InHealth Hornchurch

Quality Report

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

Ratings

Overall rating for this location	**Good**
Are services safe?	**Good**
Are services effective?	**Not sufficient evidence to rate**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

InHealth Hornchurch is operated by InHealth. The service provides magnetic resonance imaging (MRI) diagnostic facilities for adults and young people over the age of 16 years. At the time of inspection all patients attending the centre were NHS funded patients.

We inspected MRI diagnostic facilities.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 28 November 2018.

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

Summary of findings

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

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

The main service provided by this centre was MRI.

Services we rate

This was the first inspection of this service. We rated it as **Good** overall.

We found good practice in relation to diagnostic imaging:

- There were effective systems to keep people protected from avoidable harm.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs.
- There was a programme of mandatory training which all staff completed, and systems for checking staff competencies.
- Equipment was maintained and serviced appropriately and the environment was visibly clean.
- Staff were trained and understood what to do if a safeguarding issue was identified.
- Records were up to date and complete and kept protected from unauthorised access.
- Incidents were reported, investigated and learning was implemented.
- The service used evidence based processes and best practice, this followed recognised protocols. The referral to scan times and scan to reporting times were appropriate and well within expected ranges.
- Staff were competent in their field and kept up to date with their professional practice.
- Staff demonstrated a kind and caring approach to their patients and supported their emotional needs.
- Appointments were available during the evening, at weekends and at short notice if required.
- Complaints from patients were taken seriously and acted upon.
- The service had supportive and competent managers. Staff understood and were invested in the vision and values of the organisation. The culture was positive and staff demonstrated pride in the work and the service provided.
- Risks were identified, assessed and mitigated. Performance was monitored and performance information was used to make improvements.

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

- Cleaning materials were not stored in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). In mitigation the COSHH store cupboard was locked by the registered manager at the time of inspection and staff were informed that the cupboard must be locked when not in use.
- A first aid box had out of date dressings. The first aid box did not have a record sheet with the date, name, signature and role of the person checking the contents.
- Patients were triaged via the central InHealth patient referral centre (PRC), However, staff did not know if there was a localised protocol for referrals from non-medical referrers.
- Staff had not undertaken training on the Mental Capacity Act 2005 and associated guidance. The provider had purchased a training package and work was in progress to roll this training out to staff.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. These can be found at the end of the report.

Nigel Acheson

Deputy Chief inspector of Hospitals (London and the South)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Diagnostics was the only activity the service provided. We rated this service as good because it was safe, caring, responsive and well-led..

Summary of findings

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Good

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Services we looked at

Diagnostic imaging

Summary of this inspection

Background to InHealth Hornchurch

This report relates to magnetic resonance imaging (MRI) services provided by InHealth Hornchurch.

InHealth is one of the largest independent providers of diagnostic imaging in the UK. InHealth has an expansion programme whereby they will provide three million diagnostic imaging appointments for the NHS in 500 locations by 2020. This meant InHealth Hornchurch would experience an increase in the number of appointments it offered to the NHS.

The InHealth diagnostic centre at Hornchurch was registered with the CQC in 2014.

The centre provides a wide range of MRI examinations to private patients and NHS patients referred from the NHS through clinical commissioning group (CCG) contracts directly with InHealth Hornchurch. The centre serves patients in London.

The registered manager replaced a previous registered manager and had been in post since 11 April 2018.

All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. A WRES report was produced for InHealth in October 2018.

We inspected this service on 28 November 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,and a specialist advisor with expertise in magnetic resonance imaging (MRI).The inspection team was overseen by Nicola Wise, Head of Hospital Inspections North London.

Information about InHealth Hornchurch

InHealth Diagnostic Centre Hornchurch was opened in 2014 and provides magnetic resonance imaging (MRI) directly for local NHS Clinical Commissioning Groups (CCG). The centre is open seven days a week. The centre is a modern purpose built facility that provides diagnostic and screening services to both NHS and private patients.

All services other than MRI at InHealth Hornchurch are registered separately with the CQC and managed by a separate registered manager employed by InHealth.

InHealth Hornchurch is registered to provide the following regulated activities:

- Diagnostic and screening procedures

During the inspection we spoke with five staff including; the registered manager, superintendent radiographer, radiology staff and clinical assistants. We spoke with seven patients.

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

In the reporting period 1 December 2017 to 30 November 2018 InHealth Hornchurch provided 11,494 attended appointments.

Summary of this inspection

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

Track record on safety

- No Never events.
- No serious injuries.
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA).
- No incidences of healthcare acquired Meticillin-sensitive staphylococcus aureus (MSSA).
- No incidences of healthcare acquired Clostridium difficile (c. diff).
- No incidences of healthcare acquired Escherichia coli (E-Coli).
- No deaths.
- Six formal complaints of which one was upheld and two were partially upheld.

Services accredited by a national body:

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

Services provided under service level agreement:

- Clinical and or non-clinical waste removal
- Building Maintenance
- Laundry
- Maintenance of medical equipment
- Radiology reports

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **Good** because:

- There was an open incident reporting culture within the centre and an embedded process for staff to learn from incidents.
- All staff demonstrated an understanding of the duty of candour and the principles behind this.
- Staff were knowledgeable about safeguarding processes and what constituted abuse.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs. They were supported by a programme of mandatory training in key safety areas.
- Equipment was serviced and there were processes to ensure all items were well maintained. The environment was visibly clean.

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

- Cleaning materials were in an unlocked store room. This was not in accordance with the In mitigation the room was locked at the time of inspection and staff informed that these must be locked when not in use.
- A first aid box had out of date dressings. The first aid box did not have a record sheet with the date, name, signature and role of the person checking the contents.

Are services effective?

Not sufficient evidence to rate

We do not currently rate effective for diagnostic imaging.

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

Summary of this inspection

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

- Staff had not undertaken training on the Mental Capacity Act 2005 and associated guidance. The service had purchased a training package and work was in progress to roll this training out to staff.

Are services caring?

Good

We rated caring as **Good** because:

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

Are services responsive?

Good

We rated responsive as **Good** because:

- Services were planned and delivered in a way that met the needs of the local population.
- Patients' individual needs were met, including patients living with dementia and learning disability.
- Complaints were investigated and learning was identified and shared to improve service quality.
- Appointments could be provided on the same day. Alternative appointment time were offered to patients who worked during the week.
- Patients could access services easily; appointments were flexible and waiting times short. Appointments and procedures occurred on time.

Are services well-led?

