Horder Healthcare Seaford

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?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to MIP at the Horder Healthcare Seaford location on 21 January 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Services we rate

We rated it as **Good** overall.

We found good practice in relation to diagnostic imaging:

- 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.
- Staff were all trained to level two in safeguarding and demonstrated knowledge of when a safeguarding referral may be needed.
- The waiting room and clinical areas were visibly clean and tidy. The service had suitable premises and equipment and looked after them well.
- The service had a robust process for reporting any unexpected findings such as suspected cancer. They kept clear records and asked for support when necessary.
- Risk assessments were undertaken for each patient including radiation risks. The diagnostic reports were produced in accordance with the Standards for Reporting and Interpretation Imaging Investigation, 2018 published by the Royal College of Radiologists (RCR).
- Staff we talked with told inspectors how the incident reporting system worked and provided evidence of learning from incidents reported in the past.
- Policies and procedures used in the service followed evidence based practice and were developed in line with the health and care professions council (HCPC) standards of proficiency for radiographers.
- All reporting radiologists had 5% of their workload reviewed and graded across all modalities in line with RCR recommendations.
- Staff had the required qualifications, training and specialist experience. The professional qualifications of all relevant clinical staff were checked before they started work. We saw their professional membership status was monitored quarterly.
- Consultants and radiographers had a good relationship and staff said they would have no hesitation to ask for advice or question an X-ray if they felt it was not needed.
- Patients were treated with dignity and respect. The interactions we observed showed staff being professional and compassionate. We heard staff speak to patients in a friendly yet professional manner both in person and in telephone conversations.
- Referrals were responded to rapidly. Patients could be offered immediate walk in X-ray appointments if required after a consultation with an Orthopaedic Surgeon in the outpatient department.
- The centre was compliant with the Disability Discrimination Act 1995. A hearing loop was available to those who were hard of hearing.
- Timely reporting was monitored, facilitated with IT systems allowing results to pass quickly to referrers. Urgent or unexpected findings triggered an immediate process, ensuring results were seen promptly by consultants.

Summary of findings

- Company values have been reviewed and refreshed with staff involvement. Corporate functions aimed to support clinical activity at site level with policies, procedures, resource and effective communication cascaded to ensure that provision met objectives for patient care.
- We found an open and candid approach to incident and complaint management. Staff we talked with understood their role to ensure an open and transparent approach was routinely applied.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

We found areas of practice that require improvement;

- The service could not always guarantee impartiality throughout the translation process because they could not always access external translators.
- As a result of changes in IR(ME)R guidelines in 2017, there was an ongoing review of all policies and procedures to ensure guidelines were being adhered to. This meant that some policies we looked at still hadn't been reviewed using these guidelines.
- The service could not assure themselves of the correct management of local risks. This was minimised by the use of a corporate risk management policy which supported the location.

Nigel Acheson
Deputy Chief Inspector of Hospitals (London and South East)

Overall summary

Medical Imaging Partnership (MIP) provides a diagnostic imaging service from Horder Healthcare Seaford.The service has one X-ray room, consultation room and waiting area. Horder Healthcare Seaford opened in September 2014 as a consulting and physiotherapy centre with an X-ray room to provide a one stop clinic with consultant orthopaedic surgeons. The diagnostic imaging service provided by Medical Imaging Partnership accepts patient referrals for X-ray under contracts with the Horder Centre, the Sussex musculoskeletal (MSK) service (a local pathway for MSK patients from East Sussex), and other private referrers.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Overall, the care provided by the service was safe, effective, caring, responsive and well led. • Patients were happy with the care they received and found the staff to be caring and compassionate. • Staff were well trained and supported and worked according to agreed national guidance to ensure patients received the most appropriate care. There were sufficient staff, with appropriate skills and expertise to manage the service. • Patients were able to access the service at times that suited them and also had access to same day X-rays following consultation. Individual needs of patients were considered. • The service had clear leadership and governance both locally and within Medical Imaging Partnership.

