

Medneo Diagnostics UK Limited

Medneo

Inspection report

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

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

Summary of findings


Overall summary

We have not previously inspected this service. We rated it as outstanding because:

- People were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong. The service had enough staff to care for patients and keep them safe. Staff had high levels of training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well and had developed enhanced procedures to deal with the risk of Covid.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. Friends and family survey results were much higher than the standard.
- Services were tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. There were numerous excellent examples where the service had been adapted for patients. People could access the service when they needed it and did not have to wait too long for a scan.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders ran services very well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged very well with patients and the community to plan and manage services and all staff were very committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Outstanding 	

Summary of findings

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Summary of this inspection

Background to Medneo

Medneo is operated by Medneo Diagnostics UK Limited. It is a diagnostic and screening service based in Central London. The service uses one static magnetic resonance imaging (MRI) scanner at the London location, three mobile CT scanners and 18 mobile MRI scanners which are based at NHS hospitals around England.

In the 12 months prior to our inspection the service scanned 76,057 patients.

At the time of our inspection, Medneo served 98% NHS patients and 2% private patients. The service saw adult patients and children over the age of 14 in the London centre and 16 on the mobile service.

The service had been accredited under the United Kingdom Accreditation Service (UKAS) for the Quality Standard for Imaging (QSI).

The service has two registered managers, one in place since August 2019 and one in place since August 2021. They are registered to provide the following registered activities:

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

The service has not been inspected since it was registered with CQC in 2019.

We carried out a short notice unannounced inspection on 24 August 2022 at the static location and inspected a mobile CT and MRI scanner site on 1 September 2022 using our comprehensive inspection methodology.

How we carried out this inspection

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

Outstanding practice









We found the following outstanding practice:

- The provider was a lead in introducing an Inclusive Pregnancy Assessment.
- The provider retested radiation safety whenever a mobile unit was moved.
- All radiographers received certified cannulation training.
- The provider worked with a local NHS trust to develop an innovative and high quality mobile cardiac CT scanner.
- The provider implemented the use of 'accessibility boxes' which enhance the ability of patients to communicate their needs to staff.
- The provider took the needs and views of staff into account when designing services.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	<div> Outstanding</div>	Inspected but not rated	Good	<div> Outstanding</div>	<div> Outstanding</div>	<div> Outstanding</div>
Overall	<div> Outstanding</div>	Inspected but not rated	Good	<div> Outstanding</div>	<div> Outstanding</div>	<div> Outstanding</div>



Diagnostic imaging

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

Are Diagnostic imaging safe?

Outstanding



This was the first time we inspected this service. We rated safe as outstanding.

Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff, covering 15 subject areas including equality, diversity and human rights, counter terrorism Prevent, IPC and safeguarding. Staff received and kept up-to-date with their mandatory training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. From the records we examined, we found that for the London scanning staff and mobile scanning staff the mandatory training completion rates were 100% and 98.5% respectively.

Safeguarding

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

Safeguarding children and adults formed part of the mandatory training programme and all staff were trained to level two. The two safeguarding leads were trained to level three.

Staff received training specific for their role on how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. For example, staff we spoke with told us how they took the correct action in supporting a young patient who wanted to make different choices to their parents.



Diagnostic imaging

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. For example, during a scan on one of the mobile units the radiographers identified an elderly person was a potential victim of abuse. The team informed the local authority who were able to give the persons family additional support in caring for them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff followed safe procedures for children visiting the service. For example, staff we spoke with told us how they took the correct action in supporting a young patient who wanted to make different choices to their parents.

Cleanliness, infection control and hygiene

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

The service performed well for cleanliness and infection prevention and control (IPC). Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Radiographers were responsible for cleaning the diagnostic equipment. Items were visibly clean and dust-free, and we saw daily cleaning check lists were up to date. Staff used antibacterial cleaning products in line with best practice standards.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service had commissioned an expert IPC consultant to provide advice on a case by case basis.

Staff followed infection control principles including the use of personal protective equipment (PPE). We found that bare below the elbow and hand washing audits were being regularly undertaken. We examined the audit records for June, July and August and noted there was 100% compliance.

The service was still following a rigorous Covid control policy. Face masks were mandatory, and following an extensive staff engagement programme, 92% of staff had been vaccinated against Covid. Staff were taking lateral flow tests twice a week. The service was also encouraging staff to undertake a flu vaccination which the service had agreed to pay for.