Good

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

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

Summary of this inspection

- The centre had its own risk register and managers understood the risks and actions to mitigate them.
- There was a culture of openness and honesty supported by a freedom to speak up guardian.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Good

This was the first inspection for this service. We rated safe as good for diagnostic imaging.

Mandatory training

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

- Annual mandatory training courses were undertaken and regularly updated. Mandatory training was mainly via 'e-learning' modules with the exception of basic life support (BLS) and moving and handling training. Staff training files included a contemporaneous record of training such as; fire safety and evacuation, health and safety in healthcare, equality and diversity, infection prevention and control, safeguarding adults and children level 2, customer care and complaints and data security awareness.
- Mandatory training rates were regularly reviewed at quarterly team meetings.
- Records we viewed demonstrated 98.6% of staff had completed mandatory training. There was one member of staff whose BLS training had expired on 14 November 2018. The registered manager told us this would be identified centrally by the centre's monthly report to the Head of Operations and the centre manager would be asked to book the staff member onto the training. The registered manager told us they would be informed following submission of the report to ensure the staff member was booked on the next available BLS training course.

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.
- All staff had received level 2 training in safeguarding adults and children. Staff had access to the InHealth safeguarding lead who was the nominated individual and was trained to level four.
- All staff received training in safeguarding children and young people level 2 as it was possible young people aged 16 to 18 years old would be scanned at the service. This met intercollegiate guidance: 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff', March 2014. Guidance states all non-clinical and clinical staff that have any contact with children, young people, parents or carers should be trained to level two safeguarding.
- Staff were trained to recognise adults and young people at risk and were supported by the safeguarding adults' and children's policy. Staff we spoke understood their responsibilities and adhered to the company's safeguarding policies and procedures.
- There had been no safeguarding incidents in the previous 12 months.

- Staff we spoke with were aware of the Department of Health (DoH) female genital mutilation (FGM) and safeguarding guidance for professionals March 2016.
- InHealth Hornchurch did not provide services for children under the age of 16 years. However, we saw contact numbers for local authority adult and children's safeguarding teams were located in the centre's office. The contact details for the InHealth safeguarding team were also located in the office.
- Compliance with safeguarding policies and raising concerns was monitored through the weekly complaints, litigation, incidents and compliments (CLIC) meeting and InHealth biannual safeguarding board. The board identified themes from incidents including safeguarding and set improvement goals.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.

- Between November 2017 and November 2018 there had been no incidences of health care acquired infection in the centre
- InHealth had infection prevention and control (IPC) policies and procedures which provided staff with guidance on appropriate IPC practice in for example, communicable diseases and isolation.
- All areas of the service were visibly clean. Radiographers cleaned the scanning room at the end of each day. An external cleaning contractor cleaned communal and non-controlled areas. This was recorded on a daily check spreadsheet which was reviewed by the registered manager each week. A supervisor from the cleaning company also visited the service weekly to check cleanliness of the service.
- Staff followed manufacturers' instructions and the InHealth IPC guidelines for routine disinfection. This included the cleaning of medical devices, including MRI coils, between each patient and at the end of each day. We saw staff cleaning equipment and machines following each use, including appropriate disinfection of the MRI machine.
- All the patients we spoke with were positive about the cleanliness of the centre and the actions of the staff with regards to infection prevention and control. Staff demonstrated compliance with good hand hygiene technique in washing their hands and using hand gel when appropriate. Staff had access to hand washing facilities. Throughout the inspection we found all staff were compliant with best practice regarding hand hygiene.
- Hand hygiene audits were completed to measure staff compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients. Results for the reporting period January to October 2018 showed a compliance rate of 100%. Hand hygiene results were communicated to staff through the centre's staff meetings and via email.
- Staff were bare below the elbow and had access to a supply of personal protective equipment (PPE), including gloves and aprons. We saw staff using PPE appropriately.
- The centre IPC lead was responsible for supporting staff, ensuring annual IPC competency assessments and training were carried out and undertaking IPC audits. IPC audits were completed monthly. Results for the 12 months preceding this inspection demonstrated the centre regularly achieved 100 % compliance.
- Waste was handled and disposed of in a way that kept people safe. Waste was labelled appropriately and staff followed correct procedures to handle and sort different types of waste.

Environment and equipment

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

- The layout of the centre was compatible with health and building notification (HBN06) guidance. Access to the service was via Hornchurch High Street. There was a ground floor reception area with a reception desk that was staffed during opening hours. Scanning areas were located on the ground floor.
- The MRI had scanning observation areas. These ensured patients were visible to staff during scanning. The fringe fields around the MRI scanner were clearly

displayed, (this is the peripheral magnetic field outside of the magnet core). This reduces the risk of magnetic interference with nearby electronic devices, such as pacemakers. Although the strength of the magnetic fields decreases with distance from the core of the magnet, the effect of the "fringe" of the magnetic field can still have an influence on external devices.

- Staff had sufficient space to move around the scanner and for scans to be carried out safely. During scanning all patients had access to an emergency call/panic alarm, ear plugs and ear defenders. Patients could have music of their choice played whilst being scanned. There was also a microphone which allowed contact between the radiographer and the patient at all times.
- In accordance with Medicines and Healthcare products Regulatory Agency (MHRA) guidance, 5.4.6, scanning rooms were equipped with oxygen monitors to ensure any helium gas leaking (quench) from the cryogenic Dewar (this is a specialised type of vacuum flask used for storing cryogens such as liquid nitrogen or liquid helium), would not leak into the examination room, thus displacing the oxygen and compromising patient safety. Scanning rooms were also fitted with an emergency quench switch which was protected against accidental use. The quench switch initiated a controlled quench and turned off the magnetic field in the event of an emergency. The magnet was also fitted with emergency "off" switches, which suspend scanning and switched off power to the magnet sub-system, but would not quench the magnet. Staff we spoke with were fully aware of actions required in the event of an emergency quench situation.
- An MRI safe wheelchair and trolley were available for patients in the event they would need to be transferred from the scanner in an emergency.
- There were systems to ensure repairs to machines or equipmentwere timely. These ensured patients would not experience prolonged delays to their care and treatment due to equipment being broken and out of use. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme.
- During our inspection we checked the service dates for equipment, including scanners. All the equipment we checked was within the service date. The generators were also tested monthly on a planned schedule to ensure patient scanning was not affected.
- Failures in equipment and medical devices were reported through the InHealth technical support team. Staff told us there were usually no problems or delays in getting equipment repaired. Equipment breakdown was logged on the InHealth incidents log to enable the company in monitoring the reliability of equipment.
- All equipment conformed to relevant safety standards. All non-medical electrical equipment was electrical safety tested. We also viewed servicing records for the MRI scanner and saw these included downtime and handover time.
- Scales for weighing patients were available in the centre and had been appropriately serviced.
- We checked the resuscitation box on the MRI centre. The resuscitation box appeared visibly clean. Records indicated the resuscitation box had been checked daily by staff and was safe and ready to use in an emergency.
- The centre had first aid boxes in both the MRI observation room and main reception. However, there was no system of checking the contents. Although all items in the MRI observation room first aid box were in date. When we checked the dates on bandages in the main reception first aid box we found these were out of date. The registered manager removed the main reception first aid box and replaced it immediately with a new first aid box when we drew this to their attention.
- All relevant MRI equipment was labelled in accordance with recommendations from the Medicines and Healthcare products Regulatory Agency (MHRA). For example, 'MR Safe', 'MR Conditional', 'MR Unsafe'. All equipment in the assessment area was labelled MR unsafe.
- Access to the MRI room was via a coded controlled door. There was signage on all doors explaining the magnet strength and safety rules.
- Room temperatures were recorded as part of the daily MRI checks. We reviewed room temperature records