Summary of findings

Contents

Good

Horder Healthcare Seaford

Services we looked at:
Diagnostic imaging

Summary of this inspection

Background to Horder Healthcare Seaford

Medical Imaging Partnership (MIP) provides a diagnostic imaging service from Horder Healthcare Seaford. The service opened in 2014. Patient referrals for X-ray were accepted from across East Sussex. It also accepts patient referrals from outside this area.

The service had not been inspected prior to this inspection.

The diagnostic imaging service delivered at Horder Healthcare Seaford was provided from a single storey outpatient consulting and physiotherapy facility. The service had a registered manager in post since 2016. The registered manager was the manager for four other Medical Imaging Partnership locations and was supported by a deputy. There was also a radiology clinical manager at the Seaford site. The service had one X-ray room and was registered to provide the following regulated activities:

- Diagnostic and screening procedures.

Our inspection team

The team that inspected the service was comprised of a CQC lead inspector and a specialist advisor with expertise in radiology. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Horder Healthcare Seaford

During the inspection, we visited the X-ray room and waiting area. We spoke with one member of staff (radiographer) who was also the registered manager and the radiology clinical manager. We spoke with five patients and relatives. During our inspection, we reviewed four sets of patient records, and four radiographer's reports.

The diagnostic imaging service delivered at Horder Healthcare Seaford was provided from a single storey outpatient consulting and physiotherapy facility.

The diagnostic X-ray service was managed by Medical Imaging Partnership (MIP) and is located near the waiting room affording patients easy access from reception. Patients are greeted by Horder Centre reception staff on arrival and collected by MIP Imaging staff.

The service is only open at this location at very limited times, usually alternate Mondays with some Thursdays and Fridays but this may vary according to demand.

The X-ray service is staffed by radiographers who work at Medical Imaging Partnership. Radiographers are rostered to work at the site during these times. There is no service provided outside of the scheduled hours so there is no need for on-call staff. Referrals are generated centrally in MIP and no children under the age of 16 had been referred to this location. The service does not outsource any part of the regulated activity and accepted NHS referrals from Sussex MSK Partnership East (295) and other local providers (50).

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the services' first inspection since registration with CQC.

Two radiologists worked at the service under practising privileges. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety:

- No Never events.
- No serious injuries.
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff) or hospital acquired E-Coli.

Summary of this inspection

Services accredited by a national body:

- ISAS - The accreditation is for the whole of the MIP organisation, since 2015.

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?

Good

We rated Safe as **Good** because:

- There were systems and processes to ensure patients received safe care.
- The service provided sufficient mandatory training to ensure staff could meet the needs of the service.
- Staff were aware of their role in protecting patients from the risk of abuse. Staff reported concerns in line with national guidance.
- The risks associated with the spread of health acquired infection were reduced because staff followed best practice.
- There were sufficient numbers of staff to ensure the service was delivered.
- Patients had their individual needs risk assessed before a procedure.
- We found systems and processes to ensure incidents were reported, learned from, and used to improve the service.

Are services effective?

Diagnostic imaging services are not currently rated in this domain.

- We found audit processes monitored the image quality and suitability of the referrals against the Society of Radiographers best practice guidance. There was a clinical lead who had overall responsibility for the audit activity in the service.
- Staff were competent to meet the needs of patients. They were provided with an annual appraisal and supported to learn and develop professionally.
- There was a multi-disciplinary approach to service delivery.
- Consent was obtained in line with the service guidelines.

However:

- As a result of changes in IR(ME)R guidelines in 2017, there was an ongoing review of all policies and procedures to ensure guidelines were being adhered to. This meant that some policies we looked at still hadn't been reviewed using these guidelines.

Are services caring?

Good

We rated caring as **Good** because:

Summary of this inspection

- Patients were treated with dignity and respect. Staff interactions were kind, caring and professional. They provided detailed information to patients and gave them enough time to ask questions about their planned procedures.
- Patients were provided with emotional support by staff.

Are services responsive?

Good

We rated responsive as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- 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.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

However:

- The service could not always guarantee impartiality throughout the translation process because they could not always access external translators.

Are services well-led?

