

InHealth North London Diagnostics Centre

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Not sufficient evidence to rate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

InHealth North London Diagnostic Centre is operated by InHealth. The service provides X-ray and dual energy X-ray absorptiometry (DXA) diagnostic facilities for adults and young people over the age of 16 years.

We inspected X-ray and DXA diagnostic facilities.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 14 November 2018.

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

Summary of findings

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.

The main service provided by this centre was diagnostic imaging.

Services we rate

This was the services first inspection. We rated it as **Good** overall.

We found good practice in relation to diagnostic imaging:

- There were effective systems to keep people protected from avoidable harm.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs.
- There was a programme of mandatory training which all staff completed, and systems for checking staff competencies.
- Equipment was maintained and serviced appropriately and the environment was visibly clean.
- Records were up to date, complete and kept protected from unauthorised access.
- Incidents were reported, investigated and learning was implemented.
- The service used evidence based processes and best practice, and followed recognised protocols. Imaging was timely, effective and reported in good time.

- Staff were competent and kept up to date with their professional practice.
- Staff demonstrated a kind and caring approach to patients and supported their emotional needs.
- Appointments were available during the evening if required.
- Complaints from patients were taken seriously and acted upon.
- The service had supportive and competent managers. Staff understood and were invested in the vision and values of the organisation. The culture was positive and staff demonstrated pride in their work and the service provided.
- Risks were identified, assessed and mitigated. Performance was monitored and performance information was used to make improvements.

However, we also found the following issues that the service provider needs to improve:

- Not all staff had been trained in and could demonstrate knowledge and understanding of the Mental Capacity Act 2005 and associated guidance. However, the provider had recently purchased a training package at the time of inspection.
- There was a lack of appropriate changing facilities in the X ray room and patients were left alone to change in the room with access to X ray equipment.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve.

Ted Baker

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

Diagnostics was the only activity the service provided. We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

Contents

Summary of this inspection

	Page
Background to InHealth North London Diagnostics Centre	6
Our inspection team	6
Information about InHealth North London Diagnostics Centre	6
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Overview of ratings	11
Outstanding practice	28
Areas for improvement	28

Good



InHealth North London Diagnostics Centre

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to InHealth North London Diagnostics Centre

This report relates to X-ray and dual energy X-ray absorptiometry (DXA) services provided by InHealth North London Diagnostic Centre. The service primarily serves the communities of Enfield. However, it also accepts patient referrals from outside this area.

InHealth was established over 25 years ago using diagnostic imaging techniques and tools which were adapted to develop healthcare services focused on continuous quality improvement.

The centre provides a range of X-ray and dual energy X-ray absorptiometry (DXA) examinations to private patients and NHS patients referred from the NHS through

clinical commissioning group (CCG) contracts directly with InHealth and GP walk in referrals. The service works collaboratively with Enfield CCG and local GP services. The centre provides services for young people and adults over the age of 16 years old.

InHealth North London Diagnostic Centre Diagnostic Centre received CQC location registration on 5 July 2017.

The service has a registered manager that had been in post since July 2017.

We carried out an unannounced inspection of the service on 14 November 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in radiology management. The inspection team was overseen by Nicola Wise, Head of Hospitals Inspections, London North.

Information about InHealth North London Diagnostics Centre

InHealth North London Diagnostic Centre Diagnostic Centre occupies six clinic rooms above a GP practice. These are available variably, with five rooms being available from Monday to Friday and an extra room Monday, Tuesday and Thursday.

The scheduling of services is reviewed and revised on a monthly basis to reflect waiting times for local clinical commissioning groups (CCG). There are two clinic rooms which have one modality in each and equipment included a digital diagnostic X-Ray machine and a hologic DXA scanner.

Appointments for X-Ray and DXA scans can be prebooked through the InHealth Group Limited patient referral centre (PRC) once a referral has been received from the patients clinician. Patients could also attend a walk in X-ray DXA service from Monday to Thursday from 8am to 8pm.

The InHealth North London site also provided clinical rooms for the peripatetic services, (travelling from centre to centre), ultrasound, physiological measurements, echocardiogram, and abdominal aortic aneurysm (AAA) screening and on-site mobile magnetic resonance imaging (MRI). We did not inspect these services. All services other than X ray and DXA at InHealth North London are provided on an ad-hoc basis by InHealth and are registered separately with the CQC and managed by a separate operations manager employed by InHealth Group Limited.

InHealth North London Diagnostic Centre is registered to provide the following regulated activities:

- Diagnostic and screening procedures

Summary of this inspection

During the inspection we spoke with seven staff including; the registered manager, radiographers, care coordinator and clinical assistants. We spoke with six patients.

There were no special reviews or investigations of the centre ongoing by the CQC at any time during the 12 months before this inspection. This was InHealth North London Diagnostic Centre's first inspection since registration with CQC.

In the reporting period 1 November 2017 to 31 October 2018 InHealth North London Diagnostic Centre provided 4,029 attended appointments.

Staff in the centre consisted of one 0.3 whole time equivalent (WTE) registered manager, 1.6 WTE radiographers, 0.3 clinical coordinator WTE, and four WTE clinical assistants.

Track record on safety

- No never events, serious injuries or deaths.
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c. diff) or Escherichia coli (E-Coli).

- 15 formal complaints of which 10 were upheld.

Services accredited by a national body:

- International Organization for Standardization (ISO - information security management systems – ISO 27001 2013 - August 2013 to December 2019
- ISO 9001: 2015 – December 2001 to December 2019
- Investors in People Gold award - December 2016 to December 2019.
- Improving Quality in Physiological Services (IQIPS) adult and children's physiology- July 2016 to July 2021

Services provided under service level agreement:

- Clinical and or non-clinical waste removal
- Building Maintenance
- Laundry
- Maintenance of medical equipment
- GP provision
- Radiography reports

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Good** because:

- There was an open incident reporting culture within the centre and an embedded process for staff to learn from incidents.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs. They were supported by a programme of mandatory training in key safety areas.
- Equipment was serviced and processes in place to ensure all items were well maintained.
- The environment was visibly clean.

However, we also found the following issue that the service provider needs to improve:

- There was a lack of changing facilities in the X ray room and patients were left alone in the room with X ray equipment whilst getting changed for their scan. However, the centre were taking actions to address this.

Good



Are services effective?

