

Alliance Medical Limited

Denmark Hill PET-CT Centre

Inspection report

Denmark Hill
London
SE5 9RS
Tel: 01926482000
www.alliancemedical.co.uk

Date of inspection visit: 21 August 2022
Date of publication: 24/10/2022

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

Ratings

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

Summary of findings

Overall summary

This was the first time we had inspected and rated this service. We rated it as good because:


- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
- The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand the process.
- 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. The service engaged well with patients to improve services.

However;

- The temporary mobile scanning staff were not able to access local rules via the online SharePoint system.
- There was no post procedure patient information leaflet for patients from care homes.
- There was no sign to indicate that the service at the centre was provided by Alliance Medical limited.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	This service has not been previously rated. We rated it as good. See the summary above for details of our findings.

Summary of findings

Contents

Summary of this inspection

Background to Denmark Hill PET-CT Centre	5
Information about Denmark Hill PET-CT Centre	5

Page

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to Denmark Hill PET-CT Centre

Denmark Hill PET-CT Centre is operated by Alliance Medical Limited (AML) and provides diagnostic imaging services for people 18 years of age and over. The service delivers positron emission tomography-computed tomography (PET-CT) diagnostic imaging services.

PET-CT procedure combines the pictures from a positron emission tomography (PET) scan and a computed tomography (CT) scan. The PET-CT scans are done at the same time with the same machine. The combined scans give more detailed pictures of areas inside the body than either scan gives by itself. A PET-CT scan is a specialist scan with an injection of radioactive isotope. The radioactive isotope shows up cells that are active either with disease or inflammation and can help the doctors focus on whether you need further investigations such as a biopsy.

Denmark Hill PET-CT centre is based in the Nuclear Medicine & PET-CT Department in the Jubilee Wing of King's College University Hospital NHS Foundation Trust. The PET-CT centre is registered to provide the regulated activity of diagnostic and screening procedures.

What people who use the service say

Patients we spoke with were all very positive about the service they received and the staff who provided it. Patients we spoke with told us they were offered emotional support during their PET-CT scan.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 31 August 2022.

We spoke with eight members of staff including the host Trust Nuclear Medicine & PET-CT Department clinical services manager and radiology manager, the regional manager, a PET-CT technologist/radiographer and a consultant radiologist. We spoke with four patients using the service at the time of our inspection.

Following the inspection, we conducted an online telephone interview with an AML registered manager and the regional manager on 8 September 2022. We reviewed a range of policies, procedures, patient records and observed patient care. We looked at clinical records, equipment servicing certificates and took into account over 50 items of evidence to come to our ratings.

The inspection team comprised of a lead CQC inspector and a CQC specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

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

Areas for improvement

Action the service **SHOULD** take to improve:

Summary of this inspection

- The service should ensure that mobile scanning staff covering the centre were able to access local rules via online share point when working at the centre
- The service should consider having post procedure patient information leaflets for care home staff rather than relying on discharge and handover information.
- The service should consider having Alliance Medical Limited sign at the entrance to the centre to indicate that the patients were receiving services from Alliance Medical Limited.






Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good 

This was the first time we had inspected and rated this service. We rated safe as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff, and all staff had completed the mandatory training. Training modules included health and safety, general data protection regulation, fire safety awareness, infection prevention and control, COVID-19, manual handling, mental capacity act, duty of candour, and basic life support training.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw training records used to monitor mandatory training for each member of staff. These were managed effectively and identified key training modules, completion dates and outstanding training for each person in the team.

There was evidence all staff working with radiation had appropriate training in regulations, radiation risks, and the use of radiation. We saw from training records, modules covering Ionising Radiation (Medical Exposures) Regulations (IR(ME)R) 2017 updates were part of the mandatory training. All nuclear medicine practitioners had completed the training in line with legislation.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Training compliance was monitored centrally by Alliance Medical.

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. Safeguarding adults' level two was included in mandatory training for all staff who had direct patient contact including administration staff and level one for non-patient contact staff.

Diagnostic imaging

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff we spoke with were able to describe what would constitute a safeguarding concern and could give examples of situations that would require a safeguarding referral. Staff knew who the safeguarding lead was and how to make a referral. The contact details for the local authority were clearly visible on the control room noticeboard.

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.