on the online daily check sheet and saw temperatures had been checked and were within the required range. We spoke with staff who told us if temperatures were not within the required range the scanner would not work and this would be escalated to the registered manager. The scanner servicing company would be automatically informed by the MRI scanner itself.

- We reviewed the InHealth Hornchurch quarter three, (July to September 2018), environment and health and safety audit. The service was compliant with key performance indicators (KPI) with 100% in all areas.
- A door leading from the main reception corridor to: clinical rooms, a waiting area, store cupboards, and the staff kitchen had a security magnet lock that was broken. We found a store cupboard that contained bleach and cleaning liquids unlocked. The cleaning substances were not stored in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). The waiting area and cupboard was not visible to staff in the main reception and there was a risk that patients or visitors could gain access to hazardous substances.
- We also found clinical rooms and a staff kitchen leading from the waiting area unlocked. The kitchen contained cutlery including knives. There was a risk that unauthorised people could gain access to knives and other sharp utensils. We raised both the COSHH cupboard being unlocked and the clinical rooms and staff kitchen being unlocked with the registered manager. The registered manager immediately locked the kitchen and COSHH cupboard. The registered manager also emailed all staff and informed them that the kitchen and COSHH cupboard should be locked at all times when not in use.

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.

- Staff assessed patient risk and developed risk management plans in accordance with national guidance. For example, the centre used a magnetic resonance imaging patient safety questionnaire. Risks were managed positively and updated appropriately if there was a change in the patient's condition including the management of claustrophobic patients.
- Patients had the choice of wearing their own clothes or changing into a gown prior to the scan. This was due to the magnetic fields used by MRI being very strong, and metallic items on patients' clothes carrying accident risks, such as metal buttons or metals in materials. All of the patients we saw during the inspection changed into a gown. All patients we spoke with told us they were given information, had been risk assessed and had signed a form to accept they had understood the risks associated with MRI scanning.
- There were clear pathways and processes for staff to assess people that were clinically unwell post or during a scan and needed to be admitted to hospital. For example, the routine MRI guidance was available to guide staff in referring patients to an emergency department. Patients who became unwell in the centre would be referred to their GP. Staff told us if a patient required more urgent treatment they would provide first aid and call 999. Staff told us there had been an incident at the centre where a patient needed urgent treatment and their procedures had been effective in providing first aid and contacting an ambulance via 999.
- The service ensured the request for an MRI was only made by a referrer in accordance with the MHRA guidelines. All referrals were made using dedicated MRI referral forms which were specific to the contract with the commissioning group. All referral forms included patient identification, contact details, clinical history and the type of examination requested, as well as details of the referring clinician/ practitioner. Private patients were referred via the patient referral centre (PRC) where their referral was reviewed and triaged.
- Signs were located throughout the centre in both words and pictures highlighting the contra-indications to MRI including patients with heart pacemakers, patients .
- The centre did not use contrast including intravascular contrast agents. This meant there was no risk of contrast induced acute kidney injury (AKI). However, all clinical staff were trained in the administration of intravenous (IV) contrast to enable them to work as bank staff at other InHealth locations.

- Staff we spoke with explained the processes to escalate unexpected or significant findings both at the time of the examination and upon reporting. These were in accordance with the routine MRI guidance policy.
- There was a pathway for unexpected urgent clinical findings. In the case of NHS patients, an urgent report request was sent to the external reporting provider. Once the report was received (within 24 hours), an email was sent to the referrer to highlight an urgent report was required. Additionally, the InHealth picture archiving and communication system (PACS) team also contacted the referrer by phone to inform them an urgent report had been sent. The name of the person who was spoken with at the referring service was recorded on the database. The referring service were asked to acknowledge receipt of the report and this was recorded on the InHealth system.
- All images could be sent to referrers urgently via the image exchange portal.
- Medical emergency procedures were regularly practised. For example, we saw records confirming that the centre had an evacuation drill that included the removal of a patient from a scanner on 13 February 2018.
- There were processes to ensure the correct person got the correct radiological scan at the right time. The service had Society of Radiographers (SoR) poster displayed in the centre. The posters acted as reminders for staff to carry out checks on patients. We also saw staff using the SoR "paused and checked" system. Pause and check consisted of a system of three-point demographic checks to correctly identify the patient, as well as checking with the site or side of the patient's body that was to have images taken and the existence of any previous imaging the patient had received. This enabled the MRI operator to ensure the correct imaging modality was used, and the correct patient and correct part of the body was scanned.
- All clinical staff were basic life support (BLS) and automated external defibrillator (AED) trained. All administration staff were BLS trained.

