Berkshire Imaging LLP

Berkshire Imaging

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	Requires Improvement
Are services safe?	Requires Improvement
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

We rated it as requires improvement because:

- The process for accessing emergency equipment was not effective and may cause delay in an emergency.
- The service did not have an anaphylactic kit in the scanner unit for timely access and treatment should patients have an adverse reaction to contrasts used as part some scans.
- There was a lack of continuous audits to provide assurance and monitor the service provision. Although some audits had been developed following our feedback post- inspection.
- Policies and procedures were not always reviewed in a timely manner, as we found some had expired.
- The patient group direction that allows healthcare professionals to administer certain medicines without the need to see a prescriber had expired.
- The compliance for staff training was low and the system for monitoring staff training compliance has now been developed.
- There was no staff surveys undertaken to gain staff feedback about the care and services they were providing.
- The overall governance of the service was not fully developed, and the provider could not be fully assured that all systems and processes were working effectively to keep patients safe.

However.

- The patient's environments were safe, clean and well maintained.
- The service followed good practice with respect to safeguarding.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They involved patients and families and carers in care decision.
- The service always had enough staff and staff were supported to undertake training as part of their roles and development. Managers ensured staff received an appraisal of their work. The staff worked well together as a multidisciplinary team.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- The service currently operated on Saturdays only, however patients were offered appointments at other local services according to their needs.
- Staff engaged in some clinical audit to evaluate the quality of care they provided.
- The staff were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and staff were committed to improving services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to Berkshire Imaging

Berkshire Imaging is situated in Reading Berkshire and provides a service to self-pay and privately funded patients. They do not treat NHS patients. Berkshire Imaging operates in the ground of the Royal Berkshire hospital under a service level agreement. The service is consultant led and there is a team of 23 consultant radiologists who also worked at the local NHS trust. The service offered appointments for Magnetic Resonance Imaging (MRI), and Computed Tomography (CT). Berkshire Imaging does not provide a service for people under 16 years. The service operates on Saturdays only.

The provider is currently registered to provide the following regulated activity.

- Diagnostic and screening procedures.

Under these regulated activities the service provided:

CT scans

MRI scans.

The service had a registered manager in post at the time of the inspection.

Our inspection was unannounced (staff did not know we were coming). This is the first time we have inspected this service.

How we carried out this inspection

We carried out an unannounced inspection on 11 June 2022 using our comprehensive methodology, we inspected all key lines of enquiry. The inspection team consisted of a CQC lead inspector and a specialist advisor with expertise in diagnostic imaging.

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

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

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

During the inspection visit, the inspection team:

- Assessed all areas of the clinic including treatment areas and waiting rooms.

- We reviewed the emergency equipment and medicines management.

Summary of this inspection

• Spoke with five patients, the registered manager and responsible individual and two other staff. Following the inspection, we spoke with three other clinical leads.

• Reviewed patients' care and treatment records and risk assessments.

• Looked at a range of policies, procedures, data we had received from the service and other documents relating to the running of the service.

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 SHOULD take to improve:

- The service should consider reviewing their emergency procedures.
- The service should ensure that an anaphylactic kit is available in the scanner unit.
- The service should ensure that clinical waste bins are managed safely.
- The service should develop infection control and hand hygiene audits to gain assurance and maintain safe care.
- The provider should continue to develop systems to monitor the quality of the service provision and take action to mitigate risks.
- The service should ensure that compliance against policies and guidance are monitored in line with practice guidelines.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Diagnostic imaging

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

Are Diagnostic imaging safe?

Requires Improvement

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Some staff compliance with mandated training was low.

Staff received and were supported to keep up-to-date with their mandatory training. The mandatory training was comprehensive, the contracting trust had shared the staff training records with the service. Staff were provided with training specific to their job role. Mandatory training included equality and diversity, resuscitation, infection control and safeguarding adults and children,

The data showed the overall compliance for consultants' radiation training was at 100%. However, the data for radiographers radiation training was at 50% compliance and below the service 95% target.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, and dementia. This meant staff ensured they have the knowledge and skills required to care for and meet the needs of all patient groups.

