

InHealth Limited

InHealth MRI Department East Surrey Hospital

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Insufficient evidence to rate



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We have not previously rated the service. We rated it as good because:


- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for a diagnostic procedure.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients.

However:

- Consent forms were not fully completed. Six out of 10 consent forms were not complete.
- There was no separate clinical meeting structure for clinical radiographers to enhance governance and support ongoing development of evidence-based practice at the location.
- Medicines held at the location did not have a document structure to support effective record keeping but there were adequate stocks of medicines which were all in date.
- Mandatory training for some members of staff was incomplete.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	We have not previously rated this service. We rated it as good.

Summary of findings

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Summary of this inspection

Background to InHealth MRI Department East Surrey Hospital

InHealth MRI Department East Surrey Hospital is operated by InHealth Limited. It is a diagnostic and screening service in Redhill, Surrey. The service primarily serves the communities of Surrey. It also accepts patient referrals from outside this area. All patients are NHS referrals. The service does not see private patients due to a service level agreement with the aligned NHS trust. In the past twelve months the unit had carried out 21,625 MRI scans.

The service has a registered manager who has been in post since 2019 and is registered to provide the following regulated activities:

- Diagnostic and screening procedures

The service was registered in August 2019 and has not been inspected by the Care Quality Commission before.

The service sees patients on a day case basis and but have three bed bays for inpatients at East Surrey Hospital. Currently the only service provided is magnetic resonance imaging (MRI). This is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body. InHealth MRI Department East Surrey Hospital has two MRI scanners housed in a scanning suite with a changing areas and three bays for inpatients of East Surrey Hospital. There was a waiting area and a separate entrance for outpatients.

The unit had eight radiographers, a superintendent radiographer, an acting imaging services manager and administrative staff employed full time.

We carried out a short notice announced inspection on 14 July 2021 using our comprehensive inspection methodology.

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.

How we carried out this inspection

During the inspection, we visited all areas within InHealth MRI Department East Surrey Hospital. We spoke with, the acting director of operations, the acting imaging services manager, the superintendent radiographer (also the registered manager), a member of the administration team and two radiographers. Due to limitations caused by COVID 19 we were unable to speak with patients on site. However, we reviewed several feedback responses and observed patient interactions throughout the day.

During our inspection we reviewed ten consent forms and five patient group directives (PGD's). We also reviewed information on policies, guidance, performance and feedback provided to us before, during and after the inspection.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

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

Summary of this inspection

Areas for improvement

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

- The service should ensure that future governance meetings with staff are recorded and shared (Regulation 17).
- The service should ensure all consent forms are correctly signed and printed (Regulation 17).
- The service should consider implementing clinical governance meetings to support evidence-based practice (Regulation 12 and 17).
- The service should ensure that all staff have completed mandatory training modules. (Regulation 17 and 18).

Our findings





Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	N/A	Good	Good	Good	Good
Overall	Good	Insufficient evidence to rate	Good	Good	Good	Good

Diagnostic and screening services

Good 

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Diagnostic and screening services safe?

Good 

We have not previously rated this service. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff but not all staff had completed it.

Most staff received and kept up to date with their mandatory training. Records showed 84% of staff had completed their mandatory training.

However, the mandatory training log was incomplete for some members of staff. We were told in house training had been disrupted due to the COVID 19 restrictions. Basic life support training modules were not marked as completed for the manager and three of the 14 members of staff listed had not completed this training. Six out of eight radiographers had not completed mandatory MRI mandatory training modules.

The mandatory training was comprehensive and met the needs of patients and staff. Staff had time to complete training and were not expected to do this outside of normal working hours.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were sent email reminders to complete mandatory training. The registered manager followed up and supported staff who had not completed training on time.

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.

The service had safeguarding policies for adults and children issued in February 2019 and August 2018 respectively. Both policies reflected national guidance.