Staff followed infection control principles including the use of personal protective equipment (PPE). The centre provided staff PPE such as gloves, aprons, and face visors. We observed all staff wore PPE appropriately and adhered to hand hygiene best practice.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. PET-CT technologists/radiographers were responsible for cleaning the diagnostic equipment. Items were visibly clean and dust-free, and we saw daily cleaning check lists were up to date. Staff used antibacterial cleaning products in line with best practice standards

The scan room was clean and tidy with equipment in place to support good practice, including a hand wash basin, waste bins, and a drip stand. Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. Hand-washing and sanitising facilities were available for staff and visitors in the centre.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service used infection control measures when carrying out a consultation or performing a scan which included the use of face masks, aprons and gloves. The unit had been classed as safe and secure following completion of a COVID-19 risk assessment during the pandemic, which was reviewed quarterly. The unit carried out a monthly infection prevention and control audit and the latest monthly hand hygiene audit showed 100% compliance.

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, maintenance and use of equipment, facilities and premises prevented patients from avoidable harm. The centre was located in the nuclear medicine department of the trust.

All equipment conformed to the relevant safety standards and had been regularly serviced. Electrical equipment had been appropriately tested. We looked at five items of equipment, and they all had a sticker indicating when they had been last serviced and when the next service was due. Equipment we looked at had an up to date service record which provided information on when an item was due to be serviced.

A control/observation area allowed visibility of all patients during the scan and close circuit televisions allowed staff to observe and monitor patients in the treatment rooms following administration of radioactive isotope. There was sufficient space around the scanner for staff to move and for scans to be carried out safely. Patients had access to an

Diagnostic imaging

emergency call buzzer, ear plugs and defenders during scanning, music could be played. A microphone allowed contact between the PET-CT technologist/radiographer and the patient during the scan. Resuscitation equipment was readily available and easily accessible. Daily and monthly checks carried out, demonstrated the equipment was safe and fit for use.

There was clear signage where ionising radiation exposures occurred. Radiology signs were displayed on entry to the centre and displayed on the PET-CT scanner door. Staff used an illuminated sign and a 'do not cross' cord pulled across the door to the scanner room when a scan was in progress, however, the door to the scanning room did not have the correct name of the radiological protection supervisor on the door.

Staff disposed of clinical waste safely and arrangements were in place for waste management and collection. There was clear waste segregation and staff labelled sharps boxes and did not overfill them. The service had a dedicated radiological waste advisor in place whom the staff can contact for advice when needed.

The service had enough suitable equipment to help them to safely care for patients. Records showed that equipment was serviced regularly and planned preventative maintenance had taken place. The PET-CT scanner was serviced twice yearly, at its last service, 20 March 2022, it was identified as fit for use. Annual radiation monitor assessments and recalibration took place in May 2022 and were next due in 2023. The radiation protection supervisor (RPS) completed twice yearly audits of the centre. Audit reports from December 2021 and March 2022 showed all areas were compliant. The service monitored staff for radiation exposure. Staff wore dosimeter badges to monitor their exposure to radiation as well as finger shields when drawing up the radioisotope doses. Records shared by the provider following our inspection confirmed badges were sent away for monitoring on a monthly basis in line with policy.

We spoke with staff who demonstrated knowledge of how to deal with spillages. Staff told us they would complete an incident form. Spillage kits, arrangements and decontamination procedures were in place. Staff had received training on managing a spill.

Assessing and responding to patient risk

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

The service had processes in place to ensure the right person received the right radiological scan at the right time. We observed staff checking three points of patient identification, patient full name, address and date of birth and completing the pause and check process before carrying out the scan.

Staff completed risk assessments for each patient on arrival. Patients completed the PET-CT patient data form which was a safety screening questionnaire to ensure they were suitable to be scanned and enter the PET-CT environment. We observed patients completing this form with staff.

Staff responded promptly to any sudden deterioration in a patient's health. There were clear pathways and processes for the management of people who were, or became, clinically unwell. As part of the contract with the hosting NHS trust, staff followed the same emergency call process as the rest of the trust by dialling 2222 for help.

Staff shared key information to keep patients safe when handing over their care to others. Staff ensured that referrers acted on urgent or unexpected findings through completion of the urgent pathology checklist and contact with the Administration of Radioactive Substances Advisory Committee (ARSAC) consultant radiologist who was based at the hospital.

Diagnostic imaging

Staff accessed local IR(ME)R rules and a suite of associated local policies and procedures on the intranet and these were reviewed annually. Staff records reviewed showed that all staff had signed the local rules to indicate they had read and understood them. All staff we spoke with were aware of written rules displayed in the scanning room to highlight designated areas and details of the Radiation Protection Advisor. The service had access to a named radiation protection advisor (RPA) who advised on complying with the Ionising Radiations Regulations 2017 and a named medical physics advisors. These were experts in radiation physics and technology.