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.

Staff received training specific for their role on how to recognise and report abuse. There were relevant internal and external contacts available to them. Staff we spoke with could describe how they would recognise potential abuse and actions they would take. Staff knew how to make a safeguarding referral and who to inform if they had concerns. All staff that we spoke to were able to confirm their safeguarding training levels but were not aware of the name of the safeguarding lead. Staff told us they would contact the registered manager with any concerns and were confident this would be addressed.

The registered manager and the responsible individual had achieved safeguarding level 3 and were available for advice and support. Training data demonstrated 95% of the consultants were up to date with children's safeguarding level 2. Female genital mutilation (FGM) was covered as part of this training.

Requires Improvement

Diagnostic imaging

Radiographers were between 89 to100% compliant with safeguarding adults and children training at levels one and two.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

The service had safeguarding and chaperone policies which contained references to best practice guidance. Patients were advised to ask for a chaperone, if required, at the time of booking an appointment, if possible, so that arrangements could be made, and the appointment was not delayed. Support was available to patients who requested a chaperone as needed. Staff training was provided to support them in understanding their role. The service did not treat children under 16 years of age.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained and had minimal furnishings. This meant that the area had plenty of space and was free from clutter for keeping clean.

Cleaning records were up-to-date which demonstrated that all areas were cleaned regularly. We saw these were up to date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly to address the additional risks presented by COVID-19.

In the 12 month prior to the inspection, the service had not had any incidences of healthcare acquired infections.

Staff followed infection control principles including the use of personal protective equipment (PPE). The provider had not completed any hand hygiene audits and relied on the trust's audits. They had not accessed the audits and could not be assured staff followed infection prevention control procedures and practices were in line with guidance. The registered person has developed an infection control audit following our feedback post inspection and they were planning to develop some further audits to monitor practices.

We observed staff cleaned equipment after each patient contact and followed good infection procedures and use of PPE to reduce cross infection risks and disposed of soiled linen safely.

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 design of the environment followed national guidance. Staff carried out daily safety checks of specialist equipment at the start of the shift prior to patients' arriving for their treatment and records of these were maintained.

The contracting trust was responsible and carried out CT dose reference level audits and reports were available. The Radiation Protection Department worked in collaboration with the trust to produce this report.

The summary of the annual performance test on the CT scanners was completed in March 2022. This included the mobile CT scanner used by Berkshire Imaging for private patient CT examinations.

Diagnostic imaging

The service had enough suitable equipment to help them to safely care for patients. There was a programme for servicing of equipment carried out by the contacting trust, and records showed this was up to date. The latest CT servicing report which was completed in June 2022 and no recommendation was made.

The scanner unit was maintained safely, and the environment allowed for enough patient access to areas that they needed to be in safely. There service had two designated parking spaces for patients outside the mobile scanner. However due to building work this had not been available since January 2022.

Staff mostly disposed of clinical waste safely. When we observed the scanner unit, we found that all three waste bins including clinical waste bins did not have any lids which may pose infection control risks through exposed waste. Staff member said that the bins were on order and were unsure when these would be delivered.

Assessing and responding to patient risk

Staff completed risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. However, emergency access to equipment may pose risks to patients receiving care in a timely way.

Staff responded promptly to any sudden deterioration in a patient's health. Staff were able to describe the steps they would take if a patient started to become unwell.

The emergency procedure was displayed in the scanner unit. This prompted staff to dial a number to raise the alarm for the crash team to attend. However, they had to dial another number for the CT team to bring the emergency crash trolley. Staff told us this was a procedure that the contracting local trust also followed. There are risks of unnecessary delays in accessing the emergency equipment in a timely manner. Senior staff we interviewed as part of the inspection also shared similar concerns with us. At the factual accuracy stage, the responsible individual had told us, at the time of the inspection it was not appreciated that the cardiac team routinely brought an emergency bag containing all the drugs and equipment needed to manage an arrest including adrenaline.