Radiography staffing

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

- The service used a purpose built 'staffing calculator', designed to take account of expected, and a degree of unexpected, absences; ensuring sufficient staff availability across all operational periods. Required staffing levels were calculated using core service information including: operational hours, patient complexity and service specifications, physical layout and design of the facility/service, expected activities, training requirements, and administrative staffing requirements. Staffing levels had been set following extensive working time studies, analysing average task time requirements. This ensured sufficient staff to support patients' needs.
- The superintendent radiographer was responsible for clinical shifts being rostered in accordance with InHealth 'Healthy Working Time' policy. The clinical coordinator was trained in rostering and used the staffing tool to ensure safe staffing numbers. The registered manager was responsible for monitoring the hours worked by staff and ensuring they did not exceed working time limits. This included ensuring staff working longer than six hours at a time received a 20-minute rest break. Workers were entitled to a daily rest period of at least 11 hours uninterrupted rest in every 24 hour period, as well as a weekly rest period of 24 hours uninterrupted in every seven day period. The registered manager was able to flex staffing numbers to meet operational requirements.
- Staff in the centre consisted of one whole time equivalent (WTE) registered manager, one WTE clinical coordinator, one superintendent radiographer, four WTE radiographers, four WTE clinical assistants and one WTE trainee radiographers. (MRI trainees were graduate radiographers being supported to gain MRI qualifications and experience as part of their substantive employment with InHealth). The registered manager was a full time employee, but, was also the manager of two further InHealth services, and divided their hours between three sites.

Good

Diagnostic imaging

- The service did not have any vacancies. A new registered manager joined the service in April 2018 and a new clinical assistant had joined the service in the previous 12 months.
- There were business continuity plans to guide the service when responding to changing circumstances. For example, sickness, absenteeism and workforce changes. Agency staff were rarely used at the service. Shifts were usually covered by the centre's own staff. This ensured staff continuity and familiarity with the centre. There was also a bank of InHealth staff that the centre could request to fill vacant shifts. In the previous three months three radiographer and four clinical assistant shifts had been covered by bank staff.
- All staff we spoke with felt staffing levels were well managed. There was no lone working at the centre, there was always a minimum of one clinical assistant and one radiographer on-site at all times. Closed circuit television (CCTV) cameras were installed from the MRI observation room to the main reception to ensure the safety of staff working on the main reception during early morning shifts and late evening shifts.
- Radiologists were provided by a contract with an external provider. Radiographers told us they could contact a radiologist at the external provider for advice at any time.

Medical staffing

- The service did not employ any medical staff. In the event of a medical emergency staff would provide first aid and call 999 emergency services.
- The centre had a service level agreement (SLA) with an external agency for the provision of MRI reports written by a reporting radiologist.

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 kept and updated individual patient care records in a way that protected patients' confidentiality. Patient care records were electronic and were accessible to staff on the centre's computers.
- Patients' personal data and information were kept secure. Only authorised staff had access to patients' personal information. Staff training on information governance and records management was part of the mandatory training programme. Records we viewed confirmed that 100% of staff had up to date training in information governance.
- Patients completed a MRI safety consent checklist form consisting of the patients' answers to safety screening questions and also recorded the patients' consent to care and treatment. This was later scanned onto the patients' electronic records.
- Staff completing scans, updated the electronic records and submitted scan images for reporting by an external radiologist. The service level agreement (SLA) with the private provider of diagnostic imaging reports included a quality assurance agreement with regards to the auditing of reports and reviews of the quality of images. The quality of images was peer reviewed locally and quality assured on a corporate level. Any deficiencies in images were highlighted to the member of staff for their learning.
- We reviewed four patient care records and found they were accurate, complete, legible and up to date. Paper records were shredded in accordance with the InHealth policy once the information was uploaded onto the electronic records system.
- The service provided electronic access to diagnostic results and could share information electronically if referring a patient to a hospital for emergency review.
- The radiology information system (RIS) and picture archiving and communication system (PACS) was secure and password protected, each member of staff had their own personal password.
- All the forms completed by patients were scanned and transferred electronically onto the patients record. The InHealth record system was accessible to the InHealth patient referral centre (PRC). This meant any discrepancies in information gained from patients at the time of their visit could be followed up with the referring professional by the PRC.

Medicines

- The service did not use medicines as they only provided scanning for low risk patients.

Good

Diagnostic imaging

- Patients received a letter prior to the procedure advising them to continue with their usual medicines regime. All patient allergies were documented and checked on arrival in the centre.
- InHealth had a consultant pharmacist who issued guidance and support at a corporate level and worked collaboratively with the clinical quality team on all issues related to medicines management. Staff told us they could contact the pharmacist if they had any concerns in regard to medicines patients were taking.

Incidents

The service managed patient safety incidents well. Staff recognised incidents 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.
- The service had an incident reporting policy and procedure to guide staff in the process of reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, and investigate and record near misses. Staff reported incidents using an electronic reporting system. Learning from incidents was shared with staff at the centre via staff meetings.
- Between September 2017 and September 2018, the centre reported 21 incidents. The service reported six booking incidents and five clinical incidents during this period. For example, a patient collapsed on arrival at the centre. In response staff called 999 emergency services; this was in accordance with the procedure for a deteriorating patient.
- During the period September 2017 to August 2018 there had been no serious incidents requiring investigation, as defined by the NHS Commission Board Serious Incident Framework 2013. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, they warrant using additional resources to mount a comprehensive investigation.
- There had been no 'never events' in the previous 12 months. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. The online incident reporting system generated a duty of candour alert when a serious incident met the duty of candour requirements, this prompted staff to give consideration to the requirements. All staff had been trained and made aware of duty of candour and what steps to follow where it was required.
- Incidents were reviewed weekly at the InHealth complaints, litigation, incidents and compliments (CLIC) meeting. The clinical governance team analysed incidents and identified themes and shared learning to prevent reoccurrence at a local and organisational level.
- Staff we spoke with understood the requirements of the duty of candour regulation. Incidents involving patients or service users harm were assessed with the 'notifiable safety incident' criteria as defined within regulation 20 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.
- Incidents meeting the 'notifiable safey incident' criteria were managed under the organisations 'adverse events (incident) reporting and management policy' and 'Duty of Candour, procedure for the notification of a notifiable safety incident' standard operating procedure.
- National patient safety alerts (NPSA) relevant to the centre would be communicated by email to all staff. All staff had to accept emails with mandatory information in them to ensure they had been read.

Are outpatients and diagnostic imaging services effective?

Good

Diagnostic imaging

Not sufficient evidence to rate

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

Evidence-based care and treatment

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

- Patients care and treatment was delivered and clinical outcomes monitored in accordance with guidance from the National Institute for Health and Care Excellence (NICE). NICE guidance was followed for diagnostic imaging pathways as part of specific clinical conditions. For example, NICE CG75 Metastatic spinal cord compression in adults.
- Staff assessed patients' needs and planned and delivered patient care in line with evidence-based guidance, standards and best practice. For example, staff followed the MHRA guidelines safety guidelines for magnetic resonance imaging equipment (MRI) in clinical use. An audit was carried out annually to assess clinical practice in accordance with local and national guidance.
- Staff used the Society of Radiographers (SoR) 'pause and check' system. This is a system of checks that need to be made when any MRI examination is undertaken. Although the service had adapted the system from the MHRA six point check recommendation to a five point check. The system used was effective, although the system of checks is more secure when MHRA six point recommendations are fully implemented. SoR 'pause and check' posters were displayed in the MRI observation room to act as an aide memoire to staff to complete identity checks on patients.