The service followed the Royal College of Radiologists' Standards for the communication of radiological reports and fail-safe alert notifications. As part of the National PET-CT Contract with NHS England, the service was committed to undertaking scans and processing reports within seven days. Images were uploaded to the Alliance Medical electronic system centrally, which was accessed by the IR(ME)R licence holder or another approved reporter.

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.

The service was led by a specialist clinical lead. The service had enough staff with the right qualifications, skills, training and experience to keep patients safe, we noted the number of staff matched the planned numbers.

The service had just recruited into the vacant post of the registered manager position. The applicant was in the process of been registered with the CQC as the substantive registered manager for the centre.

Technologists in the PET-CT centre could contact administration of radioactive substances advisory committee (ARSAC) radiologists for any urgent advice as the radiologists were based in the local NHS trust.

All staff received a formal induction on starting work at the centre. Evidence received showed all staff had completed their inductions. The service was provided between the AML and the host trust staff. Agency and bank staff who worked for the service received a comprehensive induction and the service recorded training details for the staff centrally which aligned with mandatory training required by the service. Agencies supplying staff sent though details of training, and the clinical lead assessed the staff before they were signed off to work for AML.

An Alliance Medical Limited (AML) staffing requirement to support a safe scanning pathway standard of practice (SOP) was in place, this enabled the unit to effectively maintain safe staffing levels and ensured there were sufficient numbers of suitably qualified, skilled staff to carry out daily tasks. All staff had completed relevant clinical competency assessments in relation to their role. To support patient safety, all members of PET-CT staff had been ILS trained, undertaking courses recognised by the Resuscitation Council UK (RCUK).

The service did not employ any medical staff. All reporting consultants worked for NHS trusts.

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. Staff used secure electronic patient records to record patient's diagnostic needs. Records were stored securely. All patient's data, medical records and scan results were documented via the provider's secure patient electronic record system.

Diagnostic imaging

The centre received patient referrals from the referring consultant via electronic transfer. The centre provided referrers with encrypted electronic diagnostic imaging reports. When patients transferred to a new team, there were no delays in staff accessing their records.

The PET-CT scan images were uploaded from the scanner via the AML image transfer system to AML reporting system for the radiologists to report. The images and report were then downloaded to the AML and referring Trust picture archiving and communication systems (PACS). The CT scan images were directly downloaded into the trust PACS system via the image transfer system for the trust radiologists to report. Referring clinicians from the acute Trust can access the Trust PACS to review the PET-CT images and report. Each staff member used a secure log-in to access the patient's information.

All PET-CT referrals were received via electronic transfer and the administrative staff contacted the patient directly. Confirmation of the patient details and information was checked, and an appointment date agreed. Any additional information was recorded at that time, this included issues which may impact on the scan. Staff sent out an appointment letter by post and/or email with an information leaflet and this was followed up with an appointment reminder by email or text.

Medicines

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

Radiopharmaceuticals were administered under the authorisation of the Administration of Radioactive Substances Advisory Committee (ARSAC) license holder. Medicines management training was included in the mandatory training. Records we viewed during inspection were maintained for staff authorised to administer radiopharmaceuticals and showed that all staff were compliant with this.

The service had processes to ensure the right radiopharmaceutical and activity was sourced, prepared and injected into the correct patient. Radiopharmaceuticals were ordered in advance as per the number of patients on the list for the day. Radioactive medicines were stored in the hot lab with restricted entry for authorised staff only. The weight of the patient was programmed into the specialist machine. This calculated the amount of radiopharmaceutical needed for each individual patient.

Staff followed systems and processes to administer, record and store medicines in line with the provider's policy. Staff used prefilled syringes to deliver saline flushes after administering the radiopharmaceuticals. The service had an Ionising Radiation (Medical Exposures) Regulations (IR(ME)R) audit schedule, which was last completed in April 2022 and was planned for its annual repeat in line with legal requirements under IR(ME)R 2017.

The service worked in line with the Society of Radiographers (SoR) guidance referencing and worked in line with the "IR(ME)R operator checklist for Administration of Radioisotopes for Molecular Imaging Procedures. All clinical staff who administered radioisotopes had appropriate, specific training and demonstrated competence in the appropriate procedures (British Nuclear Medicine Society Professional Standards Committee, 2016).