Diagnostic and screening services

All staff received training specific for their role on how to recognise and report abuse. Staff were all trained to level two in adults and children using an online system. There was a regional safeguarding lead for adults to support staff.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff could access contact details of nominated local safeguarding individual if there were urgent concerns.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There had been no recent safeguarding referrals, but staff demonstrated a good knowledge of what actions they would take if they had concerns.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. An external company cleaned before the clinic opened and at the end of the day. Between patients the radiographers cleaned the MRI suite including frequent touch points, machinery, and equipment. Patient appointments were scheduled with a longer gap between them to allow for extra cleaning in line with COVID 19 guidance.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed cleaning checklists which were audited and reviewed by the unit manager.

There was an infection prevention and control (IPC) audit which looked at all areas of infection prevention and control. The audit was completed in May 2021.

Managers followed up any incomplete actions from audits and checked for completion. The most recent IPC audit found that cleaning checklists needed to become more accessible to staff as they were not always available to fill out and individual spill kits supplied in each clinical room.

Staff followed infection control principles including the use of personal protective equipment (PPE). Personal protective equipment was readily available, and staff followed guidelines around the safe removal of PPE.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well

The design of the service followed national guidance. A full refurbishment of the unit was conducted recently.

The MRI suites had restricted entrances and displayed large warning signage on the floor and doors. There was a private changing room for patients. There were inpatient bays for hospital patients.

Staff carried out daily safety checks of specialist equipment. All equipment within the MRI suite was correctly labelled MR “safe” or MR “conditional” in line with The Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations.

Diagnostic and screening services

Staff carried out daily safety checks of specialist equipment. Resuscitation equipment was checked daily and records were checked for completion. Records of when this equipment was last serviced with a date for review were accessible electronically and signage showed where emergency equipment was stored.

The service had enough suitable equipment to help them to safely care for patients. Stock was kept in secure locations and all stock was in date.

The MRI machines were under service level agreements for planned preventative maintenance. There was a clear process for reporting faults. Staff said that the maintenance company always acted quickly to fix equipment and there had been no stoppage to the service in recent times. Maintenance was scheduled and was structured so patient care was not disrupted.

Staff disposed of clinical waste safely. Sharps bins were correctly labelled and not overfilled. Waste was separated and kept securely until collection. The collection and safe disposal of sharp bins and clinical waste was aligned to the host hospital processes.

There were risk assessments and reviews of the materials subject to control of substances hazardous to health (COSHH) regulations. They referenced dates for a COSHH review.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. Pathways were clear for deteriorating patients. Staff were able to explain the actions they would take to safely manage a sudden deterioration of a patient.

Staff completed risk assessments for each patient on arrival. Staff knew about and dealt with any specific risk issues. Safety questions were asked before scans which included questions around any metal objects that the patient may have, for example, pacemakers or metal pins in the body.

Staff had access to 'The Identification and Management of Contrast Drug Reaction and Extravasation Guideline' dated July 2020. It outlined the signs and symptoms of mild, moderate, and severe signs of adverse reactions to contrast agents and other medications.

Staff shared key information to keep patients safe when handing over their care to others. For example, a significant event was logged where a patient did not meet the criteria for a scan to be performed.

Patients were given information explaining how appointments were managed to minimise risks during the COVID 19 pandemic on appointment confirmations and reminders.

Staffing

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

Diagnostic and screening services

The service had enough staff to keep patients safe. The service had a superintendent radiographer, eight radiographers, three of which were “senior radiographers”, five healthcare assistants who also held administration duties, one administrative manager and one acting imaging services manager.

The manager could adjust staffing levels daily according to the needs of patients. Staffing was increased in-line with demand.

Managers made sure all bank and agency staff had a full induction and understood the service. The unit had arrangements for agency or bank staff and completed an induction checklist relevant to the location.