Not sufficient evidence to rate

- Policies, procedures and guidelines were up to date and based on National Institute for Health and Care Excellence (NICE) guidelines, relevant regulations and legislation.
- Staff worked collaboratively as part of a multi-professional team to meet patients' needs.
- There were systems to show whether staff were competent to undertake their jobs and to develop their skills or to manage under-performance.
- There was effective multidisciplinary team working throughout the centre and with other providers.
- Staff had regular development meetings with their centre manager, and were encouraged to develop their roles further.
- Information provided by the centre demonstrated 100% of staff had been appraised.

However:

- There was a lack of training for staff in the requirements of the Mental Capacity Act 2005 and associated guidance.
- Some staff could not demonstrate an understanding or knowledge of the requirements of the Mental Capacity Act 2005 (MCA).

Not sufficient evidence to rate



Summary of this inspection

Are services caring?

We rated caring as **Good** because:

- Patients were treated with kindness, dignity and respect. This was reflected in feedback we received from patients.
- Patients received information in a way which they understood and felt involved in their care. Patients were always given the opportunity to ask staff questions, and patients felt comfortable doing so.
- Staff provided patients and those close to them with emotional support; staff were supportive of anxious or distressed patients

Good



Are services responsive?

We rated responsive as **Good** because:

- Services were planned and delivered in a way that met the needs of the local population. The service was planned with the needs of service users in mind.
- Patients individual needs were met, including consideration of the needs of patients living with dementia and learning disability.
- Staff were encouraged to resolve complaints and concerns locally.
- Patient complaints and concerns were managed according to the InHealth policy.
- Complaints were investigated and learning was identified and shared to improve service quality.
- Walk in appointments could be provided for patients, as well as a range of appointment times being offered for patients who worked during the week.
- Patients could access services easily; appointments were flexible and waiting times short. Appointments and procedures occurred on time.

Good



Are services well-led?

We rated well-led as **Good** because:

- The provider had a clear vision and values which were realistic and reflected through team and individual staff member objectives.
- There was a clear governance structure, which all members of staff knew. There was evidence of information escalated from local level governance meetings and information cascaded from provider level governance meetings.
- Staff were positive about their local leaders and felt they were well supported.

Good



Summary of this inspection

- The centre had a local risk register and managers had clear visibility of the risks and were knowledgeable about actions to mitigate risks.
- There was a culture of openness and honesty supported by a freedom to speak up policy and freedom to speak up guardian.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are outpatients and diagnostic imaging services safe?

Good 

Mandatory training

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

Staff completed a set of annual mandatory e-learning courses, and face to face training by a registered provider to cover basic life support (BLS) and moving and handling. Fire training was provided to all staff by mandatory e-learning and also to nominated fire officers by face to face training from the health and safety advisor

Staff training files included a contemporaneous training record. This included details of training undertaken including; fire safety and evacuation, health and safety in healthcare, equality and diversity, infection prevention and control, moving and handling objects and moving and handling people/patients, safeguarding adults and children, customer care and complaints, basic life support (BLS) and data security awareness.

Mandatory training rates were regularly reviewed at quarterly team meetings. At the time of this inspection, 100% of staff had completed and were up to date with mandatory training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

The lead for safeguarding was the nominated individual who was trained to level four children's and adults safeguarding.

Staff were trained to recognise adults at risk and were supported by the InHealth safeguarding adults' and children policies. The InHealth corporate safeguarding team told us there had been 41 safeguarding referrals to the team in the previous 12 months and 40 of them had been referred to the relevant local authority. Staff told us one safeguarding concern had not been reported to the relevant local authority at the time the incident took place due to the local team and InHealth corporate safeguarding team thinking that each other had done this. This was not in accordance with the InHealth safeguarding children's policy or guidance issued by HM Government, 'Working Together to Safeguard Children, July 2018.' We raised this with staff at the centre and the InHealth corporate safeguarding team at the time of inspection. The incident was immediately referred to the local authority safeguarding team by the InHealth corporate safeguarding team. The local authority team informed them that they did not view the incident as a safeguarding incident.

All staff had received safeguarding adults and children's training. All staff had received training in safeguarding children and young people level two, as it was possible young people aged 16 to 18 years old would be examined. This met intercollegiate guidance: 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff', March 2014.

The registered manager understood the Department of Health (DoH) female genital mutilation and safeguarding guidance for professionals March 2016. InHealth did not provide training in accordance with this, although

Diagnostic imaging

guidance was available to staff in the InHealth safeguarding policies. The policies also included guidance for staff on modern slavery and child sexual exploitation.

Cleanliness, infection control and hygiene

The service controlled infection risks well.

InHealth had infection prevention and control (IPC) policies and procedures which provided staff with guidance on appropriate IPC practice for example, communicable diseases and isolation.

We observed all areas of the service to be visibly clean. The centre team cleaned the imaging room at the end of each day. This was recorded on a daily check sheet which was reviewed by the operations manager each week.

Staff followed manufacturers' instructions and the InHealth IPC guidelines for routine disinfection. This included the cleaning of medical devices between each patient and at the end of each day. We saw staff cleaning equipment and machines following each use. We reviewed all machines in use, and saw where appropriate the machines had been disinfected.

All the patients we spoke with were positive about the cleanliness of the centre and the actions of the staff with regards to infection prevention and control. All the staff we observed demonstrated compliance with good hand hygiene technique in washing their hands and using hand gel when appropriate. Staff were bare below the elbow and had access to a supply of personal protective equipment (PPE), including gloves and aprons. We saw staff using PPE appropriately.

Hand hygiene audits were completed to measure staff compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients. Results for the reporting period January 2018 to October 2018 showed a compliance rate of 100%. Hand hygiene results were communicated to staff through the centre's staff meetings and via email.

The registered manager was the IPC lead and was responsible for supporting staff, ensuring annual IPC competency assessments and training were carried out

and undertaking IPC audits. IPC audits were completed monthly. Results for the 12 months preceding this inspection demonstrated that the centre regularly achieved 100% compliance.

Waste was handled and disposed of in a way that kept people safe. Waste was labelled appropriately and staff followed correct procedures to handle and sort different types of waste.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

The layout of the centre was compatible with health and building notification (HBN06) guidance. Access was via Lincoln Road. There was a first floor reception area with a reception desk that was staffed during opening hours. The reception area provided drinking water and toilet facilities for patients and relatives. We found toilet facilities for patients were clean and well maintained.

Staff told us patients sometimes used a staff toilet. We found a broken bin in one of the staff toilets and a broken toilet seat. We informed the registered manager and the head of operations. They assured us that the bin and toilet seat would be replaced without delay.

X ray and DXA areas were located on the first floor. These were accessible by a lift or stairs. Both floors had diagnostic imaging observation areas. These ensured patients were visible to staff during examinations.