Environment and equipment

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

The service had enough suitable equipment to help them to safely care for patients. The provider found that the mobile trailers could get cold in the winter. The provider worked with the manufacturer's so that all new trailers now have fitted heaters to keep patients and staff warm in cold weather. The design of the environment followed national guidance. There were illuminated warning signs outside of the doors to the scanning room that warned of the risks of radiation and lit up when the equipment was in use. This was in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) (2017).

Staff carried out planned quality assurance checks of imaging equipment. This included daily checks of equipment across all modalities. They supplemented daily checks with a more thorough weekly scanner quality assurance review and test.



Diagnostic imaging

During very hot weather, staff completed additional checks for patients to make sure they were feeling well enough to leave after their examination, they ensured that bottled water was available on every mobile scanner.

The design of the environment followed national guidance. Staff carried out daily safety checks of equipment. We reviewed findings of a recent HSE on one of the mobile scanners in February 2022. The HSE noted that there were several points where the providers standards were above the industry standard. For example, their commitment to ensuring each scanner has additional testing each time it is geographically relocated to ensure that the shielding in place is still in the correct position and has not been damaged or moved during the move. This involved using a radiation monitor to measure any radiation dose at 10 points within the controlled area, both internally and externally to the scan room. In addition, all staff working on the CT scanners are giving a radiation monitoring badges which are reviewed on a quarterly basis.

An up-to-date fire evacuation plan was in place and all staff completed annual training. Staff managed sharps in line with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 and waste in line with Department of Health and Social Care national guidance on the management of healthcare waste.

Assessing and responding to patient risk

There was a strong safety culture. Staff completed and updated risk assessments for each patient and removed or minimised risks well. Staff identified and quickly acted upon patients at risk of deterioration and made sure information was passed to other health care teams.

The service had an 'unexpected findings' protocol in case an urgent referral was needed. Managers and staff were aware of this policy and were able to talk through an event where a patient had been referred to the local hospital. All such cases were reviewed and reported by the on-call radiologist who made sure a copy of the scan and report was sent to the emergency department of the local hospital. The London site had details of the nearest hospitals so it could electronically transfer scans and reports to them.

All mobile scan sites had service level agreements with the host NHS hospital. This included access to their emergency resus call system. All clinical staff were trained in Intermediate Life Support and had access to resus equipment which we checked and found to be correctly stocked and within date. All mobile and static sites have a defibrillator in case a patient suffered a cardiac arrest.

In order to reduce the risk in administering contrast agents the provider required radiographers to have completed a Society of Radiographers accredited cannulation course. This reduced the risk of harm to patients by ensuring a more consistent and recognised approach to the administration of contrast agents.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff responded promptly to any sudden deterioration in a patient's health. Staff shared key information to keep patients safe when handing over their care to others.

The provider subscribed to the national patient safety (CAS) alert system. Alerts were immediately reviewed and actioned. For example, there had been an alert concerning a specific cannulation device which the provider had actioned and ensured it was compliant with the requirements of the alert.



Diagnostic imaging

Radiographer staffing

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

The mobile MRI scanners had 48.3 full-time equivalent (FTE) radiographers and the mobile CT scanners had 18.7 FTE. This was sufficient to provide operational cover. There had been no reported incidents of the service not being available due to lack of staff.

The London centre had four radiographers and three health care assistants which was sufficient to meet any expected demand. During any procedure there were two radiographers undertaking the procedure. The service insisted on its permanent staff being exclusively contracted. Additional demand was supported by both permanent staff working additional hours, and by bank staff. The service had enough radiography and support staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of radiographers and healthcare assistants needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients. The service had low vacancy, turnover (10-12%) and sickness rates (0.3%).

Radiologist staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service always had a consultant radiologist on call during its hours of operation. The service had enough medical staff to keep patients safe.

The medical staff matched the planned number.

The service had low vacancy, turnover and sickness rates for medical staff.

Managers could access locums when they needed additional medical staff. Managers made sure locums had a full induction to the service before they started work.

Records

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

Patient notes and scan records were comprehensive and all staff could access them easily. When patients' records were transferred, there were no delays in staff accessing their records.

Records were stored securely. Notes were transferred between NHS and the provider location using the secure NHS EGRES system. The centre provided referrers with encrypted electronic diagnostic imaging reports.