Records

Staff kept detailed records of patients’ care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Reports associated with a scan were not conducted by the service as this was not within the remit of their service agreement with the aligned NHS trust. All reports from scans conducted were processed by the aligned NHS trust. Notes were available via an internal computer system. Staff saved consent forms and patient specific medication information into patient records. These also included referral letters and patient information which were completed separately before being sent to the unit.

Records were stored securely, and this was maintained by a computer system that followed information governance processes. Computer access was password protected and display units shielded from public view. Screens were locked when not in use.

Medicines

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

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about the medicines and contrast media used in their scan. Patients were reassured throughout the procedure and made aware about the effect of these specific medicines.

The service had systems to ensure staff knew about safety alerts and incidents so that patients received their medicines safely. The senior radiographer and manager made staff aware of any changes or alerts using an online system which distributed safety alerts and allowed the unit manager to track who had acknowledged the alert. The policy associated with safety alerts was updated in July 2021.

Systems and processes when safely prescribing drugs were followed in-line with guidance. Patient group directions (PGDs) were filled out in line with legislation and national guidance. A PGD is a written instruction, signed by a prescriber for medicines to be supplied and/or administered to a group of patients meeting a set clinical criteria.

Staff stored and managed medicines and prescribing documents in line with the provider’s policy. Medicines were stored in locked areas where access was restricted.

Medicines held at the location did not have stock checklists to support effective record keeping. Despite this, no medicines were low in stock or out of date which gave us assurance that a system was in place.

Diagnostic and screening services

Emergency medicines for the unit were managed by the aligned NHS trust, but record checks that supported the process did not align at times with their medicine management policy. Therefore, we could not be reassured that governance structures were effective in monitoring this.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. All staff members had access to the incident reporting system. There was a clear policy and pathway to guide staff to identify and report incidents if one did occur

The service had not recorded any never events. There was one serious incident reported in the past twelve months.

Staff understood the duty of candour and staff had access to information on the need to exercise duty of candour. The manager spoke about being open and honest with patients, apologising if something went wrong and keeping contact with the patient to ensure there was a good outcome.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff always received feedback from any incidents that they personally reported. These were discussed at the location and with the corporate leadership team during weekly calls. The duty of candour was fulfilled in a significant incident reported.

Changes had been made as a result of feedback. The significant event was logged with actions taken and lessons learned. Staff were able to recall the incident and confirmed that feedback had been given to them.

Safety alerts were managed centrally by the acting imaging services manager. They were sent by email to staff who required the information as part of their job. An online system allowed the monitoring of who had received and acknowledged the alert.

Are Diagnostic and screening services effective?

We have not previously rated the service. We do not rate effective in diagnostic and Imaging services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider's policies all followed national guidance and clear indications were given at the start of the documents to reference any recent changes. They were dated when reviewed and there was an indication of when the next review should occur. Evidence of a central risk assessment was seen including the updating of policies.

Diagnostic and screening services

Protocols outlined how to issue guidance and how this should be shared with staff. The manager reported that small staff numbers meant information was shared quickly and easily.

A COVID 19 risk assessment document showed that the service was functioning in line with current government guidance. On site we saw indications of the numbers of people allowed in each area alongside signage and screening to advise on COVID 19 procedures.

Clinical staff did not hold meetings that allowed them to discuss evidence-based practice and treatment. It was the responsibility of individual radiographers to keep their clinical knowledge up to date.

Managers used the appraisal process to ensure that staff followed best practice clinical guidance.

Nutrition and hydration

Water was available to patients on request and additionally had two water machines where patients may help themselves to water.. As the service was aligned to an NHS trust, any inpatients receiving a scan had their nutritional and hydration needs assessed by the hospital staff.

Pain relief

Staff assessed and monitored patients regularly to see if they were comfortable and gave reassurance.

Patients were not given pain relief prior or during a scan; however, staff described how patients were kept comfortable during the MRI scans.

Patient outcomes

Staff undertook audits and used the findings to make improvements and achieved good outcomes for patients.