Equipment met the requirements of the Ionising Radiation (Medical Exposure) Regulations 2017 (IRR17) regulation 15. This sets out the general requirements in respect of all equipment, regardless of when it was installed and brought into clinical service. InHealth North London Diagnostic Centre had an inventory of equipment in accordance with regulation 15(1)(b) and 15(2). The service also met regulation 15(3) regarding testing of equipment. Equipment was tested before clinical use by the centre's radiographers.

Staff had sufficient space for scans to be carried out safely. The centre did not have patient changing facilities on-site. Staff would leave the X ray room to allow patients to change into gowns. However, following our inspection the service informed us that they had introduced a new policy to mitigate the risk of patients being left alone in the X ray room. Patients would change in the DXA room

Diagnostic imaging

and transfer to the X ray room. The centre had also arranged for a provider of privacy screens and curtains to assess the X ray room to incorporate a changing area in the room.

Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. In accordance with IRR17 regulation 15(6) there were systems to ensure repairs to machines or equipment when required were timely. This ensured patients would not experience prolonged delays to their care and treatment due to equipment being broken and out of use.

During our inspection we checked the service dates for all equipment, and found them within date. The generators were also tested monthly on a planned schedule to ensure patient scanning was not affected.

Failures in equipment and medical devices were reported through the InHealth technical support team. Staff told us there were usually no problems or delays in getting equipment repaired. Equipment breakdown was logged on the InHealth incidents log to enable the company to monitor the reliability of equipment.

All equipment conformed to relevant safety standards and was regularly serviced. All non-medical electrical equipment underwent electrical testing as part of the service level agreement (SLA) with the GP surgery.

Scales for weighing patients were available in the centre and had been appropriately service tested. Staff told us, in the event the weigh scales developing a fault or being unfit for use, a replacement set was available and the fault would be reported to the InHealth technical support team.

The service had a defibrillator that appeared visibly clean and had been serviced. The service also had a first aid bag: we checked the contents of the bag and found single-use items were sealed and in date. Staff told us the service did not have a resuscitation trolley as there was a service level agreement (SLA) with the GP that was the co-occupier of the clinic premises. Staff told us that in the event of a patient requiring resuscitation or urgent clinical assistance, the GP would attend to the patient.

There were procedures for removal of a collapsed patient. Staff told us they had practiced the evacuation of a patient from the X ray and DXA rooms and it had been effective.

Access to the X ray and DXA rooms was via a keypad controlled door. There was signage on all doors explaining when X ray was in progress and safety rules.

We reviewed the April 2018 environment and health and safety audit. We found compliance with InHealth key performance indicators (KPI) was 100% in all areas including safe working loads, moving and handling, and environmental risks.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. Ionising radiation risks were well managed.

Staff assessed patient risk and developed risk management plans in accordance with national guidance. For example, the centre used patient safety questionnaires prior to proceeding with any scan. Risks were managed positively and risk assessments updated appropriately where there was a change in the patient's condition.

The centre was registered with the Health and Safety Executive (HSE) in accordance with Ionising Radiation Regulations 2017 (IRR17). We viewed records that demonstrated a medical physics expert (MPE), a radiation protection advisor (RPA) and a radiation protection supervisor (RPS) had been appointed. A routine performance report dated 15 June 2018 demonstrated that a medical physics audit had been completed and radiation levels were within required ranges. There were "no recommendations" resulting from the audit.

The radiographer selected the relevant diagnostic levels for adults and children based upon recommended settings; there was a dose checklist for patients to assist staff in monitoring of patients' radiation doses.

Radiographers understood their responsibility to report any significant unintended or accidental exposure to ionising radiation. The manager knew that if exposure levels were too high, there was a requirement to report this to the CQC and Health and Safety Executive (HSE). Staff confirmed that there had not been any cases of accidental exposure at the service.

Diagnostic imaging

The centre had control measures including warning lights and signage to identify areas where radiological exposure was taking place. This was in accordance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017) and Ionising Radiation (Medical Exposure) Regulations 2000/2018. This ensured that staff and visitors did not accidentally enter a controlled zone such as X ray when a procedure was in progress.

There were clear pathways and processes for staff to assess people that were clinically unwell and needed to be admitted to hospital. For example, the InHealth routine guidance policy was available to guide staff in referring patients to an emergency department in the event of staff identifying a patient as clinically unwell. Patients that became unwell in the centre would be attended by the GP that was co-located on the ground floor of the centre. Staff told us that if a patient required urgent hospital assessment or admission they would call 999.

The service ensured that the 'requesting' of an X ray or DXA examination was only made by staff in accordance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017) and Ionising Radiation (Medical Exposure) Regulations 2000/2018. All referrals were made using dedicated X ray or DXA referral forms. All referral forms included patient identification, contact details, clinical history and the type of examination requested, as well as details of the referring clinician/practitioner.

There were processes to ensure the correct person received the correct radiological scan at the right time. The service had a Society of Radiographers (SoR) poster within the centre. The posters acted as an aide memoire for staff reminding them to carry out checks on patients. InHealth records systems had in-built checks to remind the radiographer to check patient identification and correct scan prior to progressing to the test. Radiographers described a three point patient identification checking system as the patients date of birth, referring clinician and area to be scanned. In the event of a patient informing staff that the area to be examined was different from that on the referral form, the centre's staff contacted the referrer to clarify the area to be examined and request a new referral if necessary.

We saw staff using the SoR "pause and check" system. Pause and Check consisted of the three-point

demographic checks to correctly identify the patient, as well as checking with the patient the site or side of their body that was to have images taken, the existence of any previous imaging the patient had received and to enable the radiographer to ensure the correct imaging modality was used.

There were processes to escalate unexpected or significant findings both at the examination and upon reporting which staff described. InHealth had a pathway for unexpected urgent clinical findings. In the case of NHS patients, an urgent report request was sent to the external reporting provider. Once the report was received (within 24 hours), an email was sent to the referrer to highlight an urgent report. In addition, InHealth picture archiving and communication system (PACS) team also contacted the referrer by phone to inform them an urgent report had been sent and this was recorded on the database. They were asked to verbally acknowledge that an email with the report had been received. If the patient was a private patient, the reporting radiologist was contacted by a member of staff to advise them of the urgent report to ensure it received prompt attention. If at time of examination, the radiographers thought the patient needed urgent medical attention, the patient was advised to attend their local NHS accident and emergency department. All images would be sent to the referrer urgently via the image exchange portal.