Good

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- We saw a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The provider's strategy was to ensure a safe, high quality sustainable service. The organisation had recently restructured involving individual consultation with staff to ensure its ability to offer best value to clients.

However:

- The service could not assure themselves of the correct management of local risks. This was minimised by the use of a corporate risk management policy which supported the location.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We rated this service as **good.**

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it**.
- The operations manager was responsible for reviewing compliance and informed staff of when they were due an update. Staff reported that they knew how to access mandatory training and were supported to do so.
- We reviewed a spreadsheet of all staff across the Medical Imaging Partnership (MIP) sites and it clearly indicated when staff were due, were booked, or were overdue for mandatory training. Staff were reminded by e-mail if they had not completed training within a set timeframe. Training compliance was reported as 100% at this site.
- The staff were appropriately qualified and experienced to provide safe care. All staff were comprehensively inducted and completed mandatory training and (CPD). All key staff were trained in basic life support and the lead radiographers were also trained in advanced life support.
- Paediatric life support was not included in the training modules. The service did not include paediatric life support as a mandatory training module as they did not assess paediatric patients under the age of 13. This was in line with the Resuscitation Council, 2015: Paediatric basic life support.

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 were all trained to level two in safeguarding and demonstrated knowledge of when a safeguarding referral may be needed. Staff had completed Level 2 adult and paediatric safeguarding training and were equipped to identify any potential issues and were aware of how to escalate this to the MIP Safeguarding Lead for onward management. The MIP lead was trained to level three in adults and children's safeguarding. This was in line with Safeguarding Children and Young People: Roles and Competencies for Health Care Staff' (March 2014).
- The Protection of Adults at Risk policy was in line with guidance and easily accessible on the service's shared drive. The provider had a separate safeguarding children policy.The policies provided guidance on the PREVENT strategy (a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism), as well as what to do if suspected physical abuse was identified.
- However, the Protection of Adults at Risk policy was overdue for review, recorded as October 2018.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.**
- A service level agreement between MIP and Horder Healthcare Seaford ensured provision of a safe environment, including maintenance and cleaning with good compliance. Waste was appropriately segregated and secured for disposal.

Good

Diagnostic imaging

- The waiting room and clinical areas were visibly clean and tidy. General cleaning of the premises was undertaken daily. Clinical staff were responsible for ensuring equipment was kept clean in-between patients and at the end of each clinic. We saw this cleaning was in line with recommended guidelines, for example, the service used a roll of blue paper covering sheets disposed between patients and pillowcases were changed daily or if soiled between patients.
- There was a daily cleaning schedule which we observed had been completed. However, the checklist did not clearly identify on which days the service was running and therefore could not provide evidence that cleaning was conducted on the days the service was open.
- We saw environmental risk assessments, fire procedures, and risks were managed by the Horder Healthcare Seaford under a service level agreement. There was effective liaison between the two providers' management and staff to facilitate a safe working environment. This included effective liaison with the Horder Infection Prevention Lead.
- Audits were undertaken on a regular schedule and sent to MIP headquarters for review and action if needed.
- We observed throughout our inspection that all staff were compliant with best practice regarding hand hygiene, and staff were bare below the elbow. Staff and patients had access to hand washing facilities and alcohol gel.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- Imaging equipment was selected in line with the specification required for best quality diagnostic images. We saw evidence that all equipment was covered by maintenance agreements. Staff were informed when equipment was due for a service and also the lead radiographer kept a spreadsheet for their own reference.
- There were clear processes for managing faulty equipment. Staff recorded faults in a log book and reported them to the MIP operations manager. Immediate arrangements could be made to move appointments to one of the other locations to avoid delays.
- We saw evidence that lead aprons were tested annually, or sooner if damaged.
- Clinical staff underwent training on equipment prior to using it to ensure they were competent in its use. This was documented in their files which we reviewed during our inspection.
- Risk assessments were undertaken annually which included human error, mechanical and electrical failures, alongside excess doses to members of staff, patients and relatives. The last risk assessment was undertaken by the clinical lead in September 2018.
- There were radiation warning signs clearly visible and a warning light to warn people they were walking into a controlled area. Access to this location was restricted during imaging.
- Staff's radiation exposure was monitored using radiation badges.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**
- Radiation risks were assessed at the time of booking the appointment and managed accordingly. These were clearly documented alongside the image for the consultant and radiographer to review.
- The service had a robust process for reporting any unexpected findings such as suspected cancer. Results of this nature were immediately flagged on the internal reporting system and fast tracked for review. This information was also sent to the referring consultant. This ensured that unexpected findings were promptly and properly investigated.
- All radiographers were trained in basic life support or immediate life support. We were assured that medical emergencies were safely managed in liaison with Horder Healthcare Seaford. There was a defibrillator (and oxygen on site, we tested these and they were functioning and checked daily. Patients were evacuated by emergency ambulance if required.
- Clinical staff could access advice if needed. For imaging advice, there were various groups of consultant radiologists who advised by speciality, for example, the neuro-radiology group, MSK group and the Medical Director. Clinical staff could also access a central Radiation Protection advisor at the radiation protection centre within MIP.
- We saw the Society of Radiographers (SoR) "Pause and Check" posters in the X-ray room. These were a visual