The unit was a scanning only service. All scan reports were managed by the aligned NHS trust who uploaded the results of scans onto their separate computer system. Patients who queried the outcome of their scan were signposted by staff at the unit to a suitable person within the aligned NHS Trust.

Managers and staff carried out a programme of audits to check improvement over time. A new audit programme had been set up following the refurbishment of the unit. Managers shared and made sure staff understood information from the audits.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff files were held in the central human resources centre for InHealth Limited. The process for employing staff included several stages of assurance before interviews were given, including reference and certificate checks.

Diagnostic and screening services

Managers gave all new staff a full induction tailored to their role before they started work. The local induction checklist was comprehensive and included key contacts, training and development, mandatory policy sign off and COVID 19 information.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff we spoke with had undertaken an appraisal within the past year.

Staff were unable to attend face to face team meetings due to COVID 19 restrictions. The unit had interim arrangements so that important information could be communicated to staff through different communication methods including email alerts, daily huddles at the beginning of shifts and digital SMS messaging.

The clinic manager supported staff to undertake training to develop. Time for training was allocated by InHealth and staff's personal development was discussed at appraisals. In addition to mandatory training requirements, there was also specific MRI modules that staff could undertake.

Radiographers had responsibility for their own professional development. This was checked by managers through the appraisal process and other governance structures such as mandatory training, significant events and complaints. Managers were supportive towards staff looking to extend their knowledge.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

The unit held regular and effective multidisciplinary meetings to discuss patients and improve their care. Weekly meetings were held with the local NHS trust to ensure continuity of care and update on referral waiting times.

Staff at the unit worked well together as a team. If support or advice was needed, an on-call radiologist at the aligned NHS trust was available to support them.

Seven-day services

The unit is open seven days a week. Monday to Friday 6:45am to 10pm and Saturday and Sunday 7:45am to 8pm. All appointments were pre-booked. There were appointment times for emergencies available on the days they were open.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff clearly recorded consent in the patients' records. Risks were discussed prior to the appointment and again on arrival. Consent forms indicated relevant risks associated with MRI scanning. However, six out of 10 consent forms of these were not fully completed. Information missing included no printed name accompanying a radiographer signature and missing patient identification numbers.

Diagnostic and screening services

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards and 86% of staff had completed this training.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005. Staff could describe and knew how to access the policy on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Diagnostic and screening services caring?

Good 

We have not previously rated the service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw caring patient interactions by administration staff and radiographers.

Patients said staff treated them well and with kindness. Although we were unable to speak with patients because of COVID 19 restrictions, we reviewed 44 positive items of feedback from the service's friends and family survey.

Comments included,

"Polite friendly staff who explained everything clearly before and during procedure".

"Speed of getting at appointment was very quick, handstand where very helpful".

"The staff were very patient and understanding and gentle with my 18-year-old who is very scared of hospitals".

Staff followed policies to keep patient care and treatment confidential. A room was available if patients wished to have a more private conversation on arrival to the unit.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Although staff could not remember a time when patients with mental health needs had been at the unit, they could describe what actions and support was available. This included allowing carers or families to attend with the patient.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Diagnostic and screening services

Staff gave patients emotional support and advice when they needed it. This included allowing patients who were anxious about having a scan to attend ahead of booking to allow staff to show them around the unit and talk them through the procedure. Due to COVID 19 guidance, patients had to attend alone unless they needed additional support when, one carer could be present with the patient during the scan.

Staff described how they would support patients who became distressed in an open environment and helped them maintain their privacy and dignity. This included utilising a private room if needed and offering verbal reassurance and allowing the patient plenty of time.

Staff demonstrated empathy when describing having difficult conversations and understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff were able to give examples of how they explained the scanning process for patients and methods they used to keep patients at ease during the process while allowing time to answer any questions..