All clinical staff were basic life support (BLS) and automated external defibrillator (AED) trained. All administration staff were BLS trained. there was a service level agreement whereby the co-located GP practice would attend in the event of a patient requiring resuscitation, or medical emergency, or cardiac arrest.

There was signage on the doors to all clinical rooms alerting women who were or thought they may be pregnant to inform staff. Women had to completed a written self-declaration in regards to their pregnancy status.

The recruitment process for radiographers included pre-employment checks to provide assurances that they were safe and suitable to work for the service. These included, proof of identity including a recent photograph, a Disclosure and Barring Service (DBS) check, references and registration with the Health and Social Care Professional Council (HCPC). Staff told us the InHealth human resources (HR) department completed all

Diagnostic imaging

pre-employment checks and staff would not be given a date to commence employment at the centre until these checks were complete. However, we did not see any pre-employment checks to confirm this as these were held by the InHealth HR team at the company's head office.

Radiography staffing

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

InHealth used a 'staffing calculator', designed to take account of expected, and a degree of unexpected, absences; ensuring sufficient staff availability across all operational periods. Required staffing levels were calculated using core service information including: operational hours, patient complexity and service specifications, physical layout and design of the facility/ service, expected activities, training requirements, and administrative staffing requirements. Staffing levels had been set following working time studies and analysis of average task time requirements. This ensured sufficient staff to support patient and staff needs.

The clinical coordinator was responsible for clinical shifts being rostered in accordance with InHealth 'Health Working Time Regulations' policy. The clinical coordinator was trained in rostering and used the staffing tool to ensure safe staffing numbers. The registered manager was responsible for monitoring the hours worked by staff and ensuring they did not exceed working time limits. This included ensuring staff working longer than six hours at a time received a 20-minute rest break. Staff were entitled to a daily rest period of at least 11 hours uninterrupted rest in every 24 hour period, as well as a weekly rest period of 24 hours uninterrupted in every seven day period.

Staff in the centre consisted of one 0.3 whole time equivalent (WTE) registered manager, 1.6 WTE radiographers, 0.3 clinical coordinator WTE, and four WTE clinical assistants.

The centre had two radiographers on Wednesday and one radiographer Monday, Tuesday and Thursday. The centre did not offer examinations on Fridays.

Agency staff were not used at InHealth North London Diagnostic Centre. Shifts were usually covered by the centre's own staff. This ensured staff continuity and familiarity with the centre. Business continuity plans guided the service in responding to changing circumstances. For example, sickness, absenteeism and workforce changes.

All staff we spoke with felt that staffing was managed appropriately. Staff told us there was no lone working at the centre and at all times there were at least two staff in the centre.

Medical staffing

The service did not employ any medical staff. Radiologists were provided by a service level agreement (SLA) with an external provider. Radiographers told us they could contact a radiologist at the external provider for advice at any time.

There was a service level agreement (SLA) dated 30 June 2017 for the co-located GP practice to provide medical support including resuscitation, administration of all required drugs, and onward transmission of patients if necessary. The SLA also detailed the provision of general medical guidance and support for InHealth North London Diagnostic centre from the practices GP.

Records

Staff kept and updated individual patient care records in a way that protected patients from avoidable harm.

Patient care records were electronic and were accessible to staff.

All patients (apart from walk in X-Ray and walk in DXA patients) were booked through the InHealth patient referral centre (PRC). The PRC was responsible for storing and maintaining patient records and sharing communication in regards to patients with relevant parties in accordance with the InHealth data protection, data retention, and confidentiality policies.

Patients completed a safety consent checklist form consisting of the patients' answers to safety screening questions and also recorded the patients' consent to care and treatment. This was later scanned onto the electronic system and kept with the patients' electronic records.

Diagnostic imaging

Patients' personal data and information was kept secure. Only authorised staff had access to patients' personal information. Staff training on information governance and records management was part of the InHealth mandatory training programme.

Staff completing X ray examinations, updated the electronic records and submitted the scanned images for reporting by an external radiologist. The centre had a service level agreement with a private provider of diagnostic imaging reports. This included quality assurance agreements in regards to the auditing of reports to review the quality of images provided, clinical errors in the report, and a review of the quality of the transcribed report.

The quality of images was peer reviewed locally and quality assured on a corporate level. Any deficiencies in images were highlighted to the member of staff for their learning.

We reviewed four patient care records during this inspection and saw records were accurate, complete, legible and up to date. Paper records were shredded in accordance with the InHealth policy once the paper based information was uploaded onto the electronic records system.

The service provided electronic access to diagnostic results and could share information electronically if referring a patient to a hospital for emergency review.

The service was also a registered user of the NHS electronic referral system (eRS) The centre transferred patient reports and images to referrers by secure picture archiving and communication system (PACS). The radiology information system (RIS) and PACS system was password protected.

All the forms completed by patients were examined and transferred electronically to the patient management system (XRM), which was also accessible by the InHealth patient referral centre (PRC) to enable further communication with referrers.

Medicines

Medicines were not stored or administered at InHealth North London Diagnostic Centre. InHealth had a consultant pharmacist who issued guidance and support at a corporate level and worked collaboratively with the

InHealth clinical quality team on all issues related to medicines management. Staff told us they could contact the InHealth pharmacist if they had any concerns in regards to medicines patients were taking.

Incidents

The service managed patient safety incidents well.

The service had an incident reporting policy and procedure to guide staff in reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, and investigate and record near misses. Staff reported incidents using an electronic reporting system.

Between September 2017 and September 2018, the service reported 13 incidents. There were no identifiable themes or trends. All incidents were categorised as 'insignificant' or 'minor'.

Learning from incidents was shared with staff at the centre via staff meetings.

During the period September 2017 to August 2018 there had been no serious incidents requiring investigation, as defined by the NHS Commission Board Serious Incident Framework 2013. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

There had been no 'never events' in the previous 12 months prior to this inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.

There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. 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 patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

Diagnostic imaging

An InHealth organisational policy and procedure was available to staff providing guidance on the process to follow if an incident was to occur that met the requirements of the duty of candour regulation. All staff had been trained and made aware of duty of candour and what steps to follow where it was required. Staff we spoke with understood the requirements of the duty of candour.

The online incident reporting system generated a duty of candour alert when a serious incident met the duty of candour requirements, this prompted staff to give consideration to the regulation. Incidents involving patient or service user harm were assessed with the 'notifiable safety incident' criteria as defined within regulation 20 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Incidents meeting this threshold are managed under the organisations 'adverse events (incident) reporting and management policy' and 'Duty of Candour procedure for the notification of a notifiable safety incident' standard operating procedure.