Radiologists held appropriate IR(ME)R practitioner licenses for the administration of each radiopharmaceutical. These licenses were stored and coordinated centrally at the provider headquarters to ensure they were up-to-date and reflected the types of examinations being undertaken in the service. We reviewed the licenses for the unit and found they were in date. Information in them reflected the examinations undertaken with a clear line of delegation for injecting radiopharmaceuticals. We also saw the documents giving authority to order and inject radiopharmaceuticals referenced the correct licence certificate numbers.

Diagnostic imaging

An organisational pharmacy advisor was available if needed. The pharmacist issued guidance and support at a corporate level and worked collaboratively with the clinical quality team on all issues related to medicines' management.

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.

There was a corporate incident management framework which staff accessed on the intranet. Staff we spoke with knew what incidents to report and how to report them on the electronic risk management system. They gave specific examples of incidents and near misses they had reported, which was in line with the service's policy.

Managers shared learning with their staff about serious incidents such as unintended exposure to radiation that happened elsewhere. For example, in the safety bulletin and in shared clinical governance meeting minutes.

Staff understood the duty of candour. We spoke with two members of staff and the registered manager about duty of candour and when it would be used. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Managers received patient safety alerts from the corporate governance team and any actions taken by the service were recorded on a corporate electronic log.

Are Diagnostic imaging effective?

Inspected but not rated 

This was the first time we had inspected this service. We do not rate effective.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff understood and followed best practice guidance including Ionising Radiation (Medical Exposure) regulations 2017 (IR(ME)R). Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and procedures were made available to staff at provider and site-specific level for the service. For example, in relation to Ionising Radiation Regulations 2017, which regulate the protection against exposure to ionising radiation due to staff roles. The scanning protocols and procedures were reviewed and approved by a consultant radiologist and IR(ME)R practitioner license holder in the case of PET scanning.

The service ensured radiation doses were kept as low as reasonably practicable. Doses for each PET-CT scan were pre-defined and measured to ensure the correct amount of radiopharmaceutical was used for each patient.

Diagnostic imaging

The service ensured it identified and implemented relevant best practice and guidance, such as National Institute for Health and Care Excellence (NICE) guidance. Staff signed to say they had read and understood the local rules, policies and procedures. When policies and procedures were updated, staff were advised by the organisation or registered manager of the change and often updated policies were highlighted and discussed at team meetings.

Staff were aware of the Ionising Radiation Regulations 2017 (IRR17) and the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R17). There were local rules and employer's procedures in place which protected staff and patients from ionising radiation. Staff we spoke with were able to locate the relevant documentation and local Standard operating procedures, (SOP).

Nutrition and hydration

Staff made sure patients did not fast for too long before diagnostic procedures.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Patients could access water while waiting for their scan and were given a hot or cold drink and a biscuit following their scan. Patients were provided with specific instructions relating to eating and drinking prior to their scan within the appointment/booking information. This included fasting and only drinking water for a period of time.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain or to see if they were uncomfortable.

The scanning procedures were painless, but staff monitored and checked with patients throughout the scan to ensure they were comfortable. Staff assisted patients to access the scanning machine and helped position them appropriately. No pain-relieving medicines were used within the service. Staff demonstrated they were aware that patients may be in pain and they ensured the scan caused as little discomfort as possible. Positioning aids were available if needed and staff checked on patients' comfort via the intercom during the scan sequences.

Staff gave an indication of the time the scan would take and checked that patients would be able to remain comfortable and still during the examination. Patients could alert staff if they were uncomfortable and needed the scan to stop.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

All PET-CT images were reported in accordance with agreed local practice by the ARSAC license holders who delivered accurate and effective radiological and clinical interpretation of images. The service had a specified report turnaround timescale, to ensure minimised delays for patients.

There was an active programme of local audits including a review of patient safety questionnaires and a review of the patient log. Data supplied by the provider post inspection demonstrated full compliance. Managers shared and made sure staff understood information from the audits. Review of the team meeting minutes, and the audit log demonstrated the registered manager took appropriate action and shared learning from the results of internal and external audits.