reminder which staff followed before starting the procedure. Pause and Check consists of the three-point checks to correctly identify the patient, as well as checking with the patient the site/side to be imaged.
- The local rules were clearly displayed and we saw staff had signed these in line with recommendations. Local rules are used to ensure that work was carried out in accordance with the Ionising Radiation Regulations (IRR) and relevant guidance documents such as The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).
- We saw notices in the waiting room advising people to notify staff if they were pregnant. Additionally, persons of child bearing age would have to complete the risk assessment form indicating if they were pregnant or not.

Staffing

- **There were sufficient numbers of staff to ensure the service was delivered.**
- A radiographer was rostered to meet clinical needs on the days when consultant orthopaedic surgeons were consulting at the clinic.
- At the time of inspection there was a radiographer post being advertised to ease the pressure of existing rostered radiographers. The team worked across all MIP sites according to need. There were four members of staff working across five MIP sites. This had led to the clinical manager having to work clinically. This also meant they had less time to complete non-clinical aspects of their role.
- Depending on the nature and urgency of the medical advice required on any occasion, a consultant was available by telephone and email to support the onsite MIP team.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- All Imaging reports were available in the MIP picture archiving and communication system. An email was generated to alert referrers that the report was available which then could download securely to their patient record.
- The diagnostic reports were produced in accordance with the Standards for Reporting and Interpretation Imaging Investigation 2018 published by the Royal College of Radiologists. We reviewed four sets of electronic notes and found that records were accurate, complete, legible and up-to-date. Each report included, patient identification, date of the X-ray and of the report, clinical information, the name of the referrer and radiologist, as well as a description of findings.

Medicines

- There were no medicines held on site or administered. There were no controlled drugs (CDs) held on the premises. Controlled drugs are medicines liable for misuse that require special management.

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.**
- There were no incidents reported during the previous 12 months. However, staff were able to tell us what would be considered an incident.
- An incident management reporting system was in place to review and implement actions and shared learning. This aimed to address any issues to minimise risk of recurrence and improve quality of care delivered.
- Staff we talked with told inspectors how the incident reporting system worked and provided evidence of learning from incidents reported in the past. Learning from incidents was discussed as part of the monthly clinical governance meeting. Staff told us the size of the team supported a timely and effective feedback.
- Staff told us the service had a 'no blame' approach to incident reporting. Staff were aware of how to raise an incident and could tell inspectors of the action taken to prevent recurrence.
- The service did not report any never events in the 12 months prior to our inspection. Never events are defined as serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should be implemented by all healthcare providers.

Good

Diagnostic imaging

Are diagnostic imaging services effective?