There had been an incident involving a patient where the X ray equipment had broken down and the patient needed to return to the centre to complete their examination. The patient was offered a new appointment and returned to the centre where the examination was completed. Staff at the centre monitored the patients radiation dosage levels and the total effective radiation dose to the patient was estimated to be a multiplying factor of approximately two. Guidelines from the Department of Health, 13th January 2017, identified a multiplying factor for an incident of this type as 20. Therefore, the CQC would not expect to be notified of this incident.

Incidents were reviewed weekly at the clinical governance complaints, litigation, incidents and compliments (CLIC) meeting. The clinical governance team analysed incidents and identified themes and shared learning to prevent reoccurrence at a local and organisational level.

National patient safety alerts (NPSA) that were relevant to the centre were communicated by email to all staff. All staff had to accept emails with mandatory information which showed that they had been received.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

This was the first inspection for this service. We do not rate effective.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness.

Patients care and treatment was delivered and clinical outcomes monitored in accordance with guidance from the National Institute for Health and Care Excellence (NICE), Public Health England (PHE) and Society of Radiographers (SoR). For example, National Dose Reference Levels (NDRL) were based upon PHE 'HPA-CRCE-034: Doses to patients from radiographic and fluoroscopic X-ray imaging procedures in the UK (2010 review)'.

The service based its policies and procedures on the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017) and Ionising Radiation (Medical Exposure) Regulations 2000/2018. The local rules were up to date and reflected both equipment usage and the services localised practice. The local rules were on display in each clinical room. Staff had also signed the InHealth radiation protection policy, October 2017, to say they had read and understood the policy.

The services policies and procedures were subject to review by the radiation protection lead (RPA) from an acute hospital trust. The radiation protection supervisor and organisation radiation protection lead was responsible for policy development. Staff told us they were always available to provide advice and guidance on policy and procedures.

Staff told us an InHealth policy was reviewed at each staff meeting. Staff meetings were held on a six monthly basis.

Nutrition and hydration

Patients had access to drinking water whilst awaiting their examination. During our inspection we observed

Diagnostic imaging

staff offering patients drinks before and after they were examined. Staff told us the centre did not offer hot drinks as patients generally were called for their examination within 30 minutes of arriving at the centre.

Pain relief

Pain assessments were not undertaken at InHealth North London Diagnostic Centre. Patients managed their own pain and were responsible for supplying any required analgesia. We were told patients with a booking would receive a letter prior to the procedure advising them to continue with their usual medications. We saw staff asking patients if they were comfortable during our inspection.

Patient outcomes

The service had a programme of audit to check the quality of procedures and the safety of the service.

The service recorded the times taken between a referral being received for a scan and the time it took for a scan to be booked. They also recorded the time from the scan to when the scan was reported on. Key performance information (KPI) data recorded that the centre had achieved 100% compliance in meeting the InHealth referral to scan times between January and October 2018.

Staff compared and audited key elements of the referral and scanning pathway and these were benchmarked with other InHealth locations. KPI data indicated that the centre were about the same in regards to never events and serious incidents. The centre were slightly above average with regard to incident reports.

Audits of the quality of the images were undertaken at a corporate level. Any issues were fed back to local services for quality assurance purposes and learning and improvement.

InHealth quality audits were undertaken annually and used to drive service improvements. The centre had a clinical audit schedule and this included audits of individual areas including, patient experience, health and safety, medical emergency, safeguarding, equipment and privacy and dignity. We viewed an audit dated 29 August 2017. This had an action plan where the service were not meeting the InHealth standards and this was monitored to completion by the InHealth corporate quality team.

Competent staff

The service made sure staff were competent for their roles.

All staff received a local and corporate induction and underwent an initial competency assessment.

Staff had the right skills and training to undertake the X ray images and DXA scans. This was closely monitored at a corporate level and locally by the operations manager. Staff skills were assessed as part of the InHealth recruitment process, at induction, through probation, and then ongoing as part of staff performance management and the InHealth appraisal and continuous professional development (CPD) process. All staff were required to complete the InHealth mandatory training programme as well as role specific training to support ongoing competency and professional development. Competency based professional development included case studies, reflections on practice, self-directed learning, and skills training.

Local induction for all staff ensured staff were competent to perform their required role. For clinical staff this was supported by a comprehensive competency assessment toolkit which covered key areas applicable across all roles including equipment, and clinical competency skills relevant to their job role and experience. We viewed a radiographers' induction records and saw these included induction and competency checklists which were signed and dated by the clinical lead to indicate the radiographer was competent in specific tasks and the use of equipment. The induction records for a clinical assistant included an assessment of clinical skills and knowledge.

New staff were provided with a site orientation and walk-through of the centre's fire safety and evacuation procedure, and started reading through the InHealth key policies. Staff were also signposted to the procedure for calling for help in an emergency, including fire or cardiac arrest. The local rules were shared with the staff member and they were required to sign to confirm they had read and were aware of these. Staff were required to complete a competency checklist within the first three months of employment, and did not work alone until the required competencies had been met.

Staff told us InHealth had a comprehensive internal training programme for X ray and DXA aimed at

Diagnostic imaging

developing modality specific competence following qualification as a radiographer. Trainee radiographers were not allowed to work on their own and were always supervised during patient examinations.

Staff attended relevant courses to enhance professional development and this was supported by the organisation and local managers. InHealth offered access to both internal and externally funded training programmes and apprenticeships to support staff in developing skills and competencies relevant to their career.

Radiographers' performance was monitored through peer review and issues were discussed in a supportive environment. Radiologists fed back any performance issues with scanning to enhance learning or highlight areas of improvement in individual radiographers' performance.

All radiographers were registered with the Health and Care Professions Council (HCPC) and met HCPC regulatory standards to ensure the delivery of safe and effective services to patients. Radiographers also had to provide InHealth with evidence of continuous professional development (CPD) at their appraisals.

Staff had regular one to one meetings with their manager and a biannual appraisal to set professional development goals. Staff also received one to one quarterly reviews with the registered manager. Records we viewed confirmed that staff appraisals were up to date.

The centre had been involved in shared learning sessions with the GP surgery that had involved case studies.

Multidisciplinary working

Staff of different kinds and from different organisations worked together as a team to benefit patients.

The centre had good relationships with other external partners and undertook scans for local NHS providers and private providers of health insurance schemes

Staff told us there was good communication between services and there were opportunities for them to contact referrers for advice, support and clarification.