Reporting guidelines and procedures were in place and there was an image quality audit which monitored the quality of imaging procedures. This ensured images were of optimal diagnostic quality according to current best practice. The

Diagnostic imaging

service had an audit schedule. Records showed this included an annual infection prevention and control audit, a bi-annual policy audit, monthly reporting and image quality audits. There were monthly organisational discrepancy meetings in operation where any concern regarding report quality was formally logged and shared with clinicians to ensure learning took place. Policies were in place to address any issues with the quality of scan reports, such as missing a problem which should have been reported were noted and escalated.

Records showed that performance was monitored monthly. Areas monitored included incidents, training compliance, patient satisfaction and complaints.

All PET-CT reporters were included in the national programme of audit scheme. This was a randomised 10% surveillance audit undertaken by auditors independent to the reporting clinicians. This was a centrally coordinated audit process carried out by the organisation. The results were held centrally, with feedback provided throughout the year to reporters to allow for reflection and improvement of practice.

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. New staff were provided with induction training which included a one-day corporate induction and managers gave new staff a full induction tailored to their role before they started work. A mentor was allocated to new staff and provided support with their induction programme and through their six-monthly probation period.

Managers made sure staff received any specialist training for their role by identifying any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Scanning was always undertaken by a qualified technologist/radiographer with expertise in PET-CT scanning. Mobile and bank technologist/radiographers were given an induction and training regarding the centre, policies and procedures and safe use of the scanner before they commenced work at the centre. Staff underwent competency assessments before being allowed to perform a scan unsupervised. The PET-CT technologists/radiographers and clinical assistants were all trained and assessed as competent in PET-CT safety and use of equipment.

PET-CT technologists/radiographers were trained and assessed as competent to cannulate, administer intravenous radioactive tracer and medicines and to identify and manage adverse reactions. All staff were assessed as competent to do their work and received annual appraisals. Staff had individual timed objectives and progress / achievement of these was reviewed mid-year.

Reception and cleaning staff were included in PET-CT / Radiology safety training which meant they had the relevant safety knowledge and understanding to enter the controlled areas if needed. Staff told us training and development was supported, this ensured competence was maintained and registered professionals met re-validation / re-registration requirements.

Multidisciplinary working

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

Diagnostic imaging

We saw the team included the AML PET-CT technologist, administrator, registered manager and regional manager and the Trust PET-CT Technologists/Radiographers, clinical assistants, administrators, clinical services manager, radiology manager, clinical scientists (physicists) and radiologists who all worked well together to provide a cohesive service to their patients. Staff had a good understanding of each other's roles and valued each other's contribution to the team. Members of the team communicated well with each other and gave examples of when they had liaised with radiologists for advice and support.

Staff described good working relationships with the trust hospital staff and gave examples of when the services had worked together to ensure patients had the best service possible.

Staff contacted wards, surgeries and other health care professionals to discuss any specific health care needs in preparation for the scan. They telephoned all patients or their carers to discuss the preparation needed and confirmed the conversations with an email or letter. Staff worked closely with referring consultants from the trust and Ionising Radiation (Medical Exposures) Regulations (IR(ME)R) practitioner licence holders and other designated reporters. Liaison and communication took place by telephone, email and in face-to-face meetings.

Seven-day services

Key services were available to support timely patient care.

The centre was open from 8am until 8pm Monday to Friday and occasionally held an extra session on a Saturday as required to meet demand for the service

Health promotion

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

Information leaflets about what to expect, how to prepare for their PET CT scan and the aftercare were sent to patients with their appointment letters.

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 the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had received training on mental capacity. Staff knew how to access the policy and guidance and who to ask for support. There were policies regarding consent and mental capacity. Staff had received training regarding Mental Capacity and consent as part of their safeguarding adults training. Staff we spoke with understood mental capacity and informed consent and patients were given enough information to consent to the PET-CT scan.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. If staff felt a patient lacked the capacity to consent to the procedure, they would seek further advice. Patients were provided with written and verbal information prior to their appointment to enable them to understand the planned diagnostic test.

Are Diagnostic imaging caring?

Diagnostic imaging

Good 

This was the first time we had inspected and rated this service. We rated it as good.

Compassionate care

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

Staff made sure patients' privacy and dignity was respected, for example, blinds over the window between the control and scanning room were closed while the patient moved onto the scanner bed. There was a toilet/changing area, where patients could change their clothing. Staff made patients aware of the closed-circuit television in the examination rooms, so they did not change in these rooms.

Staff understood and respected patient's personal, cultural, social and religious needs, and took these into account. Staff took the time, where possible to interact with patients and those close to them in a respectful and considerate manner. Staff were encouraging, sensitive and supportive to patients and those close to them.