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The unit used an online form to obtain feedback which could be filled out at any time during the visit or afterwards. The aligned NHS trust also sent text messages after the scan to request feedback. The unit also used the NHS friends and family survey and all feedback was positive. There was an Inhealth chaperone policy that outlined staff responsibilities and processes. Staff assured us that safe arrangements for vulnerable patients were available.

Are Diagnostic and screening services responsive?

We have not previously rated the service. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. The service had remained busy during the COVID 19 time period and they spoke about increasing the capacity of the unit further due to this consistent demand by introducing a third, mobile scanner to the site which was in progress.

Diagnostic and screening services

Facilities and premises were appropriate for the services being delivered. There was a large waiting area with comfortable seating. The MRI suites was private and a changing area available within this unit to maintain privacy and dignity. The site was renovated in 2021 and many areas had been modernised for patient wellbeing and care. Staff were consulted in the design of the facilities and felt pleased to be involved in the decisions taken.

Managers monitored and took action to minimise missed appointments. The location kept track of missed appointments and ensured capacity was optimised on a day to day basis.

The service collaborated with the aligned NHS trust using a meeting structure to ensure patients had prompt access to MRI scanning.

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff were able to describe the additional support for these patients such as allowing support staff to attend with the patient and ensuring that the continually reminded the patient why they were at the unit and what was happening at all times during the scan.

The suite was redesigned in 2017 and considered designs that would enhance patient experience for those with cognitive conditions. This included colour designs, different floor designs for clinical areas, curved edges in MRI suites to aid cleaning and lighting which could be changed to suit a patient's preference.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available for patients to use and staff were available to assist patients with vision difficulties if required.

Managers made sure staff and patients could get help from interpreters or signers when needed. The service was able to use interpreters through a telephone service if needed. This was arranged ahead of the appointment time. Information leaflets were also available and could be produced in different languages if required.

The unit was accessible for those who used wheelchairs the unit was on a single floor. There were accessible toilets.

When an inpatient from the aligned NHS trust was scheduled for a scan, the staff co-ordinated with the department of the hospital to see if the patients had any specific needs.

Are Diagnostic and screening services well-led?

We have not previously rated the service. We rated it as good.

Diagnostic and screening services

Leadership

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

The acting imaging services manager and superintendent radiographer had responsibilities for the overall management of the clinic and were supported by an administration manager. There was a clear management structure with clear lines of responsibility and accountability. The superintendent radiographer reported to the acting imaging services manager who reported to the acting head of operations who then reported to the chief executive officer. All staff identified clearly who they reported to.

The leadership used a data driven approach with a number of target scans to perform a day. This was set through financial planning and was tracked both through online spreadsheets that were reviewed each month and through visual whiteboards. Leaders wanted to increase the capacity of the unit had a vision for how the service could develop further. This included the allocation of a third mobile MRI scanner to be based at the site and the introduction of cardiac MRIs and children scanning.

Staff reported that both managers are approachable, supportive and had an open-door policy. Staff praised managers for their support during the COVID 19 pandemic. We heard examples of staff who were supported while self-isolating by having shopping delivered to them by managers. A culture of support was described at all levels of the unit which extended to senior personnel. Staff had a range of communication channels with managers.

Leaders gave staff the opportunity to both develop their skills and career and staff we interviewed gave career progression as a key positive for working in the organisation. Three members of staff had recently been promoted in the organisation and were leaving their roles. A new imaging services manager has also been recruited and is scheduled to start in the coming months.

Vision and Strategy

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

The service had a clear plan to improve and extend its services. The vision and strategy underpinned the unit's quality dashboard, and the company's quality assurance reports. The company's vision was to serve five million people from 1,000 locations by 2025.

The provider values were: Trust, Care, Passion and Fresh Thinking. Staff understood these values and they were used to frame quality assurance reports using a data analysis monthly spreadsheet model.