There was no anaphylaxis kit in the scanner unit where patients received contrasts by intravenous injection (through the vein) as part of their procedure. Patients could experience reactions to contrast agents from mild to life threatening reactions. Anaphylaxis is a reaction to certain medicines which can be life threatening.

We raised this with the registered person during the inspection and the service was reviewing their emergency access to equipment with the contracting trust. Following the inspection, the registered manager told us they were introducing an anaphylactic kit which would be available in the scanner unit.

Staff completed an assessment for each patient on arrival, and in consideration of the service policy. Staff knew about and dealt with any specific risk issues. Staff discussed any key risk areas that had been identified as part of the patient's assessments. Staff we spoke with were clear about signs and symptoms of deteriorating patients and gave examples of when and how they would escalate a concern.

Staff assessed patients to ensure scans could be conducted safely. They checked that patients had followed the pre-procedure advice such as having a full bladder for certain procedures so this could be carried out safely.

Staff followed processes ensure the correct patient received the correct treatment. We observed staff followed the Society of Radiographers (SoR) 'Pause and Check' technique to check on patient identity and referral before performing a procedure.

Requires Improvement

Diagnostic imaging

All scans' requests were vetted and followed CT protocol, this was a set of parameters that specified a specific examination and amount of contrast required. We observed this was followed in line with the service policy.

The service did not have a nominated radiation protection advisor (RPA) to oversee the service and ensuring that local rules were followed. As from the 16 June 2022, the service had appointed an RPA who was accessible to give staff advice on the safe use of radiation and was available as they worked at the contracting NHS trust. Berkshire Imaging had the services of a medical physics expert (MPE) as part of their contract with the trust.

All staff radiation exposure levels were monitored, and we observed staff wearing personal dosimeters. These were audited and recorded on a bi- monthly basis.

Staffing

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

The service had enough radiology and support staff to keep patients safe. There were 22 consultant radiologists, 14 radiographers and four healthcare assistants and administration staff who all worked cohesively to deliver care and treatment. All the staff had a substantive post at the local NHS trust where the service was also based and worked at Berkshire Imaging on Saturdays.

The manager could adjust staffing levels daily according to the needs of patients. The number of radiographers and healthcare assistants matched the planned numbers. The provider confirmed they did not use any bank or agency staff and used staff who were familiar with the service to maintain continuity of care. Managers ensured that staff had been assessed and deemed competent before they could work for the service.

The service had a good skill mix of medical staff on each shift and reviewed this regularly. The service always had a consultant on call during evenings and weekends as the service operated on Saturdays.

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 were comprehensive, and all staff could access them easily. Records were electronic. We reviewed five patients records which showed they contained good information and completed appropriately and was in line with service policy and national guidelines.

When patient information was transferred to another service, there were no delays in staff accessing their records. The service used integrated electronic record systems to share information, scan reports and images.

Records were stored securely with individual staff password access. Screens were locked and password protected when the computers were unattended.

The manager completed a retrospective record audit of 22 CT and 18 MRI scans records and reported that the service was 100%compliant, and all uploaded onto their electronic patients' records (EPR) system and accessible to the staff.

Requires Improvement

Diagnostic imaging

Medicines

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

Staff mostly followed systems and processes to prescribe and administer medicines safely.

Staff followed medicines administration guidance to check patients had the correct medicines prior to administering intravenous contrasts as part of their scans.

The service had developed and used Patient Group Directions (PGDs). These are written instructions which allows for supply and/ or administration of specified medicines by certain healthcare professionals, without the need to see a prescriber. The service maintained a list of PGD medicines which the staff used to manage medicines.

PGDs had been developed, signed off and authorised. We reviewed the PGDs and found four out of six PGDs had expired in March and April 2022 and one of them in 2021. The service could not be assured that staff were using up to date information and guidance when providing treatment to patients.

Incidents

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.