We spoke with five patients, all said they had been very happy with the service they had received. No patients raised any concerns about their care. All said they had been treated with care, compassion and respect. Patients told us they had been spoken to with compassion and staff ensured they had the information required to lessen their concerns.

Emotional support

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

Staff understood the impact that a patient's care or condition had on their wellbeing and on their relatives, both emotionally and socially. Staff were aware patients attending the service were often feeling nervous and anxious. Staff provided reassurance and support and demonstrated a calm and reassuring approach.

Staff told us, if a patient became distressed, rather than provide support to them in an open environment, staff could take them in to a private room to talk to them to assist them to maintain their privacy and dignity.

A patient described how they were emotionally supported by staff asking if they were nervous after being given a cushion, blanket and checked upon regularly.

Understanding and involvement of patients and those close to them

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

Staff communicated with patients to ensure that they understood their care and condition. Staff took the time to explain the procedure and what would happen during their appointment.

Staff recognised when patients and their relatives needed additional support to help them understand and be involved in their care and enable them to access this. This included, for example, access to language interpreters, sign language interpreters, specialist advice or advocates.

Diagnostic imaging

Staff made sure patients and their relatives could find further information or ask questions about their care. There was a range of leaflets available, for example, information about the scans and information about common health conditions.

Are Diagnostic imaging responsive?

Good 

This was the first time we had inspected and rated this service. We rated it as good.

Service delivery to meet the needs of local people

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

The service provided positron emission tomography-computerised tomography (PET-CT) scanning services to NHS patients through a national contract commissioned with NHS England. Monitoring of service delivery against contractual agreement took place with the local NHS Trust. Information about the needs of the local population was used to inform how services were planned and delivered.

Progress in delivering services against the contractual agreement was monitored by NHS England. Monitoring was reported through monthly contract review meetings with the acute trust, and measurement of quality outcomes for example, the patient experience. Service improvements were agreed at these regular meetings.

All appointments were confirmed prior to patient's appointment, by phone. This helped reduce the number of did not attend (DNA's) and provided an opportunity for the patient to ask any questions they may have. Should a patient not be verbally contacted prior to their appointment, for example where a message had been left for the patient on an answer machine, the patient was asked to call the service to confirm their intention to attend the appointment.

The service had systems to help care for patients in need of additional support. For those patients coming from the inpatient wards, timing was considered to support their other medical needs. For example, patients' medicines and treatments were considered and appointments fitted around the needs of the patient as well as dietary needs including for diabetic patients where fasting was required.

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.

Patients' individual needs were accounted for. Staff delivered care in a way that took account of the needs of different patients on the grounds of age, disability, gender, race, religion or belief and sexual orientation. Staff had received training in equality and diversity and had a good understanding of cultural, social and religious needs of the patient and demonstrated these values in their work.

Staff made patients comfortable during the time they were in the radioactive uptake room. Patients were given an emergency call buzzer to allow them to communicate with staff should they wish. Staff made patients comfortable with padding aids during the PET-CT scan. Microphones were built into the scanner to enable two-way conversation between the PET-CT technologists/radiographers and the patient.

Diagnostic imaging

Information was provided to service users before appointments, which included contact details, hospital map and directions, consultants name and any information about fasting required. We asked staff if easy read information was available, but they were unsure. Where a patients first language was not English, translation services either by telephone or face to face were used. Staff told us relatives were never used to translate due to the complexity and safety of the scans.

There was no post procedure patient information leaflet for patients from care homes, this meant care home staff might not be able to care for patients who had received treatment at the centre. The only information available to care home staff was the handover and treatment record.

There was limited access to communication aids to help patients become partners in their care and treatment. The service did not have information leaflets available in other languages spoken in the local community or an 'easy read' format. Information posters in the centre were positioned too high up for patients in wheelchairs, the font was small and not easily read and there was no braille provision for visually impaired patients.

Staff told us they would use a translation service to verbally explain if needed. Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers for deaf patients when needed. Translation and interpretation services were available on request through a telephone service line for patients whose first language was not English. Arrangements could be made to support patients with the provision of British sign language. A hearing loop was available at reception and was portable and could be moved around the unit.

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. The contract was commissioned by NHS England and required patients to be scanned and the images, together with the associated report, returned to the referring clinician within seven days of receipt of the referral.