  Some referrals were made by osteopaths and physiotherapists, for example, spine scans. There was no protocol for non-medical referrals. Recommendations from the Royal College of Nursing (RCN) and Society of Radiographers (SoR),'Clinical imaging requests from non-medically qualified professionals, 2008' recommend a written protocol as good practice.

Pain relief

- Pain assessments were not undertaken by the service. Patients managed their own pain and were responsible for supplying any required analgesia. We saw staff asking patients if they were comfortable during our inspection.

Patient outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve them.

- InHealth recorded the times taken between a referral being received and the time it took for a scan to be booked. For example, from January 2018 to September 2018 an average of 98% of patients' referrals were reviewed and accepted within two days of the referral being received.
- Audits of the quality of the images were undertaken at a corporate level. Any issues were fed back to local services for quality assurance purposes and learning and improvement.
- The service recorded the time from the patient being scanned to when the scan was reported on. Key performance information (KPI) data recorded that the centre had achieved 99% compliance in meeting the InHealth referral to scan times between January and October 2018.
- Audits of the quality of the images were undertaken at a corporate level. Any issues were fed back to local services for quality assurance purposes and learning and improvement. For example, we viewed the audit report dated 24 December 2018. This identified that the audit had not identified any issues in regards to the audit key performance measures.
- InHealth quality audits were undertaken annually and used to drive service improvements. The centre had a clinical audit schedule in place this included audits of individual areas including, patient experience, health and safety, medical emergency, safeguarding, equipment and privacy and dignity. We viewed an audit dated 2018. This had an action plan where the service were not meeting the InHealth Limited standards and this was monitored to completion by the InHealth corporate quality team.

Competent staff

Good

Diagnostic imaging

The service made sure staff were competent for their roles.

- All staff had received a local and corporate induction and underwent an initial competency assessment.
- Staff had the right skills and training to undertake the MRI scans. This was closely monitored at corporate level and locally by the registered manager. skills were assessed as part of the recruitment process, at induction, through probation, and then ongoing as part of staff performance management and the InHealth appraisal and continuous professional development (CPD) process. All staff were required to complete mandatory training programme as well as role specific training to support ongoing competency and professional development.
- Local induction ensured staff were competent to perform their required role. For clinical staff this was supported by a comprehensive competency assessment toolkit which covered key areas applicable across all roles including equipment, and clinical competency skills relevant to their job role and experience. We viewed a radiographer's induction record which included induction and competency checklists which were signed and dated by the clinical lead to indicate the radiographer was competent in specific tasks and the use of equipment. We also reviewed the induction records for a clinical assistant. Which contained an assessment of their skills and knowledge.
- Staff told us there was a comprehensive internal training programme for magnetic resonance imaging (MRI) aimed at developing MRI specific competence following qualification as a radiographer. Modality specific training was given in MRI safety led by the InHealth magnetic resonance safety expert and the MRI clinical lead held the international magnetic resonance safety officer (MRSO) certificate. (A modality is any of the various types of equipment or probes used to acquire images of the body, such as MRI).
- Staff attended relevant courses to enhance the professional development and this was supported by the organisation and local managers. For example, a radiographer had completed an MRI assessor course and a radiographer had completed a clinical evaluation in MRI course.
- Radiographers' performance was monitored through peer review and issues were discussed in a supportive environment. Radiologists fed back any performance issues with scanning to enhance learning or highlight areas of improvement in individual radiographers' performance.
- All radiographers were registered with the Health and Care Professions Council (HCPC) and met HCPC regulatory standards to ensure the delivery of safe and effective services to patients. Radiographers also had to provide InHealth with evidence of continuous professional development (CPD) at their appraisals. MRI radiographers must have either completed or been in the process of completing their MRI competency assessment training.
- Staff had regular one to one meetings with the manager and a biannual appraisal to set professional development goals. Records we checked confirmed staff appraisals were up to date.

Multidisciplinary working

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

- Staff supported each other to provide good care.
- The service had good relationships with other external partners and undertook scans for local NHS providers and private providers of healthcare insurance.
- Staff told us there was good communication between services and there were opportunities for them to contact referrers for advice, support and clarification.

Seven-day services

- The centre was operational from 7am to 9pm seven days a week including bank holidays, except for Christmas Day, Boxing Day and New Year's Day. The centre operated from 7am to 4pm on Christmas Eve and 7am to 6pm on New Year's Eve.
- Appointments were flexible to meet the needs of patients, and appointments were available at short notice.

Health promotion

- A range of health promotion information was available on the InHealth website, such as smoking cessation and alcohol awareness. This enabled patients to

increase their control over, and to improve, their health by providing information and access to a wide range of social and environmental information or health promoting activities.

- InHealth also had a number of health promotion initiatives to coincide with national initiatives. For example, we saw emails with information on what the company were doing for alcohol awareness week, prevent breast cancer day, and world diabetes day.

Consent and Mental Capacity Act

Staff did not know how and when to assess whether a patient had the capacity to make decisions about their care. However, the provider had identified this and had taken steps to address it.

- Staff we spoke with had some knowledge of the requirements of the Mental Capacity Act 2005 (MCA). The registered manager told us training in the MCA was part of the safeguarding e-learning module. We subsequently viewed the InHealth safeguarding e-learning and found the MCA was referred to, but the module did not provide staff with any detail in regard to the requirement of the act. The InHealth head of operations, a senior manager with the provider, told us InHealth had identified a shortfall in staff knowledge and training and had purchased an e-learning programme for the Mental Capacity Act 2005. At the time of inspection InHealth were considering which staff the MCA module would be relevant to.
- During this inspection there were no patients who lacked capacity to make decisions in relation to consenting to treatment. Where a patient lacked the mental capacity to give consent, guidance was available to staff through the corporate consent policy. Staff also told us they would encourage patients to be accompanied where there were concerns about their capacity to consent to care or treatment.
- Staff we spoke with understood the consent process and gave patients the option of withdrawing consent and stopping their scan at any time. The service used a MRI consent form to record patients' consent which also contained the patients' answers to their safety screening questions.
- Young people (aged 16 or 17) were presumed to have sufficient capacity to decide on their own medical treatment, and provide consent to treatment, unless there was significant evidence to suggest otherwise. Staff were able to explain Gillick competence is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment without the need for parental permission or knowledge. However, the centre did not provide diagnostic services to young people under the age of 16.