Staff knew what incidents to report and how to report them on the electronic incident reporting system. The service had reported no serious incidents and there has been no never events.

Staff were confident to raise concerns and reported incidents and near misses in line with the service's policy. The service followed their procedure for investigating and developing systems to mitigate them.

Staff understood the duty of candour. Staff we spoke with described the duty of candour during the inspection well and understood the importance of putting it into practice.

Staff received feedback from investigation of incidents, both internal and external to the service, as managers also worked as radiology consultants at the local trust and were aware of incidents investigations pertaining to the radiology department which included this service.

Managers investigated incidents and told us patients and their families would be offered the opportunity to be involved in these investigations. Staff we spoke with during the inspection knew how to report incidents and told us managers would support them to make incident reports and provided feedback once they had been investigated.

Staff understood the Duty of Candour under the Health and Social Care Act (Regulated Activities Regulations) 2014. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify women (or other relevant persons) of “certain notifiable safety incidents” and provide them with reasonable support

Requires Improvement

Diagnostic imaging

Are Diagnostic imaging effective?

Inspected but not rated

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. However, there was no process for managers to check that guidance was followed.

Staff followed policies to plan and deliver care according to best practice and national guidance.

Staff followed NICE QS61 process for vascular access to minimise the risks of infection. They maintained the device safely and this was removed as soon it was no longer needed.

Compliance against policy was not monitored throughout the year using an annual corporate audit schedule. This did not comply with Ionising Radiation (Medical Exposure) Regulations 2017, the Royal College of Radiologists and the National Institute of Health and Care Excellence (NICE).

Staff we spoke with explained how they accessed the most current best practice guidance online and intranet, for example NICE guidance and up to date Covid-19 guidance. However, we found some policies were not up to date which may impact on delivering care and treatment in line with current guidance.

Nutrition and hydration

The service gave patients advice on nutrition and hydration.

Patients received information on the amount of fluids and fasting as required. Some ultrasound scans required patients to have a full bladder, or fast, before the procedure. This information was sent to patients and staff checked that this had been followed. Patients had access to a variety of food and fluids from cafeterias and vending machines at the trust where the service operated.

Pain relief

The service did not provide pain relief. Staff checked that patients were comfortable during their procedures.

Patient outcomes

Staff carried out some monitoring to assess the effectiveness of care and treatment. They used the findings to make improvements. However the audit programme was not fully developed to measure outcome for people.

The service did not have a comprehensive programme of repeat audits to check improvement over time. Following the inspection, the manager had developed an audit programme which included infection prevention and control. CT, MRI, records management, and consent.

Managers told us they did not have an audit for radiation dose monitoring in line with regulations As Low As is Reasonably Practicable (ALARP). The manager told us this would be developed in the next two months, as the service has appointed a radiation protection supervisor (RPS). Some audits were carried out that included patients' records, consent, safeguarding and actions were taken to address any shortfall.

Requires Improvement

Diagnostic imaging

The service monitored its compliance to provide appointments, consultations and scans within the recommended timeframe. The service did not have a waiting list and patients were seen within 48 hrs. from referral. Patients were offered appointments at other local services if they could not be accommodated due to the service operating on Saturdays only.

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. The appraisal rate was low and needed further development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff completed both mandatory training and competencies that were tailored to their specific roles. Progress against this was monitored as part of their regular appraisals.

Managers supported staff to develop through yearly, constructive appraisals of their work. The service had a core number of staff which consisted of 10 radiographers and two healthcare assistants who worked for them on a regular basis. Data received from the service demonstrated 60% of staff had completed an annual appraisal. The registered manager told us this was a slow process as it could only be carried out on a Saturday when the staff were working for Berkshire Imaging and not during NHS hours during the week. Staff were appraised as part of their roles in the NHS.

Staff received a full induction tailored to their role before they started work. The contracting trust shared the training data with the service. Only staff who had a substantive role were employed by the service. Staff were qualified and had training specific to the type of scanners used at the service.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers supported staff to undertake any specialist training needed for their role.