Managers worked to keep the number of cancelled appointments to a minimum. The service managed 'did not attend' rates. When patients did not attend a pre-booked scan, a reminder letter was sent with a further appointment. Staff attempted to telephone the patient to establish the reason for the absence and make sure the scan was rebooked. Should contact not be successful or the second appointment not attended, the administrative staff contacted the referrer and discussed the next course of action.

Managers and staff worked to make sure patients did not stay longer than they needed to. 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. Patients were offered a choice of appointments to ensure patients were seen promptly. Patients were kept informed of any delays once they arrived in the department. Patients were given the choice to wait or come back in a set amount of time later.

The diagnostic service ensured it supported achievement of national cancer waiting standards, including implementation of rapid diagnostic and assessment pathways. As part of the monitoring process under the NHS England national cancer contract, the service reported on its reporting turnarounds on a weekly basis to NHS England. The average number of days from referral to scan is 3.84 days, and from scan to report is 5.14 days.

Diagnostic imaging

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 had an up to date complaints and concerns policy stating the roles, responsibilities and processes for managing complaints. The registered manager was responsible for dealing with all complaints. Complaints were initially responded to within two days by telephone or email depending on patient preference. The centre had no complaints and a high level of patient satisfaction.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes and where appropriate, shared feedback from complaints with staff and learning was used to improve the service.

The organisations 'concerns and complaints' leaflets were available in reception. Patients told us should they need to raise any concerns or a complaint they would start by speaking to the staff.

Staff could give examples of how they used patient feedback to improve daily practice. Staff undertook a monthly analysis of feedback from patients. We saw monthly action logs recording feedback and actions taken as a result.

If a patient had any concerns, staff on site addressed these with them. Where concerns were not addressed the unit, manager was informed, and the patient was advised on how they could make a complaint, which was supported by a patient information guide on this process. The guide was freely available throughout the department.

Are Diagnostic imaging well-led?

Good 

This was the first time we had inspected and rated this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The current manager led this location plus another diagnostic imaging site in the provider's regional portfolio. This role would change with a single-site manager when a new manager is in post and registered with CQC. This structure had been in place for some time and reflected the provider's approach to ensuring sustainability of the service and included succession planning for new staff joining the service.

The AML senior leadership team had set priorities and strategies that ensured leadership was sustainable, compassionate, inclusive and effective. Staff told us they were well supported and had access to senior leaders even if there was no manager on site. They spoke positively of the provider's approach to their mental health and well-being during the pandemic and noted they were proud to work in the service.

Discussions with the manager showed they ran the service focused on the needs of the patients and quality of the service whilst supporting staff. Clinical staff understood the reporting structure and told us they were supported by their managers.

Diagnostic imaging

Vision and Strategy

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

The provider had a national vision and strategy focused on excellent patient care and sustainability. The manager and team demonstrated a good understanding of this and how it applied to their work in this specific clinic.

Staff could describe the organisational values of openness, collaboration, excellence, learning and efficiency and told us it was at the heart of all they did. Staff appraisal was measured against the organisational values and action taken if their standard of work did not meet these values.

The manager described the vision, which was to engage staff and improve communications across the service. Leaders understood the challenges to quality and sustainability, and how they could identify the actions needed to address them.

There were shared values which described how the organisation behaved towards patients, customers and colleagues. All staff we spoke with could tell us what these were. Written information was available to staff about the values and ensured they were incorporated into their daily practice. Staff also told us they reflected the organisation's value in their work.

Culture

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

The staff we spoke with during inspection were open and friendly and spoke positively about working at the centre. They felt supported, respected, valued and proud to work for the organisation. Staff we spoke with were proud of the work that they carried out. They enjoyed working in the clinic; they were enthusiastic about the care and services they provided for patients. They described the centre as a good place to work.

Staff said they felt their concerns were addressed, and they could easily talk with their managers. Staff reported there was a no blame culture when things went wrong, and they knew how to access the provider's whistleblowing process.

Patients told us they were very happy with services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Staff adopted areas of responsibility such as imaging report management lead, research lead, and clinical liaison. This ensured staff built and maintained senior and cross-specialty skills and supported an open working environment that valued good communication.

Governance

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

Diagnostic imaging

There were clear channels of communication between staff and with other departments within AML. Staff were aware of their responsibilities and where operational pressures were prohibiting the registered manager from completing their full role, they were able to access support to ensure their responsibilities were completed and there was oversight of the service.

Medical physics support was provided by NHS trust under a contractual arrangement. Staff were clear about how to contact the medical physics team if they required support or had a query.