We did not rate effective.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance**.
- Policies and procedures used in the service followed evidence based practice and were developed in line with the health and care professions council (HCPC) standards of proficiency for radiographers. These standards set out safe and effective practice in the Radiography profession.
- Policies also reflected the National Institute for Health and Care Excellence (NICE) guidelines. We saw evidence of this in policies that reflected Low back pain and sciatica in over 16s (2016) NICE guideline NG59: Young people and adults with low back pain with or without sciatica do not have imaging requested by a non-specialist service unless serious underlying pathology is suspected.
- The service also used iRefer, a tool developed by the Royal College of Radiographers guidance to inform policies and pathways. This tool was a radiological investigation guidelines tool that helped referring GPs, radiographers, clinicians and other healthcare professionals to determine the most appropriate imaging investigation(s) or intervention for patients.
- We saw evidence of employer's procedures which were in line with IRR17 and IR(ME)R 2017. The registered manager/radiology clinical manager had also attended the British Institute of Radiology course on IR(ME)R 2017, to ensure she was competent in any changes.
- As a result of changes in IR(ME)R guidelines, there was an ongoing review of all policies and procedures to ensure guidelines were being adhered to. This meant that some policies we looked at still hadn't been reviewed using these guidelines.
- We reviewed a radiation risk assessment and were assured of the quality of this document. A radiation risk assessment has the purpose of identifying the measures needed to restrict the exposure to ionising radiation to anyone who might be affected by it, for example the radiation worker, other people working in the vicinity, maintenance and cleaning staff, or members of the public.
- The service carried out discrepancy audits. The purpose of discrepancy audits is to promote collective learning from radiology discrepancies and errors and thereby improve patient safety. Audits carried out at this site did not present any significant differences.

Nutrition and hydration

- Patients could access hot and cold drinks in the waiting area.

Pain relief

- Patients were not routinely asked about their pain levels. Due to the nature of the service, it was expected that patients self-manage their pain prior to their appointments. However, if a patient expressed concerns about pain, this was assessed on an individual basis and staff provided guidance and support to manage the situation accordingly.

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.**
- All reporting was completed through electronic picture archiving and communication systems (PACS). These incorporated an automated retrospective auditing programme called "Peer Review". All reporting radiologists had 5% of their workload across all modalities reviewed and graded through this process. This was in line with Royal College of Radiographers recommendations.
- Any discrepancies flagged by the peer review process were reviewed by the Medical Director and any identified remedial actions were taken. This was then fed back as shared learning across the group.
- Reporting was undertaken by consultant radiologists with sub-speciality experience. Five percent of reports were audited and were found to have a low level of discrepancies.
- There was a dedicated radiation protection supervisor who took responsibility for X-ray safety in the service. The service could also access a radiation protection advisor if required.

Good

Diagnostic imaging

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 monitor the effectiveness of the service. This included training and assessment of competencies.
- Staff had the required qualifications, training and specialist experience. The professional qualifications of all relevant clinical staff were checked before they started work. We saw their professional membership status was monitored quarterly.
- We were told the annual appraisal process had recently been reviewed, improved and implemented to identify continuous professional development and personal development plans. Staff were positive about the changes.
- We reviewed staff appraisals and saw evidence that feedback was given on work performance. Radiographers had regular contact with consultant radiologists and referred to them to discuss cases and monitor image quality.
- MIP rotated staff through other service locations to ensure that radiographers were exposed to a wide range of practice in imaging techniques. The service was also supported by radiation protection advisor (RPA).

Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients.**
- There was a good relationship between the staff at the Horder Healthcare Seaford and the MIP staff. We were told they interacted as one team. This was visible through the way reception and the diagnostic team facilitated the patient's pathway through the service.
- Consultants and radiographers had a good relationship and staff said they would have no hesitation to ask for advice or question an X-ray if they felt it was not needed.
- Staff worked across five locations and it was reported that this worked well and enabled all staff to maintain their skills and ensure positive working relationships with healthcare providers.

Seven-day services

- The service ran in line with demand and did not offer a seven-day service. It only opened at this location at very limited times, usually alternate Mondays with some Thursday and Fridays but this varied according to demand.

Health promotion

- We saw leaflets for patients in the waiting rooms with advice on smoking cessation and dietary information.

Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.**
- We observed patients giving informed consent before any scan was undertaken. This was verbally confirmed during the patient pre-scan information review process and was recorded on a form completed by the patient and a radiographer prior to imaging.
- Mental Capacity Act training was available for staff as part of the mandatory training. At the time of our inspection, 100% of clinical staff had completed the training. This meant that all staff had received training which equipped them to deal with MCA issues.
- Capacity to consent information was requested on patients' referral form. If a patient lacked capacity, staff told us they followed Mental Capacity Act principles ensuring best interest decisions were made and least restrictive options were provided.

Are diagnostic imaging services caring?

Good

We rated this service as **good.**

Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- Where possible, patients remained in their own clothes but where required, screens were provided along with privacy gowns. Staff cared for patients with compassion.
- Staff showed compassion during their engagement with patients.

Good

Diagnostic imaging

- Patients reported being treated with kindness and respect through their feedback.

Emotional support

- **Staff provided emotional support to patients to minimise their distress**.
- Patients we talked to were very complimentary about the service they received. They told us they were treated well, by kind staff.
- The interactions we observed showed staff being professional and compassionate. We heard staff speak to patients in a friendly yet professional manner both in person and in telephone conversations.
- Patients were able to attend appointments with carers and family members. Staff ensured time was taken to assure patients and anyone accompanying them what the process and its' effects were. This helped minimise distress and anxiety.

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 provided clear explanations about the procedures and encouraged patients to ask questions. Patients told us they were provided with sufficient information before and during their appointments.
- Family members accompanying patients could also ask questions and staff took the time to answer these.
- Patient experience was monitored through surveys. Patient satisfaction surveys were undertaken up until December 2017, when the survey was updated and recently relaunched. In the intervening period staff told us they interacted with patients to obtain informal feedback on the patient experience, and all compliments and complaints were monitored.
- Patients were made aware of how to provide feedback (compliments or complaints) in patient leaflets and on the MIP website.

Are diagnostic imaging services responsive?

Good

We rated this service as **good.**

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- Referrals were responded to quickly. The referrals management team contacted patients to offer the earliest appointment on a date and location that suited them. The referrals management team assessed the patient's suitability for examination at the point of booking an appointment and was available to discuss any questions or concerns the patient might raise regarding their treatment.
- Having Medical Imaging Partnership provide their imaging service out of Horder Healthcare Seaford meant patients could be offered immediate walk in X-ray appointments, if required, after a consultation with an Orthopaedic Surgeon in the outpatient department. A large number of patients were provided with immediate X-ray appointments after seeing an orthopaedic consultant providing a "one stop shop" for rapid diagnosis.
- Urgent appointments were accommodated as quickly as possible and arrangements made for prompt reporting.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- Patients' preferences and beliefs were noted at the time of booking an appointment. This included checks to assess whether a chaperone was required for the imaging episode. We were given examples of where appointment times were extended for people with age related conditions, mobility issues, or mental health issues.
- The centre was compliant with the Disability Discrimination Act 1995. There was adequate disabled parking and level access. We saw accessible toilet facilities, consultation rooms, and raised seating for orthopaedic patients with limited mobility.
- A hearing loop was available to those who were hard of hearing.
- The service could not always guarantee impartiality throughout the translation process. Although translators could be booked to attend appointments, we were told they were often unreliable. This had led to patients using relatives to translate for the staff during the X-ray.

Access and flow

Good

Diagnostic imaging

- **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.**
- The MIP booking teams contacted patients promptly to facilitate early appointments to suit the patient. Referrals were reviewed in a central processing centre to ensure that the appointment bookings and modality were correct for the clinical questions posed.
- Urgent referrals were prioritised. There was timely processing of referrals and reports ensuring prompt diagnosis and onward treatment if necessary.
- The normal operating hours were to cover outpatient orthopaedic consultations which may be only one or two days per week. MIP worked with outpatient coordinators to ensure that all consultant clinics had a radiographer present on site.
- Waiting times were within targets. All X-rays were completed within five days of their referral for this location. Patients could be offered alternative sites for an earlier booking if needed.
- We saw evidence that when the service demand was high, opening hours were extended to meet patient needs.
- Timely reporting was monitored and facilitated with IT systems allowing results to pass quickly to referrers. Urgent or unexpected findings triggered an immediate process, ensuring results were seen promptly by consultants, or within five days if not urgent.
- Patients were sent a booking letter, safety questionnaire (if appropriate)and information leaflet via the post or email prior to their appointment. The referrals management team responded to patients' questions regarding this.