Are outpatients and diagnostic imaging services caring?

Good

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

Compassionate care

Staff cared for patients with compassion.

- Feedback from patients confirmed that staff treated them well and with kindness.
- During this inspection we saw all staff treating patients with dignity, kindness, compassion, courtesy and respect. Staff introduced themselves prior to the start of a patient's treatment, interacted well with patients and included patients in general conversation.
- In the interactions we saw during this inspection and feedback provided by patients we spoke with staff demonstrated a kind and caring attitude to patients. Patients told us staff had explained what would happen next in regards to their care and treatment. For example, a typical comment from a patient was, "They've explained what will happen."
- Staff ensured patients' privacy and dignity was maintained during their time in the centre and during MRI scanning. Patients for MRI had a designated waiting area with changing rooms. Patients were provided with a dressing gown in the changing room to protect their modesty whilst waiting for their scan. Staff told us patients could have a member of staff or friend or family member as a chaperone during their scan upon request.

Good

Diagnostic imaging

- Patient satisfaction was formally measured through completion of the InHealth 'Friends and Family Test' (FFT) following their examination. Between 1 July 2018 and 30 September 2018 103 patients had responded to the survey, with 93% of responders reporting they were extremely likely or likely to recommend the service. Feedback from the FFT was analysed by an external, independent provider and the results and a dashboard sent to the clinical quality team. Data was provided on number of items including patient satisfaction percentage and all comments were recorded.
- During this inspection we spoke with seven patients about various aspects of the care they received. Without exception, feedback was consistently positive about staff and the care they delivered. For example, a patient told us, "They've been lovely."

Emotional support

Staff provided emotional support to patients to minimise their distress.

- Staff supported people through their scans, ensuring they were well informed and knew what to expect.
- Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calm and reassuring attitude so as not to increase anxiety in nervous patients. The registered manager had produced a document 'Your Journey Through MRI' specifically to allay patients' anxiety about the scanning process. The document explained the process of MRI scanning at the centre in words and pictures and was available to all patients in the main reception area.
- Staff provided reassurance throughout the scanning process, they updated the patient on the progress of the scan and how long they had before their treatment was complete. All seven patients we spoke with told us staff had been supportive.
- Staff felt recognising and providing emotional support to patients was an integral part of the work they did. Staff recognised how scan-related anxiety could impact on a patient's diagnosis and result in possible delays with a patient's treatment.

Understanding and involvement of patients and those close to them

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

- Staff communicated with patients in a manner would ensure they understood the reasons for attending the centre. All patients were welcomed into the reception area and reassured about their procedure.
- Staff recognised when patients or relatives and carers needed additional support to help them understand and be involved in their care and treatment. Staff enabled them to access this, including access to interpreting and translation services.
- Patients, relatives and carers could ask questions about their scan. Patients could access information on MRI scanning from the service's website. The registered manager had also produced the 'Your Journey Through MRI' document for patients which benefitted patients understanding of the scanning procedure by outlining the scanning procedure and explaining the equipment involved in scanning.
- The service allowed for a parent or family member or carer to remain with the patient for their scan where this was necessary.

Are outpatients and diagnostic imaging services responsive?

Good

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

Service delivery to meet the needs of local people

The centre planned and provided services in a way that met the needs of patients.

- The service was planned and designed to meet the needs of the patients. Information about the needs of the local population and the planning and delivery of services was agreed collaboratively with clinical commissioning groups (CCG). The service provided imaging for non-urgent routine scans.
- The service opened in 2010. The site had one magnetic resonance imaging (MRI) scanner and also had facilities offering five consulting rooms providing

ad hoc peripatetic services. All services other than MRI from InHealth Hornchurch were provided on an ad hoc basis.and were managed by a separate registered manager employed by InHealth.

- The service provided evening and weekend appointments to accommodate the needs of patients who were unable to attend during the weekdays. The centre's hours of opening were from 6.30am to 9pm.
- The centre was located on the ground floor of Westland Medical Centre and was in close proximity to Hornchurch Town hall bus stops and Hornchurch and Upminster Road underground train stations.
- The environment was patient centred. The centre was located in a modern purpose built building with sufficient seating in reception areas and toilet facilities. Patients had access to a drinks machine in the main reception which provided patients and visitors with hot or cold drinks.
- The MRI centre was comprised of the entire ground floor of Westland Medical Centre. The main entrance to the MRI was via an access controlled main door. The reception was staffed during all hours of opening. MRI Patients were collected from the main reception waiting area by staff and led through to an access controlled dedicated MRI waiting area where hot drinks or water were also available. The MRI waiting area had dedicated changing areas with lockers for patients use. The MRI included an adapted changing room for people with disabilities.
- InHealth Hornchurch was accredited by a large provider of private health services to provide services to private medical insured patients.

Meeting people's individual needs

The service took account of patients' individual needs.

- Staff had an understanding of the cultural, social and religious needs of patients. For example, there was a diverse staff group with multilingual and diverse faith backgrounds.
- During scanning, staff made patients comfortable with padding aids, ear plugs and ear defenders to reduce the noise of the MRI. Patients were provided with an emergency call alarm in case of the patient experiencing any distress. Microphones were built into the scanner to enable two-way communication between the patient and staff.
- Patients were advised that if they wanted to stop their scan, staff would assist them and discuss choices for further imaging or different techniques or coping mechanisms to complete their imaging.
- Explanations were given post examination on aftercare. For example, where patients could get the results of their scans.
- Ramps were installed from street level to the main entrance to enable patients with mobility needs to gain entrance to the building.
- An MRI compatible wheelchair was available for patients who were unable to weight bear.
- Staff could use a telephone interpreting service for patients who did not speak English.
- Easy to read, large print, and braille patient information leaflets could be provided on request.
- Nervous, anxious or phobic patients could have a preliminary look around the centre prior to their appointments to familiarise themselves with the environment and decrease anxiety. Staff told us patients could bring their own music for relaxation. Some patients we spoke with told us they had been given a choice of radio stations to listen to during their scan.
- Patients with a learning disability or dementia could bring a relative or carer to their appointment as support. Patients and relatives could be present in the scanning room if required.