The service provider (AML) had governance and risk leads that the centre fed information into. AML held oversight meetings for discussion and review of safety and governance issues. The Regional Manager attended these meetings.

There was a radiation protection committee which the service participated in, to review adherence to policies and procedures. We reviewed minutes from this meeting and could see the service was discussed, and staff actively participated in discussions.

The service ran monthly team meetings where audit results, performance and risks were discussed. AML sent a weekly newsletter email to all centre managers reminding them of topics to be highlighted and discussed at daily huddles. This included things such as upcoming updates, reminders to complete audits and training courses.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a risk management strategy which provided a framework to make sure risk management was an integral part of strategic and clinical/operational management, decision making, planning and implementation. Risks were managed in accordance with best practice, as part of corporate governance. A risk assessment policy and procedure detailed the process for completion of the organisation's risk assessments to ensure compliance under the Management of Health and Safety at Work (Amendment) Regulations, 2006 and the Health and Safety Executive (HSE) Managing for Health and Safety (HSG 65) guidance.

There were weekly meetings with all AML centre managers to discuss incidents, to ensure learning was shared and to reduce the likelihood of incidents being repeated elsewhere.

The service had developed a programme of audits to assess and monitor the safety of the service and to make service improvements. This information was used to gain an overview of performance and where the service could be developed further.

The Registered Manager maintained up to date risk assessments including for all aspects of radiation risk occurring on site and a list of authorised operators for PET-CT scans. Practitioner licenses were available on site and were up to date. We reviewed the service records for the PET-CT scanner and found consistently good practice including handover forms between staff and service engineers and rapid action from staff when they found a potential fault.

The service was meeting their contractual scanning turnaround time targets. Where targets had not been met there were clearly documented reasons for scans being delayed.

Diagnostic imaging

There were identified mechanisms for sharing external alerts, such as medicines alerts, to ensure safety could be maintained for patients.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service had a range of policies including medicines management, information security and procedures relating to radioactive materials and licences. The confidentiality of electronic patient information was maintained, and staff had access to the general data protection regulation policy.

The temporary mobile scanning staff who worked at the centre when required were not able to access local rules via the online SharePoint system at the centre. They relied on the paper copy of the local rules whilst working at the centre.

Quality information was collated through patient, referrer and staff surveys, clinical audits, service reviews and key performance indicators. The service had an established electronic information and patient record system and systems were password protected.

Alliance Medical Limited's (AML) information technology department supported the centre's information technology needs. Patients' images and reports were transferred electronically from the AML central PACS server to the referring hospital's NHS Trust PACS.

Patient information which was shared with external parties complied with the situation, background, assessment and recommendation (SBAR) communication tool. Staff scanned this information onto the patient's electronic medical records on the radiological information system.

There was no post procedure patient information leaflet for patients from care homes. There was no sign to indicate the service at the centre was provided by Alliance Medical limited. The only information indicating the service received was from AML was the appointment letter to the patient.

Engagement

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

Patient's views and experiences were gathered and acted on to shape and improve the services and culture. The unit asked for feedback following each scan. Feedback was used to evaluate the service and the feedback we reviewed was mostly positive.

Staff meetings were held each month. Staff told us a variety of things were discussed including serious incidents, feedback from the 'risky business' newsletters and key messages from registered manager quality and risk calls.

There was transparency and openness with all stakeholders about performance and the latest Quality Accounts 2020/21 were available on the providers website to download.

Diagnostic imaging

Staff said staff surveys were managed through an external company and actions identified at a corporate level. Local issues that required an action plan were noted as part of the staff appraisal process.

Managers made sure staff attended team meetings or had access to minutes of the meeting when they could not attend. Some staff we spoke with said monthly staff meetings had taken place, the minutes of which were stored on the AML SharePoint information technology system so those staff not present could access them. Meeting minutes were also emailed to staff following the meetings. Staff meeting minutes confirmed that staff were involved in and had received feedback about the service.

Learning, continuous improvement and innovation

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

Leaders and staff strived for continuous learning, improvement and innovation through participating in further education at cancer specialist hospitals. The provider encouraged staff to actively seek out further education to improve delivery of the service.

Alliance Medical Limited had achieved the 'Investors in People Award', an internationally recognised standard for people management. Staff were given the training opportunities to develop and contribute toward service improvement.

Managers planned continuous development of the unit by increasing the size of the team, exploring increases in capacity and were involved in various research trials and the development of different types of scans they could undertake to improve patient experience.