Medicines

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



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The provider used a number of contrast agents to enhance its scanning images. After the use of contrast agents, patients are observed for 30 minutes to ensure that they are well enough to leave the service. Patients were also given an information card on the potential 'after effects' of the medicines. There was always a Registered Medical Officer on site when contrast agents were being used.

In addition, the service used Buscopan, Saline and Piriton. Radiographers administered these medicines under agreed Patient Group Direction (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber, such as a doctor or nurse prescriber) either at the London site or with the local NHS host site for mobile sites. The PGDs we reviewed followed a national model.

The service had a contracted pharmacist who provided advice and undertook stock checking at the London site.

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up to date. Staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check patients had the correct medicines during scanning. Staff learned from safety alerts and incidents to improve practice.

Incidents

There was a strong reporting and learning culture. The service managed patient 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 patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

The service used a quality management system to record and investigate all incidents. Incidents were discussed in the relevant staff meetings and included on board reports as and when appropriate. The service held a weekly incident management teams call, where all operational management were required to attend with an open invitation to other staff. Staff we spoke with were able to tell us about incidents that had occurred and the learning from them. Staff told us that there was a 'no blame' culture in the service and staff felt comfortable in reporting incidents.

The service had appointed Freedom to Speak up Guardians whom staff could go to if they wished to raising safety issues without approaching their line manager.

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. Staff reported serious incidents clearly and in line with the service's policy. We found that even minor incidents were reported to ensure all learning was captured.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers debriefed and supported staff after any serious incident.

The service had reported no never events since it was registered.



Diagnostic imaging

Are Diagnostic imaging effective?

Inspected but not rated



This was the first time we inspected this service. We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice national guidance. Staff carried out scans in line with legislation, national standards and evidence-based guidance, including from the National Institute for Health and Care Excellence (NICE), the Royal College of Radiologists (RCR), and the College of Radiographers.

The service's policies and practice were reviewed by a designated radiation protection advisor (RPA). The annual RPA audit against the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R had been completed. The service also had three radiation protection supervisors

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

The service had achieved Quality Standards for Imaging Accreditation (QSI). The final report had a small number of findings which were immediately rectified, before the accreditation was confirmed.

The service had achieved ISO27001-2013 and ISO9001-2015 certification. The ISO27001-2013 reported no mandatory findings and a single suggestion for improvement.

At the time of inspection the provider was working with Royal Devon and Exeter NHS Foundation Trust to support them in their cardiac CT service. The trust had acknowledged the high quality of images that had been produced by the provider.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff managed pain medicine in line with Royal College of Radiologists (RCR) guidance. Staff monitored pain and ensured patients were comfortable. No pain medicine was stored by the provider, but staff would manage a patient's pain by providing positioning aids.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.



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Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes. The provider held quarterly clinical audit and quality improvement meetings to follow up on audit actions, discuss new audits, get feedback on the results and review quality improvement projects.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. Managers and staff investigated outliers and implemented local changes to improve care and monitored the improvement over time.

The provider used an external company to undertake regular quality audits on its scans. We reviewed the latest audit report. Image quality was classified in the audits at five levels. Category 5 Perfect; Category 4 Sub Optimal; Category 3 Moderate Problems; Category 2 Severe Problems; Category 1 Un-interpretable. The report we examined showed all scans were in Category 5.

Competent staff

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

Managers made sure staff received any specialist training for their role. Managers identified poor staff performance promptly and supported staff to improve. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work.

All clinical staff were registered with a professional body, such as the Health and Care Professions Council (HCPC) and the Society of Radiographers. Staff said they had received full induction tailored to their role and felt well-supported. There was evidence of completed induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. The provider was committed to assisting staff with their continuing professional development. The provider had set up a virtual record of all staff CPD which allowed them to track their progress and easily provide evidence for their own professional registration bodies. The provider provided support with external training and conferences if it fit with a staff member's development plan. The provider was sponsoring two staff members to undertake continued education in the form of post graduate certificates in MRI and CT.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Multidisciplinary working

Radiologists, radiographers and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked closely with referrers to enable patients to have a prompt diagnosis and treatment pathway. If they identified concerns from scans, they escalated them to the referrer.

Staff we spoke with told us they had good working relationships with consultants. This ensured that staff could share necessary information about the patients and provide holistic care.