Access and flow

People could access the service when they needed it.

- Patients were referred to the service via the InHealth referrals system. Patients for spine, head and lumber scans could book appointments through several media platforms including, telephone and self-booking services through the InHealth interactive 'patient portal 'on the internet. Although most

appointments were booked via the InHealth patient referral centre (PRC). Patients' appointments were usually made by the PRC at a time and date agreed with patients.

- Appointments were reviewed and checked a day in advance by the clinical assistants to ensure patients were booked into the correct clinic for the correct procedure.
- All appointments were for 20 minutes, but patients requiring longer scans could have double appointments booked. The first patient of the day and the last patient of the day were usually reserved for patients requiring double appointments.
- In the case of a requirement to conduct an urgent scan due to a request by a referring clinician or a patient, the PRC could offer alternate InHealth locations in London to the referrer or patient within a reasonable travelling distance.
- All the referrals were triaged by the clinical radiographic staff who reviewed and confirmed suitability of location for patients. For complex cases the clinical radiographic staff could seek assistance from the InHealth consultant radiologist team.
- Waiting times in the centre were met. There were very few delays and appointment times were closely adhered to. Referrals were prioritised by clinical urgency by triage staff at the PRC. Patients were often given an appointment within 48 hours. One patient we spoke with told us they had been offered an appointment on the same day.
- The service ensured diagnostic reports were produced and shared in a timely fashion and closely monitored key performance indicators (KPI) including referral to appointment, reporting turnaround times and reporting audit.
- The service was meeting the InHealth KPI in the period January to September 2018. For example, 99% of patients had been contacted within five days of being referred to the service. In the same period 99% of patients had an investigation completed within 20 days of their referral being accepted. Almost all, (99%), patients were offered an appointment within five working days of their referral being received.
- From January 2017 to September 2018 168 (0.16%) of planned examinations were cancelled for non-clinical reasons.
- From 20 September 2017 to 20 September 2018, 286 patients did not attend their appointment. It was not possible to determine from data provided which of these patients were subsequently scanned. However, staff told us that patients that did not attend their appointments would be contacted to ascertain the reasons for their non-attendance and an appointment would be re-booked if necessary. Referrers were informed of patients that did not attend appointments.

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.

- Staff were encouraged to resolve complaints and concerns locally. The service had a complaints handling policy and all had staff completed a mandatory training course on customer care and complaints. Outcomes of complaints investigations were shared with staff at staff meetings or by email.
- The centre had a complaints log. The centre had received six complaints in the period September 2017 to September 2018. All were managed through the complaints procedure. Four complaints were logged as "insignificant or minor"; two complaints as, "moderate." One of the complaints had been upheld and two complaints had been partially upheld. The complaints log recorded actions the centre had taken in response to complaints, including when patients had received a verbal apology from the centre and actions the centre had taken in response. Three complaints related to concerns over the content of the MRI report. The service had followed up two of these complaints with the reporting radiologist and the external provider of InHealth Hornchurch reports. The external provider was monitoring the quality of reports to InHealth Hornchurch. A further report was reviewed and found to be of an acceptable standard.

- The InHealth complaints procedure was displayed for patients and relatives to read in the main reception area. Formal complaints were reviewed corporately at the weekly complaints, litigation, incidents and compliments (CLIC) meeting.

Are outpatients and diagnostic imaging services well-led?

Good

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

Leadership

Managers at all levels had the right skills and abilities to run a service providing quality sustainable care.

- InHealth Hornchurch was managed by the registered manager, supported by regional management and central support functions.
- The management structure consisted of a registered manager supported by a clinical coordinator and a superintendent radiographer. Staff also had specialist lead roles. For example, the registered manager was the lead for health and safety, safeguarding, and infection prevention and control (IPC). There was an allocated MRI responsible person who was the lead for monitoring incidents in the centre.
- Registered managers with InHealth were responsible for the administrative functions of the centre. The registered manager was enthusiastic and keen to improve the quality of services provided. They were supported in their role by an experienced superintendent radiographer who supervised clinical work.
- The registered manager also managed two other InHealth sites in London. This meant they divided their time between sites. However, staff we spoke with told us the registered manager was visible and approachable and they could contact them at any time by phone or email when they were off-site. Staff said both the registered manager and the superintendent radiographer were approachable, supportive, and effective in their roles. All the staff we spoke with were positive about the management of the service.
- Staff told us InHealth supported managers in gaining leadership skills. For example, the clinical coordinator had completed the best practice manager programme and was in the process of completing the InHealth funded leadership development programme.
- The staff survey dated December 2017 found 100% of staff responded positively to the question whether the registered manager was an effective team leader.

Vision and strategy

The service had a vision for what it wanted to achieve and workable plans to turn it into action.

- InHealth had four clear values: ‘Care, Trust, Passion and Fresh thinking’. The company also had a mission statement, 'Make Healthcare Better'. Staff we spoke with understood values and said they were encouraged to reflect the company’s values in their work.
- All staff were introduced to the values when first employed during the corporate induction. The appraisal process was also aligned to the InHealth values and all personal professional development objectives discussed were linked to the company’s objectives.
- Staff in the service understood the part they played in achieving the aims of the service and how their actions reflected the organisations vision.
- InHealth had a service user group that had been involved in the formulation of the company’s values.

Culture

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

- All of the staff we spoke with were very positive and happy in their role and stated the service was a good place to work with a, “Real team spirit.” For example, staff told us the team had recently attended a staff Christmas party that was paid for by InHealth.

