ensure all policies were in date and reflected the most recent national guidance. Policies were updated at a corporate level and the local manager informed when policies had been updated. These updated policies were shared with staff.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The service had arrangements in place for identifying, recording, and managing risks. There was a local risk register in place, which included a description of each risk, mitigating actions and the assurances that were in place. The risk register was reviewed and updated regularly, and new risks added, for example, the risk of scanner breakdown was included on the risk register. There was a system and process in place to identify those risks that needed to be escalated to the corporate risk register. Corporate risks were discussed at corporate management meetings, which staff from the service attended.

Risk assessments were completed for service users with specific needs. These included the completion of a risk assessment for service users who required wheelchair access.

Local performance data was collected and discussed at a corporate level at the monthly business manager meetings. Data collected included number of cancelled appointments and activity.

The service was working towards accreditation by United Kingdom Accreditation Service (UKAS) to achieve accreditation in Quality Standard for Imaging (QSI). QSI sets a national quality criterion for services to assess performance against and is independently reviewed every four years.

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. Data or notifications were consistently submitted to external organisations as required.

There was a corporate Caldicott guardian in place and identified lead for information governance providing staff with a point of escalation. There were a range of information management policies in place including a confidentiality policy, data retention policy and data protection policy.

Information governance training formed part of the mandatory training programme for the service. Staff also completed annual GDPR training, data provided demonstrated 100% compliance with this training.

The service had arrangements and corporate policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards.

Radiologists were able to access and review scan images remotely. This allowed them to review, provide advice and interpret results in a timely manner to ensure service users received the most appropriate care.

All staff had access to information including policies, training, guidance, and meeting minutes via the provider's electronic portal. They could also access up to date information relating to service users care and treatment in line with their role and responsibilities. These systems were secure and password protected.

Scan reports were produced in line with the Royal College of Radiologist (RCR) guidance: Standards for the provision of teleradiology within the United Kingdom' (December 2016). This meant that service users could be confident that even though their scans were not being reported within the referrer organisation, it was being completed to the same standard and with comparable security.

The service had a business continuity plan which looked at the impact of disruption on services, systems and business processes caused by service interruptions and failures. The plan detailed the arrangements which covered three main business areas; service continuity, information management and technology and major incidents.

The provider submitted statutory notifications to the Care Quality Commission as required.

The service was accredited by the Information Commissioner's Office (ICO).

Engagement

Leaders and staff actively and openly engaged with service users and staff to plan and manage services.

The service engaged with service users through patient surveys and seeking feedback by asking them to complete an electronic feedback form at the end of their appointment. Alternatively, service users were sent an email link to complete the feedback form.

The feedback from these surveys and feedback forms were reviewed and themes and trends identified to improve services. Feedback was positive and shared with staff, those staff we spoke with were able to provide examples of when feedback had been shared.

Staff told us they felt engaged by the service and listened to.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Good

Diagnostic imaging

We were informed there was ongoing renovation at the service to improve facilities. Service users had been involved in some aspects of the re-design of the waiting room. A service user survey had been circulated to assist with choosing the artwork for the waiting area. The aim was to provide an environment that was calming, reduced anxiety and created a focal point.

The registered manager stated they had worked with a national anxiety charity to raise awareness of helplines available to service users. The aim was to support claustrophobic service users to help manage their anxiety around using MRI scanner.

There were organisational systems to support improvement and innovation work, including staff objectives and rewards. For example, the service had an employee of the month initiative.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance No auditing or peer review of radiologist reports had taken place for the last six months. We were told there had been a change in auditing arrangements for radiologist reports and these audits were now undertaken at provider level. These audits had not commenced and there was no date for when they would start. There was no rationale provided why these audits had been discontinued at a local level before the provider had started auditing or peer reviewing radiologist reports.