Multidisciplinary working

Doctors, nurses and radiographers worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff worked across healthcare disciplines and with external professionals to care for patients. Staff worked primarily at the local trust and had developed a good working relationship with the wider team and knew where to access support. All patients were referred into the service and reports were effectively shared with the referrers on Mondays following their scans.

Seven-day services

The service did not provide seven day services.

The service operated on Saturdays from 09.30 – 21.30. This information was available to patients when they were referred to the service.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in patient areas. Leaflets available to give to patients where appropriate.

Requires Improvement

Diagnostic imaging

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 made sure patients consented to treatment based on all the information available most of the time. The service had standardised consent forms for the procedures they completed that were in line with guidelines. The consent forms provided information on procedure, including the main benefits and risks associated with the procedure. We observed staff gaining consents prior to any procedure and ensured patients were happy for them to proceed.

Staff clearly recorded consent in the patients' records and the service reviewed this regularly. Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Mandatory training included Mental Capacity Act Deprivation of Liberty Safeguards and dementia awareness modules, and we saw staff met the service target for these modules.

Are Diagnostic imaging caring?

Good

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. All staff were observed to be compassionate and respectful to patient who used the service. Patients told us that staff were friendly and caring, we also observed this during the inspection. Staff escorted patients from the reception area and accompanied them to the scanner. They engaged with patients and put them at ease and addressed patients by their name.

Patients said staff treated them well and with kindness. We spoke with five patients and observed care with the patient's consent. Staff

Staff followed policy to keep patient care and treatment confidential. Patient records were kept safe and in line with policy. Staff ensured that all assessments and conversation were held in private. There was only one patient at a time in the mobile scanner and this ensured conversation remained confidential.

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. We observed good interaction and staff offering reassurance and emotional support to patients in a calm and caring manner. They allowed patients to talk about what was worrying them and offered support in a non-judgmental way.

Requires Improvement

Diagnostic imaging

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. They ensured that patients had an appointment booked for their result to be shared.

Understanding and involvement of patients and those close to them

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

Staff ensured patients and those close to them understood their care and treatment as needed. Patients were encouraged and given time to ask questions and staff checked they understood the procedure.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were supported to provide feedback about their care and treatment. Patients gave positive feedback about the service. We reviewed the service patient satisfaction survey for October 2021 which scored 100% on safety checks prior to treatment, information shared pre and post procedure and staff introducing themselves. Patients would recommend the service to friends and family also scored 100%. Patients scores for adequate signage and parking facilities were between 93 and 95%. Managers had reviewed signages following patients' feedback and had put in extra information at the reception desk which was not manned at the weekend.

Staff supported patients to make informed decisions about their care. Information was sent to patients at the time of booking their appointment and staff checked they understood the procedure before undertaking any scans.

Are Diagnostic imaging responsive?

Good

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 the communities served. It also worked with others in the wider system and local services to plan care.

Managers planned and organised services, so they met the changing needs of the local population. Berkshire Imaging was a consultant led service and patients were referred to the service from a variety of healthcare professionals such as consultants, GPs and physiotherapists.

Following their procedures, staff ensured that results of scans were sent without delay to the referring professionals.

Facilities and premises were appropriate for the services being delivered and met the needs of patients.

Managers monitored and took action to minimise missed appointments. Where possible, appointment and treatment times were undertaken at a time suitable to patients. Where patients had not attended their appointments, patients were contacted to ensure they could be re-scheduled. If patients did not attend after this, the service alerted the referrer.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Diagnostic imaging

Staff supported patients and made reasonable adjustments so patients could access the service. Where possible, appointment and treatment times were undertaken at a time suitable to patients and carers.

Patients could access to information leaflets in languages spoken by the patients and local community as needed. Staff considered patients communication needs during the appointment and booking processes.

Patients were escorted from the waiting areas and staff facilitated and supported them to access the scanner unit safely and considered patients individual needs.