The registered manager at the centre worked closely with the operations manager for the peripatetic services, (these were services that travelled around InHealth clinics and provided ultrasound, physiological measurement

services, echocardiogram, and abdominal aortic aneurysm (AAA) screening), by scheduling clinical room availability for peripatetic services on a monthly basis. The centre also promoted the availability of peripatetic services in the local community. The peripatetic services were registered separately with the CQC and entirely managed by the registered manager for the peripatetic services.

The centre also worked closely with staff at the on-site mobile magnetic resonance imaging (MRI) unit on the Medical Centre site. This included the scheduling of MRI patients appointments by the centres reception staff. However, the MRI unit had a separate CQC registration and a separate registered manager.

The service had a contract for the provision and interpreting of X ray reports from a private radiology service.

Seven-day service

Appointments were flexible to meet the needs of patients, and appointments were available at short notice.

The centre was operational from 8.30am to 7pm Monday to Thursday including bank holidays except Christmas Day, Boxing Day and New Year's Day.

The centre was in discussions with the clinical commissioning group (CCG) with regard to offering weekend services.

Health promotion

The centre was working with local schools on health promotion, including inviting school children to the centre to view diagnostic and imaging equipment.

The service were working with the co-located GP practice to promote the diagnostic and imaging services available at the centre.

Consent and Mental Capacity Act

Staff did not clearly understand how and when to assess whether a patient had the capacity to make decisions about their care.

Diagnostic imaging

Although, staff had signed to confirm that they had read and understood the policy on the MCA during their induction not all staff understood the requirements of the Mental Capacity Act 2005 (MCA) during our conversations with them.

We asked the registered manager about staff training in the MCA. The registered manager told us this was part of the safeguarding e-learning module. We subsequently viewed the InHealth safeguarding elearning and found the MCA was referred to in the training, but adequate information was not provided. The head of operations told us InHealth had purchased an e-learning programme for the Mental Capacity Act 2005 and they were considering which staff the module would be relevant to.

Where a patient lacked the mental capacity to give consent, guidance was available to staff through the InHealth corporate consent policy. Staff also told us they would encourage patients to be accompanied where there were concerns about their capacity to consent to care or treatment. However, an accompanying person cannot consent to the patients treatment unless they hold a power of attorney for the patients health and welfare.

Staff we spoke with understood the need for consent and gave patients the option of withdrawing consent and stopping their scan at any time. The service used consent forms that all patients were required to sign at the time of booking in at the service.

Are outpatients and diagnostic imaging services caring?

Good 

This was the first inspection for this service. We rated caring as **good**.

Compassionate care

Staff treated patients with dignity, kindness, compassion, courtesy and respect.

Staff introduced themselves prior to the start of a patient's treatment, explained their role and what would happen next. In the interactions we saw staff interacted

well with patients and included them in general conversation. Feedback provided by patients demonstrated that patients found staff to have a kind and caring attitude.

Staff ensured that patients' privacy and dignity was maintained during their time in the centre and during scanning. Although, we expressed concerns about patients being left alone to change clothing in the X ray room with access to X ray equipment. In response the centre informed us that they had arranged for the X ray room to be assessed for the provision of a changing area to ensure patients privacy and dignity was respected, whilst ensuring a member of staff was present in the room at all times.

Patient satisfaction was formally measured through completion of the InHealth 'Friends and Family Test' (FFT) following their examination. Between August 2017 and July 2018, we found 100% of the 93 respondents were extremely likely or likely to recommend the InHealth North London Diagnostic Centre to their friends or family. The InHealth FFT average was 99%.

During this inspection we spoke with six patients about various aspects of the care they received at InHealth North London Diagnostic Centre. Feedback was consistently positive about staff and the care they delivered.

Emotional support

Staff supported people through their examinations, ensuring they were well informed and knew what to expect.

Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calm and reassuring attitude to alleviated any anxiety or nervousness patients experienced.

Staff provided reassurance throughout the examination process, they updated patients on the progress of their examination. All six patients we spoke with told us staff had been supportive.

Staff told us recognising and providing emotional support to patients was an integral part of the work they did. Staff recognised that examination related anxiety could impact on a patient's diagnosis and result in possible delays with the patients treatment.

Diagnostic imaging

The service allowed for a parent or family member or carer to remain with the patient for their scan if this was necessary.

Patients were advised that if they wanted to stop their scan, staff would assist them and discuss choices for an alternative appointment with support or coping mechanisms to complete their scan.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them in decisions about their care and treatment.

Staff communicated with patients in a manner that would ensure they understood the reasons for attending the centre. All patients were welcomed into the reception area and reassured about their procedure.

Patients, relatives and carers could ask questions about their scan. A range of diagnostic and imaging related leaflets were available to patients in the centre. Patients could also access information on X ray and DXA scanning from the InHealth website.

Explanations were given post examination on aftercare.

Are outpatients and diagnostic imaging services responsive?

Good 

This was the first inspection for this service. We rated it as **good**.

Service delivery to meet the needs of local people

The provider planned and provided services in a way that met the needs of local people.

The service was planned and designed to meet the needs of the patients. Information about the needs of the local population and the planning and delivery of services was agreed collaboratively with clinical commissioning groups (CCG). The service provided imaging for low risk outpatients only. This enabled patients to access a service in a timely way and helped manage waiting lists and times for the local population.

The registered manager received a daily information report from the patient referral centre (PRC) which detailed the centre's capacity. All patients were offered an alternative appointment if waiting times in the centre exceeded 30 minutes.

Evening appointments were available to accommodate the needs of patients who were unable to attend during week days. However, the registered manager told us the service was planning to extend opening hours to include weekend opening.

The centre worked closely with the local GP. The service had also met with Enfield commissioners and the musculoskeletal service (MSK) at a local acute hospital to discuss expanding services to support secondary care acute hospitals with their capacity, this would include offering some services at the weekend to support local hubs with their diagnostics.

The centre was not close to any London underground stations. There were railway stations and bus stops close to the centre. There was limited parking available for patients at the centre. There was free on street parking available in surrounding roads.

The private service enabled patients to have a choice of where they could receive care. InHealth North London was accredited by a private provider of health insurance to provide services to private medical insured patients.

Meeting people's individual needs

The service took account of patients' individual needs.

All staff had an understanding of the cultural, social and religious needs of patients. For example, there was a diverse staff group that could advise other staff members on cultural and religious diversity.

Patients with reduced mobility had access to a lift to gain access to the scanning floors and ramps were installed to enable wheelchair users or people with limited mobility to gain entrance to the building.

Staff could use a telephone interpreting service for patients whose first language was not English.. We saw the contact details of the service at the centre's main reception.