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.**
- The Horder Healthcare Seaford patient satisfaction survey was being reconfigured at the time of inspection. Patient feedback was gathered through the Horder Centre patient feedback form which included a section on imaging. Outcomes from these surveys were fed back to MIP so an ongoing assessment of satisfaction was still being recorded whilst the patient satisfaction survey was being reconfigured.
- Patients were advised how to provide feedback by telephone, email, or in writing. We were given examples where feedback was investigated. These investigations were timely and complainants were also advised of what actions had being taken to prevent recurrence.
- There had been no complaints in the last 12 months that related to the diagnostic X-ray service.
- Information on how to complain was provided in information leaflets and online via MIP's website. Complaints could be made in person, by telephone, email, or in writing.
- All complaints received were forwarded to the Service Quality and Contracts Manager who would acknowledge receipt in writing and a response would be provided together with a timescale.
- All complaints were forwarded to the appropriate manager for investigation and a preparation of a draft response. We were told in most cases the manager will make direct contact with the patient to discuss their concerns.
- Once the investigation was complete a formal written response providing an explanation of what happened, apologies for any shortcomings in service standards (if this was applicable) and information on the action being taken to prevent a recurrence was sent. All complaints were reviewed and signed by the Chief Executive Officer.
- Complaints and trends were reviewed through the governance framework and reported to the executive management team and Board on a regular basis.
- Due to the reconfiguration of the patient satisfaction survey the registered manager was not clear on the future processes and timeframes for complaints and what would happen if a complainant was not happy with the outcome. Complaints were being managed at MIP until the reconfiguration was complete.

Are diagnostic imaging services well-led?

Good

We rated this service as **good.**

Leadership

- **The manager at this site demonstrated the right skills and abilities to run the service providing high-quality sustainable care.**

Good

Diagnostic imaging

- The MIP Board is led by an executive chairman and Chief Executive Officer (CEO) with over 15-year experience delivering imaging services.
- The registered manager/radiology clinical manager for MIP reported directly to the Head of MIP Operations, who reported to the MIP Chief Executive Officer (CEO). They also attended the integrated governance committee meetings. This ensured information was passed easily from floor to board.
- A radiographer was rostered to meet clinical need on the days when consultant orthopaedic surgeons are consulting at the clinic.
- Staff were appropriately qualified and experienced to provide safe care. All staff had satisfactory Disclosure and Barring Service checks, were comprehensively inducted and completed mandatory training and level appropriate continuous professional development.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**
- Company strategy was to ensure a safe, high quality sustainable service. The organisation had recently restructured involving individual consultation with staff to ensure its ability to offer best value to clients. They used the following as their values:
- We care – for patients, colleagues & customers, about every step of the journey
- We work as one – we can rely on each other and deliver on time
- We want to be the best – we always strive for excellence and highest quality
- We trust each other and you can trust us
- We deliver value for patients, stakeholders and customers
- Happiness matters – for patients, staff and customers
- Company values have been reviewed and refreshed with staff involvement. This was done through staff surveys and workshops.
- Corporate functions aimed to support clinical activity at site level with policies, procedures, resources and effective communication messages were cascaded to ensure that service provision met objectives for patient care.

Culture

- **Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- The registered manager/radiology clinical manager reported that MIP management were visible and approachable. Due to a small team size and shift patterns, innovative ways of communicating had been introduced including the use social media for general communication and interest groups.
- Staff were valued and supported to fulfil their potential with support for continuous professional development. Staff told us this could be done through the use of study leave and financial support for some courses.
- Staff reported that they felt listened to. Staff identified that their workload was becoming excessive and highlighted this to management. Leadership understood this issue and advertised a position for a new radiographer to the team.