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The provider had a daily operational safety and performance huddle at the London site which was multidisciplinary. It provided a forum for staff to communicate relevant issues and escalate any concerns for immediate action.

Seven-day services

Key services were available to support timely patient care.

The mobile service was available seven days a week from 8am to 8pm. The static service was available Monday to Friday 8am – 8pm. Staff could call for support from doctors and other disciplines.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance.

All clinical staff received and kept up-to-date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff did not carry out scans if they did not have a clear understanding and evidence of consent or the modifications needed due to a lack of mental capacity

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Are Diagnostic imaging caring?

Good



This was the first time we inspected this service. We rated caring as good.

Compassionate care

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

Patients we spoke with were positive about the care they received. One said, "staff here are great, I feel so safe in their hands". Another patient told us "I have had quite a few scans here and I keep coming back, the quality of their scans is good".



Diagnostic imaging

All staff introduced themselves to the patients and communicated well to ensure patients fully understood. Patients were encouraged to ask questions and were given time to ensure they fully understood what was being said to them.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. On both the mobile and static units, changing areas were arranged so that patients never had sight of each other.

Patients said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential.

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

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Staff supported patients to make informed decisions about their care. Patients understood how they received the scan results. Posters informed patients to contact the centre if results had not been received as planned.

Patients gave positive feedback about the service. We reviewed the providers latest 'Friends and Family' results for January to July 2022. We found that most months for both static and mobile services 100% of patients that responded, said they were "likely" or "extremely likely" to recommend the service to family and friends.

Are Diagnostic imaging responsive?



Diagnostic imaging



This was the first time we inspected this service. We rated responsive as outstanding.

Service delivery to meet the needs of local people

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

Discussions with the manager showed they ran the service focused on the needs of the patients and quality of the service whilst supporting staff. For example, the provider had turned down some NHS contracts where they had been asked to shorten the scan times to increase output of patients as the provider was not prepared to reduce the quality of the patient experience.

When reviewing the IR(ME)R guidance in preparation of starting the CT service in 2021, it was noted that all patients, regardless of their presenting gender between the ages of 12-55, should be asked if there was a possibility they could be pregnant. The service was an early adopter of gender-neutral language. The service undertook staff workshops and training to further support patients and staff. The provider also developed a toolbox of phrases and scripts that the staff could use to navigate this potentially difficult patient discussion.

The provider was developing a 'make ready' service by expanding its partnership with its cleaning provider, to adopt their wider service of stock management and compliance checks on the mobile scanners. The cleaning provider would then also stock scanners in a uniform manner, undertake checks and restocking of the emergency grab bags, ensuring expiry dates are checked for all stock, additional IPC audits and swab tests would also be undertaken. The aim was to take away the tasks from the scanning radiographers, who normally would undertake these actions during the scanning day. They then could concentrate solely on the care of the patient.

Managers planned and organised services so they met the changing needs of the local population. Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support or specialist intervention. Managers monitored and took action to minimise missed appointments.

Meeting people's individual needs

People's individual needs and preferences were central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred care, particularly for people with multiple and complex needs. The service worked well to coordinate care with other services and providers.

The provider had worked with staff to increase the accessibility of its services. Following a staff workshop, the provider introduced 'accessibility boxes' for their mobile scanners. These boxes include; large print of key documents, such as the MRI Safety Questionnaire, an MRI scan patient information leaflet, MRI with contrast patient information leaflet and the complaint leaflet. All the leaflets were printed on coloured paper which was suitable for patients with a reading disorder, for example dyslexia, to ensure that they are accessible. The box also included different strength reading glasses, shoehorns and specific resources, such as a picture book explaining the examination process in pictures and short phrases. British Sign Language (BSL) cards were also available for staff to use.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The service was designed to meet the needs of patients living with dementia. The provider



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also provided 'twiddle muffs' which is anti-anxiety fiddle toys for patients who are more anxious or for patients with other conditions, whereby they find it difficult to lie still. The service provided dementia 'about me cards' which provide an explanation of what examination the patient has had and gives relatives or other healthcare professionals a summary of the examination in case the patient cannot remember.

Within the London centre, staff had access to a domestic abuse care process where patients who may divulge, during an examination, they are a victim of domestic abuse, could be provided with a barcode which indiscreetly hides a phone number of domestic abuse support function on a card or pen. It could be shared without alerting any family members accompanying the patient on a follow up card or confirmation of examination, passing as a normal hospital ID barcode.