Diagnostic imaging

The service had arrangements to meet the needs of those with sensory impairment. The centre had a hearing loop (a sound system for people with hearing aids). Large print patient information was available and braille leaflets could be provided on request.

Nervous, anxious or phobic patients could have a preliminary look around the centre prior to their appointments to familiarise themselves with the environment and decrease anxiety.

Patients with a learning disability or dementia could bring a relative or carer to their appointment as support, who could be present in the imaging room if necessary. Parents could also accompany young people where requested. Easy to read leaflets were available.

Access and flow

People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

Patients were referred to the service by via the InHealth referrals system. Patients could book appointments through several media platforms including, telephone and self-booking services through the InHealth interactive 'patient portal'. Most appointments were booked via the patient referral centre (PRC) patients' appointments were usually made by telephone at a time and date agreed by them. The centre also provided services for 'walk in' patients that did not have a prior appointment from 8.30am to 7pm Monday to Thursday.

In the case of a requirement to conduct an urgent scan due to a request by a referring clinician the PRC could offer alternate InHealth locations in London within a reasonable distance.

All the referrals were triaged by the clinical radiographers at the PRC or by the radiographers on-site. Radiographers reviewed and confirmed suitability of location for patients. For complex cases the clinical radiographers could seek assistance from the InHealth consultant radiologist team.

Patients arriving at the centre registered at the main reception, clinical assistants book ed the patients on the RIS system and inform the radiographers of the patients arrival by telephone. Radiographers informed the

reception team when they were ready to see the patient. Clinical assistants escorted or directed patients depending on their needs to the correct clinical room for their scan.

Waiting times in the centre were short. There were very few delays and appointment times were closely adhered to. Referrals were prioritised by clinical urgency. Patients were often given an appointment by the PRC within 48 hours. Patients referred by the GP surgery could attend the X ray or DXA clinic immediately by the GP making an immediate referral.

InHealth ensured that diagnostic reports were produced and shared in a timely fashion and closely monitored key performance indicators (KPI) including referral to appointment, reporting turnaround times and reporting audit.

Urgent appointments were requested by the PRC. The PRC contacted the referrer and recorded details of the examination and patient to be examined prior to referring the patient on to the centre. Urgent referrals had a designated email address that was monitored by the PRC to ensure they were prioritised. Patients requiring an urgent scan could be seen on the same day.

Between November 2017 and October 2018 the total number of appointments at the centre was 4,029, with 51 of these being patients 'did not attend' (DNA) The centre's DNA rate for the period was 1%.

From August 2017 to September 2018 220 (0.91%) of planned examinations were cancelled for non-clinical reasons, 158 (0.66%) of these were as a result of equipment failure or breakdown.

The registered manager told us patients appointments would only be cancelled if a machine broke down. Patients that had appointment cancelled would be offered a scan immediately at another InHealth centre or could re-book their appointment. There were no delayed procedures for non-clinical reasons in the same period.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Diagnostic imaging

Staff were encouraged to resolve complaints and concerns locally. InHealth had a complaints handling policy and all had staff completed a mandatory training course on customer care and complaints.

The centre had 15 formal complaints that were dealt with under the InHealth formal complaints procedure, of these 10 complaints were upheld. All formal complaints were managed through the InHealth formal complaints procedure. Formal complaints were logged and recorded using the organisations electronic risk management system. Complaints were monitored at the weekly complaints, litigation, incidents and compliments (CLIC) meeting where themes were identified and fed back to the service. There were no themes identified in complaints at InHealth North London.

The complaints policy and procedure was displayed for patients and relatives to read in the main reception area. The policy was to acknowledge all complaints within three working days and investigate and formally respond within 20 working days. There was a three stage complaints management policy: stage 1 -local resolution stage 2: Internal director review; stage 3: external independent review. External review would be provided by either the Public Health Service Ombudsman for NHS funded patients or the independent sector complaints adjudication service (ISCAS) for privately funded patients.

There were weekly CLIC meetings which reviewed all formal complaints and disseminated learning to local teams.

Are outpatients and diagnostic imaging services well-led?

Good 

This was the first inspection for this service. We rated it as **good**.

Leadership

Managers at all levels had the right skills and abilities to run a service

InHealth North London Diagnostic Centre was managed by an experienced registered manager, supported by regional management and central InHealth support functions. The registered manager had been with the service since it opened in July 2017.

The management structure at the centre consisted of a registered manager supported by a clinical coordinator and senior radiographer. The registered manager was an experienced administrative manager. Staff said both the registered manager, clinical coordinator and the senior radiographer were approachable, supportive, and effective in their roles. All the staff we spoke with were positive about the management of the service.

Junior and middle managers working for InHealth were encouraged to gain an NVQ qualification in leadership. There was also a leadership development programme that would lead to a recognised level 5 qualification for senior managers in development at the time of this inspection. The registered manager told us they had recently completed a course funded by InHealth in leadership and management.

The InHealth staff survey for InHealth North London Diagnostic Centre dated December 2017 found that 92% of staff responded that the operations manager was an effective team leader.

Vision and strategy

The service had a set of clear values that were well understood by staff who were engaged by them.

InHealth had four clear values: 'Care, Trust, Passion and Fresh thinking'. These values were central to all the examinations carried out daily and displayed on a wall in the main reception area. The company also had a mission statement, 'Making Healthcare Better'. Staff we spoke with were aware of these values and said they were encouraged to reflect the service's values in their work.

All staff were introduced to the InHealth values when first employed during the corporate induction. The appraisal process was also aligned to the values and all personal professional development objectives discussed at appraisal were linked to the company's objectives.

Staff understood the part they played in achieving the aims of the service and how their actions reflected the organisations vision.

Diagnostic imaging

Culture

Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Most of the staff we spoke with were very positive and happy in their role and stated the service was a good place to work. One member of staff told us there were limited opportunities for career progression at the centre. Although the staff member told us the benefits of the centre offering staff a three day working week outweighed the limited career opportunities as this meant staff had an enhanced work/life balance.

Staff demonstrated pride in their work and the service they delivered to patients and their service partners. Staff told us they had sufficient time to support patients. Staff told us they felt supported, respected and valued at a local and corporate level.

Staff told us there was a 'no blame' culture with regard to incidents and they always received feedback from incidents. The electronic incident reporting system automatically referred incidents from the centre to a designated senior manager, based upon the degree of severity of the incident. These were reviewed weekly by the complaints, litigation, incidents and compliments (CLIC) team.

A freedom to speak up policy, duty of candour policy and appointment of two freedom to speak up guardians supported staff to be open and honest.