Governance

- **Staff were clear about their roles and understood what they were accountable for. Staff knew how reporting was escalated.**
- We saw how relations with the Horder Healthcare Seaford and third-party referrers were governed and managed effectively to promote person centred care. This was evidenced through the service level agreement with the Horder Centre and through the integrated governance meeting minutes.
- The integrated governance structure allowed for effective monitoring, review and shared learning. Integrated governance meetings were held every month and had a standardised agenda, and were in-line with the agreed terms of reference. There was a standardised approach to these meetings and the minutes we looked at showed actions were reviewed appropriately and in a timely manner.
- The integrated governance committee comprised of a range of healthcare professionals with expertise in the safe provision and delivery of imaging services. The radiology clinical manager/registered manager of Horder Healthcare Seaford was a part of, and regularly attended, this meeting.
- The Integrated Governance committee was led by MIP's Medical Director, a consultant radiologist, who had oversight of clinical safety in the planning and structure of services and their delivery.

- The Medical Director was responsible for ensuring that all medical staff were appropriately trained and competent to undertake the key clinical tasks in their individual roles and report to the Clinical Governance Group any areas of clinical risk identified during their practice.
- There was a nominated radiation protection supervisor who took responsibility for X-ray safety in the service.

Managing risks, issues and performance

- **Management systems identified and managed risks to the quality of the service from a provider's perspective. However, monitoring and improvement resolutions at a local level could not be assured with current processes.**
- The registered manager/radiology clinical manager at the site was responsible for governance and quality monitoring. They were involved in the organisation's governance framework and sat on the Integrated Governance Committee.
- We saw evidence that sub-committees such as the radiation protection committee had oversight of radiation regulations in place, with particular attention to radiation protection and equipment calibration. The radiation protection advisor was part of this committee.
- We reviewed the Management of Clinical Risks policy, last reviewed in October 2017. The policy outlined staff roles in relation to risk and included information on the role of the quality and compliance manager, who received any external and internal safety alerts. On receipt of an alert the quality and compliance manager would immediately inform all clinical and medical staff within the company, including bank staff via e-mail addresses provided and notified members of the Clinical Governance Group for further due consideration. The alert was recorded on the clinical alert spreadsheet.
- A wide range of clinical and non-clinical risk assessments were carried out. Each assessment had associated actions logged and received a risk score. These risk assessments were part of the corporate risk register.
- We reviewed the corporate risk register but there was no clear way to ensure the senior leadership team were aware of the risks, mitigations and timely resolution to the issues raised. Additionally, local risk monitoring could not be assured as there was no oversight of local risk. For example, there was no risk assessment of the lack of paediatric life support training at this site.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- We reviewed several meeting minutes and saw that quality and sustainability was a standard agenda item in the meetings.
- Staff had access to information through the MIP intranet. This included access to policies and procedures.
- There were robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems. The picture archiving and communication system was included in this process.
- The Clinical and Administrative Records Management Policy, ratified in July 2018, reflected the change in laws surrounding the updated General Data Protection Regulation (GDPR) 2018.

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.**
- Engagement with project groups, regular one-to-one meetings, company days and team meetings were used to obtain feedback and steer changes.
- Regular meaningful communication with commissioners on contract performance ensured delivery met patient need.
- The service had access to a MIP Freedom-To-Speak-Up-Guardian (FTSUG). The role was independent and reported directly to the CEO. The FTSUG attended quarterly information governance meetings.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong.**
- We heard cases of the service learning from past experiences and monitoring of activity. For example, there was a change to the referrals and bookings

Good

Diagnostic imaging

system. Previously these were managed locally by Horder Healthcare Seaford which resulted in a lack of optimisation of resource capacity and patient choice of time and location. This function was now delivered by the MIP referrals management team with the advantages of added staff resources for timely processing while also increasing the patient choice about appointment times and location.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should consider the use of translators during X-ray procedures and consider if the use of family to interpret is appropriate.
- The service should have oversight to monitor and review ongoing local risks.
- The service should conclude their review of all policies and procedures to ensure they are all up to date and in line with recent guidelines such as IR(ME)R17.