The service had information leaflets available in languages spoken by the patients and local community. CT scanners have been loaded with the instructions for breath holds in alternative languages.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to communication aids to help patients become partners in their care and treatment.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for all patients were better than national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Private patients booking at the London centre could access appointments within 48 hours from phoning to book them. For private patients 98% of scans are reported back to the referrer within 48 hours. For NHS patients 91% of scans are reported within 48 hours.

Managers worked to keep the number of cancelled appointments to a minimum. The mobile sites had their appointments booked and managed by the local NHS trust who also managed the rate of people not attending. In the London site, there were very few occasions where patients did not attend as the scans were booked at such short notice.

Fee paying private patients were always made aware of the full fee at the time of booking. If any unexpected additional scanning was needed, then this would be explained to the patient.

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 patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients could complete a paper feedback form or scan a QR code and give feedback electronically.



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Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.

The provider gave a number of examples where feedback from patients had been used to improve the service. For example, the fitting of protective handrail covers during the heatwave on the mobile unit.

The provider subscribes to the independent sector complaints adjudication service (ISCAS). The provider has never had a ISCAS or Parliamentary Health Service Ombudsman (PHSO) complaint upheld.

Are Diagnostic imaging well-led?

Outstanding



This was the first time we inspected this service. We rated well-led as outstanding.

Leadership

There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. They understood and managed the priorities and issues the service faced. They were very visible and approachable in the service for patients and staff. They actively supported staff to develop their skills and take on more senior roles.

The leadership team for the service consisted of: Chief Executive Officer, Finance Director, Operations Director (Mobiles), Commercial Director, Head of HR, Head of Imaging Centres and Head of Quality and Risk. The team had the necessary skills and experience to perform well in their roles.

Staff we spoke with told us that the leadership was highly visible and very supportive. The CEO would regularly contact staff members to see how they were getting on. For example, during one of these conversations, a staff member suggested gilet body warmers, which were then added to the uniform list and distributed to staff.

The provider had a policy of promoting staff from within. Most senior leaders including the CEO, Operations Director (Mobiles), Head of Imaging Centres and Head of Quality and Risk were HCPC registered radiographers. Staff told us that this gave managers a good understanding of their needs and concerns.

Staff understood the reporting structures of the service and told us they were well supported by their managers. Managers told us they felt supported by the senior leadership of the organisation and that they were approachable and contactable.

Vision and Strategy

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



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The providers vision was to 'believe that our services should be focused on our patients and our customers. We promise that we will strive to do business in an open and transparent manner and aim to live up to our Vision and Values every day'.

The vision was supported by a set of five values; 'Act with courage, patient and customer satisfaction, responsible and accountable, service quality, great team-work'. We found that staff were aware of the organisation vision and values and they told us they did their best to work towards them.

The vision and strategy of the organisation was displayed on the website and within the centre for staff, patients and visitors to see.

Staff we spoke with were committed and passionate about providing the best possible service to patients. We found that managers we spoke with were more focused on quality than cost and profit.

Culture

Leaders had an inspiring shared purpose, and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. Staff felt respected, supported and valued. They were highly focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided numerous opportunities for career development. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns.

All staff we spoke with were happy working in the service. Staff enjoyed the company of their co-workers and the different teams worked together to put the needs of the patient first. Many staff had worked for the provider since it was formed in 2019. Most of them told us it was the best organisation they had ever worked for. The providers management were supportive for staff to go on additional training courses.

The management team promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The provider encouraged collaboration.

Staff told us they felt empowered to suggest new ideas and were encouraged to have ownership of the service. The service's culture was centred on the needs and experience of patients. This attitude was reflected in staff we spoke with during the inspection.

The provider subscribed to an independent organisation that assesses staff wellness and engagement. The independent organisation undertook annual staff welfare surveys. In 2022 Medneo were certified as a 'Great Place to Work'. Medneo were awarded 56th place in the UK's 'Best Workplaces for Wellbeing' and 64th place in the UK's 'Best Workplaces' list. To achieve this award the provider had to achieve a high number of positive responses from staff and, also a high response rate.

The provider gave us an example where a role had been designed around the personal needs of a staff member who needed to spend some time working from home. Staff we spoke with consistently told us that the provider was a different and "more caring" organisation.