Managers made sure staff, and patients, and carers could get help from interpreters or signers when needed. Pre-assessment staff identified individual needs such as hearing, sight or language difficulties or disabilities. Translation services were available by prior arrangement, for patients where English was not their first language.

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 patients could access services when needed and received treatment within agreed timeframes and national targets.

Managers worked to keep the number of cancelled appointments to a minimum. The service kept delays and waiting times to a minimum and patients feedback demonstrated that they did not have any delays in accessing care and treatment. During the inspection we found appointments were running to time.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. The service had the facility to refer patients to other local services where they operated locally. Managers told us their cancellation rates were low and was at times due to breakdown of scanners.

The service had booking criteria to ensure appropriate patients' selection. They did not accept referrals for patients under 16 years.

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 had not received any complaints in the past 12 months.

The service clearly displayed information about how to raise a concern in patient areas outlining how patients could raise a concern regarding the service. This information was also displayed on the providers website.

Staff understood the policy on complaints and knew how to handle them. The service had a complaints policy, which staff accessed on the intranet and had a paper copy in the scanner unit if needed.

Requires Improvement

Diagnostic imaging

Managers investigated complaints and identified themes. Learning was shared across the wider services and discussed at their governance meetings.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Patients would be offered the opportunity for face to face meetings and involved in the investigation as appropriate.

Are Diagnostic imaging well-led?

Requires Improvement

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

There was a clear leadership structure from service to senior management levels. The leadership team consisted of the senior radiology consultants and steering groups whose functions were to ensure they met their responsibilities to provide a safe, high-quality and accessible service to patients.

The leadership team was visible, and staff had access to the senior team as they provided services out of hours and were able to gain advice and support from the on call senior managers.

Vision and Strategy

The service had a vision for what it wanted to achieve which the manager described to us. However, this had not been developed at the time of the inspection.

The provider could describe the vision for the service and how they were planning to achieve this. The registered manager and responsible individual were focussed on developing the service. Currently they provided a service on Saturdays and were looking at expanding this to Sundays. However, they had not developed their vision and strategy to turn it into action. Staff were not aware of the service vision and strategy. Once developed managers plan to share this with the staff working at the service.

Culture

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

Staff spoke very highly of their organisation and were very proud to work there. Staff felt about to speak up and knew how to raise concerns. Staff felt engaged with managers and they received good support.

Staff recognised and valued the work of their colleagues. Staff felt that managers recognised their efforts and achievements. They said that managers were approachable, supportive and they had developed good working relationships with colleagues.

Staff felt confident to report issues of bullying or harassment. Staff had access to a freedom to speak up guardian at the contracting trust. Staff we spoke with told us they felt confident and safe to raise concerns with no fear of repercussions or discrimination.

Governance

Leaders operated some 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. However policies and protocols had not all been reviewed and some had expired.

The governance structure consisted of the chairperson, a multi-disciplinary steering group of four consultant radiologists who also held positions as medical advisory committee members, working across other independent services locally and a finance lead. The steering group met fortnightly and fed into the service quarterly governance meetings. Radiology consultants, radiographers and support staff participated in quarterly governance meetings and provided feedback. The service had a registered manager who was responsible for managing the regulated activities at Berkshire Imaging.

There was a governance structure describing how policies, procedures, protocols were implemented. The service did not have a radiation protection committee which would provide a framework for the adoption of documentation. The provider had told us they were working with the contracting trust to develop the IR(ME)R employee procedures which was in draft form.

During the inspection, we found several policies and procedures which had expired in March and April 2022. These related to paper and electronic copies which were on the trust intranet which we reviewed at the time. We brought this to the attention of the registered manager for actions to be taken.

Management of risk, issues and performance

Leaders and teams used some systems to manage performance. They identified and escalated relevant risks and issues. identified actions to reduce their impact. They had plans to cope with unexpected events. However there was a lack of auditing which the service planned to develop.