Culture

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

Diagnostic and screening services

All the staff we spoke with during inspection were open and friendly and spoke positively about working at the unit. Staff gave several examples of care that was personal to patients' needs. This included examples of adaptations in care for cognitively impaired patients, calming techniques for those suffering with anxiety including the use of lighting and music tailored to their request. Positive feedback on these interventions was a constant theme in the stories.

The service actively sought more information when patients' feedback showed dissatisfaction, enabling patients to raise concerns and discuss them in more detail. Staff said that they felt comfortable raising concerns and knew who to raise these concerns with.

All policies had equality impact assessments completed. This ensured they had considered the needs of all staff and patients and reflected on the potential effects the policy may have on a range of equality groups.

Governance

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

The service had key performance indicators which were presented on a dashboard for review. The provider reviewed and compared dashboards for all InHealth locations. Indicators such as referral times, patient feedback, and infection prevention and control audits were included in these dashboards. Improvement was checked and monitored by the manager and the acting director of operations, who reported directly to the provider's chief executive officer.

Feedback was given to the unit during quality calls on a weekly basis and imaging services managers across InHealth. This included any changes or learning from incidents and patient feedback. Emails were used to communicate to staff updates that were relevant from these meetings.

The service did not conduct face to face meetings during the COVID 19 pandemic time period. However, we saw evidence of alternative communication frameworks for the location.

Governance of service level agreements (SLA) was well managed. The SLA with the MRI service provider for maintenance arrangements was clear and included assurances around service delivery.

The location had governance processes with the aligned NHS trust which included a monthly meeting and communication through phone or email each week where priorities were discussed and joint aims agreed and progress tracked.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Risk assessments had been performed at the location. Fire risk assessments had been completed in June 2021 with no actions highlighted. Control of substances Hazardous to Health (COSHH) assessments were reviewed with no concerns found.

Diagnostic and screening services

The service reviewed its business continuity plan annually. It included clear escalation plans including how services would be continued if disrupted.

A health and safety audit associated with the location started four weeks after the recent refurbishment of the unit. The audit was partially completed and focused on the areas where concerns had been found on the opening of the refurbished unit. Of the sections completed several improvements were highlighted and these were being worked towards by managers of the unit. There was no clear way to show when the most recent cycle of this audit had been completed such as a specific date, but managers were intending to complete the audit in the next four to six weeks.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The clinic had simple to use systems that all staff could access. Staff demonstrated how easy it was to pull data from the system and could present this in several formats to help with understanding and analysis of the unit's day to day running.

Care quality information was collated through patient, referrer and surveys and key performance indicators.

The service had an established electronic information and patient record system and all their systems were password protected.

The service had a range of policies including general data protection, information security and server data recovery. There were arrangements to ensure the confidentiality of electronic patient information. Staff had access to an in date general data protection regulation policy.

Engagement

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

The unit asked for feedback from patients using one of the following options: QR codes, hardcopy feedback forms or electronic tablet response. Feedback was used to evaluate the service. Feedback was positive.

Wider staff meetings associated with InHealth were normally attended by the acting clinical imaging manager as their scope extended beyond the individual unit. They followed a standard agenda and key messages were fed back to staff. Individual location meetings were not occurring due to COVID 19 restrictions, but the unit were planning to recommence these from August 2021.

Managers made sure staff were made aware of key messages in these meetings through an email system. There were also other informal communication channels that we saw evidence of such as daily huddles at the beginning of each day and mobile group chat mechanisms for work purposes.

Diagnostic and screening services

The location wished to continue their constructive working relationship with their aligned NHS trust and felt positive and confident that relationship allows for further developments and collaboration to be considered.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services.

The location has recently commenced a cardiac MR service which allows patients to have this investigation locally. The service is developing training associated with cardiac MR services for the superintendent radiographer and a nominated second radiographer.

In addition to the current paediatric pathway, the service is working with the NHS host provider to develop a paediatric general anaesthetic pathway.

The service aspires to improve upon their current scan times and have also looked closely at increasing the capacity of the unit by installing an additional mobile scanner located outside the unit.