Diagnostic imaging

The provider undertook its own monthly staff survey called 'Honestly'. The survey measured key aspects of staff engagement such as; satisfaction, empowerment, personal growth, culture, rapport and wellbeing. The methodology provided an overall eNPS (employee Net Promoter Score) of 70.6 and an overall engagement score of 8.5 out of a possible of 10.

Governance

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

The provider had all its key management posts filled by competent staff, with operational, finance and HR leadership. The provider had a medical director in post. The provider had been operating effectively without a Medical Advisory Committee (MAC) by accessing a number of specialist radiologist for advice. However, on review, the provider had decided and was in the process of setting up a MAC.

The provider had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. Staff were clear about their roles and responsibilities. Managers told us learning was circulated to staff. All staff members had a work email account and managers ensured updates were sent to staff via email.

The provider had a number of governance meetings which covered all operational activity. Below the board bi-monthly meetings there were regular meetings of; performance committee, risk review group, integrated governance committee, below that they were meeting for; mobile business group, static business group, clinical governance group, radiation protection and information governance. We examined a sample of minutes from these meetings and found they were well-attended, and actions recorded.

Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered within the provider.

Working arrangements with partners and third parties were managed. For example, there were service level agreements between the service and the local acute trusts for the mobile sites.

Management of risk, issues and performance

Leaders demonstrated commitment to best practice performance and risk management systems and processes. The service identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. The risk register was reviewed monthly and as needed. Risks reflected those identified on inspection, such as; radiographer recruitment in a very competitive market, potential shortages of contrast agents, and the potential lack of accreditation of some third-party suppliers. The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

To manage risks in the delivery of the service, staff had completed risk assessments about specific areas of the delivery of the service. Risk assessments detailed the action taken to lessen the risk and included a date for review of the risk, ensuring the risks were kept under review.



Diagnostic imaging

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.

Staff understood the requirements of managing a patient's personal information in accordance with relevant legislation and regulations. General Data Protection Regulations (GDPR) had been reviewed to ensure the service was operating within regulations. All staff had completed training about information governance and data protection.

Staff had access to provider policies and resource material through the internal computer system. Staff could locate and access relevant and key records, this enabled them to carry out their day to day roles. On the day of inspection, staff could locate most documents to show the inspection team.

For the London centre, images were sent to the patient as well as their designated medic (usually their GP or specialist consultant), so that the designated medic was able to review the results and, if necessary, update the patient. The patient was unable to view their own scans for two weeks from receiving them to allow time for their referrer to review them first.

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Managers proactively monitored demand, activity and capacity and made decisions with the host NHS trusts to meet key performance indicators.

The service had no Information Commissioners Office (ICO) reportable data breaches since it was formed in 2019.

Engagement

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

Staff surveys were undertaken using a platform called 'Honestly'. The surveys were undertaken every six weeks. Actions and changes were often undertaken from the comments. For example, one question flagged that staff felt if they were working on their days off, they should be recompensed for travelling all the hours they drove on a day off to attend a site the following day for a shift. A policy change was made and, the next month, the policy was implemented for full drive time on days off. Other examples included improvements to systems used for travel booking and expenses, increases in the breakfast allowance and the introduction of an electric vehicle scheme.

The provider gave examples where they had worked to staff personal requirements. Such as protective gloves where the business operations manager sources gloves and hand moisturisers that are specific to the staff members needs and then had them sent to the staff member's home address.

The provider regularly gave small gifts to recognise good work by staff, these were often tailored to the individual. For example, vegan chocolate, a specific brand of sweets or pet specific treats.

During last winter, staff on the mobile scanners were offered a snood, woollen headband or hat and a two layered coat to keep them warm both on and off the scanner.



Diagnostic imaging

Learning, continuous improvement and innovation

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

We found that the provider was using its staff and patient engagement opportunities to constantly look for opportunities for improvement and innovation for example;

- The provider was a lead in introducing an Inclusive Pregnancy Assessment.
- All radiographers had received certified cannulation training.
- The provider had worked with a local NHS trust to develop an innovative and high quality mobile cardiac CT scanner.
- The provider had implemented the use of 'accessibility boxes' which enhance the ability of patients to communicate their needs to staff.
- The provider had introduced warm weather clothing for staff.