The contracting trust held quarterly radiation protection committee meetings and radiation protection advisor (RPA) reports were available which included the equipment Berkshire Imaging were using. The next meeting was planned for July 2022 and staff had access to the radiation policy.

Berkshire Imaging was working on establishing their own terms of reference and radiation policy. The manager told us this will be discussed with the (RPA) at their next meeting.

The service followed the contracting trust procedures *of* diagnostic reference levels *(*DRLS). Patient dosimetry information was collected by radiographers retrospectively from the picture archiving and communication system (PACS) system and recorded. The service planned to separately establish DRLS procedures as from June 2022.

Following our inspection, the service had retrospectively audited 22 CT and18 MRI records for two Saturdays in November 2021. For the MRI service, the audit showed staff and patients both had signed the consent forms and was 100%compliant. The CT audit scored an average of between 63 and 80% on patients signing the consent for contrasts and being informed of the side effects. The manager took actions and said this would be discussed at the next governance and team meetings.

Requires Improvement

Diagnostic imaging

The service maintained a risk register which detailed risks that had the potential to affect the quality and safety of the service. The risk register was formally reviewed annually, with new risks being added when necessary. The risks included access to the scanner and the ageing equipment which were owned by the trust and Berkshire Imaging. Action plans have been developed to mitigate the risks.

Berkshire Imaging patients would be offered a new appointment at either RBH or one of the local private hospitals in the event of the scanners being unavailable. The building works for the new scanners should be completed by September 2022 and the new scanners will be placed into the outside units. Managers told us the risk would be significantly reduce once the new scanners are in place.

The service had developed a detailed contingency plan which covered risk in the areas surrounding Magnetic Resonance (MR) equipment, medical emergency, fire, gas leak, projectile injury and loss of power. Staff were aware of the procedure for medical emergency and the use of a folding trolley for the safe transfer of patients from the scanner to the emergency department. Action plan was detailed and included immediate actions and list of people to be contacted for support as the service worked with the local trust.

Information Management

The service collected some data and 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.

The service was registered with the information commission office under the freedom of information act 2000. Radiology staff worked together to ensure management of information risk and information was used lawfully, securely, fairly and for its intended purposes.

The service had developed some processes to support them in collecting reliable data and analysing it and staff had access to this.

Staff could access patient electronic records appropriate to patients' needs and procedures being completed. Computers were password protected and locked when not in use. We saw that computers were not accessible to patients.

The registered manager was aware of its responsibilities in submitting data notifications to external bodies, including the CQC as required by law.

Engagement

Leaders and staff actively and openly engaged with patients and local services to plan and manage services. However, they did not have a staff survey.

The service actively engaged patients, so their views were reflected in the planning and delivery of services. Managers and clinical leads worked closely with staff in the development of the service.

The latest patient satisfaction from November 2021 demonstrated a high degree of satisfaction and scored 100% for recommending Berkshire Imaging to their friends and family. Action plans were developed from feedback and managers were aware of the lack of parking spaces which patients had raised in the survey. This was due to building work which was due to be completed in the next couple of months.

Requires Improvement

Diagnostic imaging

There were no staff surveys to enable staff to provide feedback about the service that could be reflected in the planning and delivery of services and in shaping the culture. Following the inspection, the manager had developed a template for staff survey.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

- Radiology events and learning (REALM) occurred bi-monthly with all reporting radiologists and radiographers' participation at the local trust. This was an education resource overseen by a panel on behalf of the Royal College of Radiologist to promote safety in radiological practice. Berkshire Imaging private cases were also discussed as part of (REALM), and these fed back into the service clinical governance.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure that emergency equipment are appropriately located and available without delay to ensure safe care and treatment. • The service must ensure that all radiographers complete the mandated training relevant to their roles. • The service must ensure that patient group directions are reviewed, and staff have up to date information to administer medicines safely.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service must ensure that arrangements are in place for radiation protection advisor and medical physics experts and information shared with the staff. • The service must ensure that policies and procedures are reviewed, and staff have current and up to date information to support their practice.