- Some staff commented on the centre having extended its opening hours. Staff said the split shift model of working, whereby staff worked a shift between 6.30am and 9pm, had not been a popular decision with most staff. Staff said this meant that staff living at a distance had to get up for work at 5am if they were on the early shift. A staff member told us, "We each still work three 12 hour shifts a week, but the split shifts seem to make the day seem longer."
- Most staff we spoke with told us they felt supported, respected and valued on a local and corporate level. Staff said they were actively encouraged to make suggestions about changes and improvements to the services provided. For example, the registered manager had developed an information pack for patients detailing the patients' journey through MRI. This was being adopted at other InHealth MRI centres.
- Staff demonstrated pride in their work and the service they delivered to patients and their service partners. Staff told us they had sufficient time to support patients.
- Staff told us there was a 'no blame' culture in regard to incidents and they always received feedback from incidents. The electronic incident reporting system automatically referred incidents from the centre to a designated senior manager, based upon the degree of severity of the incident. These were reviewed weekly by the complaints, litigation, incidents and compliments (CLIC) team.
- There was good communication in the service from both local managers and at corporate level. Staff stated they were kept informed by various means, such as newsletters, team meetings and emails. The registered manager had regular one to one supervision with staff.
- Formal minuted team meetings were held quarterly. We were provided with minutes from these meetings which included; how the centre was progressing in regard to the company strategy, performance, policies, and reviews of incidents and complaints and any lessons learnt.
- Informal site meetings were held weekly to discuss day to day working plans and schedules.
- Staff told us there were good opportunities for continuing professional development (CPD) and personal development in the organisation. They also stated they were supported to pursue development opportunities which were relevant to the service.
- Equality and diversity were promoted within the service and were part of mandatory training. The diverse staff team promoted inclusive and non-discriminatory practices. The staff survey dated December 2018 found that 88% of staff responded that equality and diversity were valued at the centre.
- A whistle blowing policy, duty of candour policy and appointment of two freedom to speak up guardians supported staff to be open and honest. Staff told us they had attended duty of candour training and described to us the principles of duty of candour.
- All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. A WRES report was produced for this provider in October 2018. There was clear ownership of the WRES report within the provider management and governance arrangements, this included the WRES action plan reported to and considered by the Board. For example, the action plan included maintaining standards of process fairness in accordance with the InHealth policy to ensure all career opportunities and promotions were managed in line with best practice and equal opportunities legislation. Consideration of whether diversity in interviewer panels could be promoted.

Governance

The service used a systematic approach to continually improving the quality of its services.

- There was a robust corporate and local governance framework which oversaw service delivery and quality of care. This included a framework of governance meetings which fed information from the centre to the InHealth board.
- The service had clinical governance systems which aimed to assure the quality of services provided.

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

Managing risks, issues and performance

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

- Performance was monitored at a local and corporate level. Progress in delivering services was monitored through key performance indicators (KPI). Performance dashboards and reports were produced to enable comparisons and benchmarking against other InHealth services.
- The centre had a performance dashboard which monitored the centre's key performance indicators (KPI). The dashboard was updated daily and reviewed monthly by the operations manager and superintendent radiographer. For example, the performance dashboard recorded 99% of MRI scan reports were sent to referrers within five working days of a referral being received.
- There was an effective local risk assessment system which included a process to escalate risks onto the corporate risk register. The local risk register was reviewed and updated monthly and new risks added regularly. The risk register spreadsheet contained separate tabs to cover various areas of risk including: operations, human resources, information governance. The risk register contained three clinical risks with action plans to mitigate risks.
- Risks on the local risk register with higher scores following the implementation of actions to mitigate risks were added to the regional risk register. A quarterly report on new and updated risks was sent to the quarterly risk and governance committee, where it was reviewed for comments and actions identified. Support with risk assessments was provided by the InHealth health and safety advisor and the risk and governance lead who also advised registered managers on the correct process to add a risk to the risk register and complete the quarterly risk report.
- There was a system of risk assessments, these included staff skills in moving and handling patients and using the centre's defibrillator.
- The service had a comprehensive business continuity plan detailing mitigation plans in the event of unexpected staff shortages or scanner breakdown.
- InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS) and were using the traffic light system tool and gap analysis to prepare for ISAS inspection. The director of clinical quality was leading on the accreditation preparation. As part of this InHealth were working on the development of evidence for each of the domains including: leadership and management, workforce, resources, equipment, patient experience and safety. The director of clinical quality and clinical governance lead were members of the ISAS London Region Network Group which shared best practice and guidance on services working towards accreditation. InHealth aimed to be accredited across diagnostic and imaging services by 2020.

Managing information

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

- The service had access to the InHealth intranet where they could access policies and procedures.
- Staff told us there were sufficient numbers of computers in the centre. This enabled staff to access the computer system when they needed to.
- All staff we spoke with demonstrated they could locate and access relevant information and records easily, this enabled them to carry out their day to day roles. Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.

- Information from scans could be reviewed remotely by referrers to give timely advice and interpretation of results to determine appropriate patient care.
- InHealth collected data corporately on incidents and complaints, this was reviewed weekly at the complaints, litigation, incidents and compliments (CLIC) where the centre's results were benchmarked with other InHealth centre's. Feeback from these meetings and learning from across the company was fed back to all local centres.

Engagement

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

- Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions implemented from the feedback received.
- We were provided with the staff survey action plan for December 2017. Results from this survey found InHealth Hornchurch were better than the InHealth provider's average in regards to staff engagement at 90%.
- Results from the December 2017 survey included 100% of staff responding positively to the question 'if one of my friends or family needed care or treatment, I would recommend InHealth Hornchurch services to them', 100% of staff said, patient safety is a key priority at InHealth Hornchurch and 88% said equality and diversity were valued.
- Staff received shared learning emails from the clinical governance team called 'Lessons Learnt'. The emails shared learning from localised incidents and complaints across the company. InHealth had a monthly newsletter, 'Insight'. This kept staff abreast of company priorities and developments.
- The service engaged regularly with clinical commissioners to understand the service they required and how services could be improved. This produced an effective pathway for patients. The service also had a good relationship with local NHS providers.
- The service engaged patients via the friends and family test (FFT). These were available weekly on the InHealth intranet and enabled the manager to use the positive comments to praise the staff or investigate negative comments and use their information to improve the service.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well and when they went wrong, promoting training and innovation.

- There was a system of monitoring and sharing learning from incidents and complaint corporately at the weekly complaints, litigation, incidents and compliments (CLIC) meeting. Outcomes from these meetings was shared across InHealth locations.
- InHealth had a corporate strategy; this included an expansion programme whereby the provider would provide three million diagnostic imaging appointments for the NHS in 500 locations by 2020. This meant InHealth Hornchurch would experience an increase in the number of appointments it offered to the NHS in the period. InHealth Hornchurch was planning to extend opening hours in response to the strategy.
- InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS). The director of clinical quality and clinical governance was member of the ISAS London Region Network Group which shares best practice and guidance on services working towards accreditation. InHealth aimed to be accredited across diagnostic and imaging services by 2020.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure first aid boxes have a record sheet with the date, name, signature and role of the person checking its contents.
- The provider should produce a localised protocol for referrals from non-medical prescribers.
- The provider should ensure that cleaning materials are stored in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- The provider should ensure rooms that have items which could pose a risk to staff and patients are locked when not in use.
- The provider should ensure all staff have been trained and have knowledge of the Mental Capacity Act 2005 and associated guidance.