Equality and diversity were promoted within the service and were part of mandatory training, inclusive, non-discriminatory practices were promoted.

All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. A WRES report was produced for this provider in September 2017 including data from June 2016 to June 2017. There was clear ownership of the WRES report within the provider management and governance arrangements, this included the WRES action plan reported to and considered by the board.

InHealth identified that staff ethnicity was not previously captured in the staff survey and self reporting of ethnicity was low. There was no comparative data for 2016 as a result of this. The action plan stated that this would be included within the 2018 report (not yet published).

Governance

The provider used a systematic approach to improving the quality of its services and safeguarding high standards of care,

InHealth operated a clinical governance framework which aimed to assure the quality of services provided. Quality monitoring was the responsibility of the registered manager and was supported through the clinical quality team and governance committee structure, which was led by the director of clinical quality. This included quarterly risk and governance committee meetings, clinical quality sub-committee meetings, a medicines management group, water safety group, radiation protection group, radiology reporting group and weekly CLIC meetings for review of incidents and identification of shared learning. All these meeting had a standard agenda and were minuted with an actions log. This ensured that actions to improve services were recorded and monitored to completion.

Service leads had received training in their area of specialisms. The registered manager acted as the centre's lead for safeguarding. The radiation protection supervisor was a senior radiographer, they also acted as the centre lead for infection prevention and control. Another radiographer acted as the lead in the centre for incident investigation.

Managing risks, issues and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

Performance was monitored on a local and corporate level. Progress in delivering services was monitored through key performance indicators (KPI). Performance dashboards and reports were produced which enabled comparisons and benchmarking against other InHealth services.

There was a robust risk assessment system with a process of escalation onto the corporate risk register. The local

Diagnostic imaging

risk register was reviewed and updated monthly and new risks added regularly. In October 2018 there were 34 risks on the register. The most recent risk was added in October 2018 this was a risk to patients privacy and dignity in regards to changing in the DXA room and transferring to the X ray room. Actions to mitigate the risk had been identified and work was in progress to implement these.

There was a system of risk assessments. Risks with higher scores were added to the local risk register. A quarterly report on new and updated risks was sent to the quarterly risk and governance committee where it was reviewed for comments and actions identified. Support with risk assessments was provided by the health and safety advisor and the risk and governance lead who also advised registered managers on the correct process to add a risk to the risk register and completion of the quarterly risk report.

Medical physics was provided by service level agreement (SLA) with a radiation protection advisor (RPA) from an external NHS trust. The RPA report dated 25 September 2018 found radiation doses to staff were below investigation levels and further monitoring of staff was not required.

There was a comprehensive business continuity plan detailing mitigation plans in the event of unexpected staff shortages or equipment breakdown.

InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS) and were using the traffic light system tool and gap analysis to prepare for ISAS inspection. The director of clinical quality was leading on the accreditation preparation. As part of this InHealth were working on the development of evidence for each of the domains including: leadership and management, workforce, resources, equipment, patient experience and safety. The director of clinical quality and clinical governance lead were members of the ISAS London Region Network Group which shared best practice and guidance on services working towards accreditation. InHealth aimed to be accredited across diagnostic and imaging services by 2020.

Weekly complaints, litigation, incidents and compliments (CLIC) meetings and InHealth biannual safeguarding board's monitored compliance with safeguarding policies and raising concerns processes. The boards identified themes from incidents and set improvement goals.

InHealth North London Diagnostic Centre did not provide regulated services for children under the age of 16 years. The contact details for the InHealth corporate safeguarding team were located in the main reception.

Managing information

All staff at the centre had access to the InHealth intranet where they could access policies and procedures.

Staff told us there were sufficient numbers of computers in the centre. This enabled staff to access the computer system when they needed to.

All staff we spoke with demonstrated they could locate and access relevant information and records easily, this enabled them to carry out their day to day roles. Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.

Information from examinations could be reviewed remotely by referrers to give timely advice and interpretation of results to determine appropriate patient care.

KPI data was monitored centrally by the provider to ensure the centre were meeting the provider's standards of care.

Engagement

The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions implemented from the feedback received. The survey found that InHealth North London Diagnostic Centre at 77% were better than the InHealth 71% providers average in regards to staff engagement.

Results from the December 2017 survey included 100% of staff responding to the survey. To the question 'if one of my friends or family needed care or treatment, I would recommend InHealth North London Diagnostic Centre

Diagnostic imaging

services to them' 100% of staff responded positively, 100% of staff said, patient safety is a key priority at InHealth North London Diagnostic Centre and 100% said, equality and diversity were valued.

The service engaged regularly with clinical commissioners at monthly meetings to understand the service they required and how services could be improved. This produced an effective pathway for patients. The service also had a good relationship with local NHS providers.

The registered manager was working on an initiative to invite children from local schools to the centre to see what diagnostic and imaging equipment looked like. This had not been implemented. The manager was also producing a noticeboard in the centre for children from the local community to decorate.

Feedback from the friends and family test (FFT) was analysed by an external, independent provider and the results and a dashboard sent to the clinical quality team. Data was provided on number of items including patient satisfaction percentage and all comments were recorded. These were available weekly on the InHealth intranet.

Staff told us InHealth had a service user group that had been involved in the formulation of the company's values.

Formal minuted team meetings were held on a quarterly basis. The registered manager told us there were weekly informal site meetings to discuss day to day working plans and schedules.

We were provided with minutes from these meetings which included; how the centre was progressing in regards to the company strategy, performance, policies, and reviews of incidents and complaints and any lessons learnt.

There was good communication in the service from both local managers and at corporate level. Staff stated they were kept informed by various means, such as newsletters, team meetings and emails. The operations manager had regular one to one supervisions with staff.

Learning, continuous improvement and innovation

InHealth had a corporate strategy, this included an expansion programme whereby the provider would provide three million diagnostic imaging appointments for the NHS in 500 locations by 2020.

InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS). The director of clinical quality and clinical governance lead were members of the ISAS London Region Network Group which shares best practice and guidance on services working towards accreditation. InHealth aimed to be accredited across diagnostic and imaging services by 2020.

Outstanding practice and areas for improvement

Outstanding practice

The registered manager was developing an initiative to invite children from local schools to the centre to see what diagnostic imaging equipment looked like. The manager was also producing a noticeboard in the centre for children from the local community to decorate.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure all staff have been trained and have knowledge of the Mental Capacity Act 2005 and associated guidance.
- The provider should ensure all safeguarding concerns are referred to the local authority safeguarding team without delay.
- The provider should ensure patients safety as well as privacy and dignity in the provision of changing facilities for the X ray room.