

# Cavendish Imaging Harley Street

## Quality Report

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

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Cavendish Imaging Harley Street is operated by Cavendish Imaging. Cavendish Imaging operates diagnostic imaging services across four other locations. The service at Harley Street consists of two diagnostic rooms with three dedicated Cone Beam CT (CBCT) scanners and one CBCT-panoramic (OPG)-cephalometric unit. The centre is in the basement of a building and the unit is co-located with another healthcare service.

Patients are greeted by the receptionist and wait in the common ground-floor waiting room before being invited down to the basement unit via the stairs or the lift.

The service provides specialist diagnostic imaging services for adults, and children and young people.

We inspected diagnostic imaging services for Harley Street using our comprehensive inspection methodology. We carried an unannounced visit to the service on 24 September 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 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.

We rated Cavendish Imaging Harley Street as good overall.

- There were effective systems in place to protect patients from harm and a good incident reporting culture. Learning from incident investigations was disseminated to staff.
- The service managed staffing effectively and services always had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- Staff carried out safety checks in line with the Society and College of Radiographers' "Paused and Checked" checklist.
- Staff used evidence based care and treatment in line with national guidelines and local policies. The Local Rules were up to date and available on site, outlining the specific imaging procedures as well as the staff assessed as competent to use the equipment. There was an appointed radiation protection supervisor, a radiation protection advisor and a medical physics expert.
- Feedback for the service inspected was positive. Staff respected confidentiality, dignity and privacy of patients.
- Services were developed to meet the needs of patients. Staff were aware of people's individual needs and considered these when providing care. The service accepted patients on a walk-in basis with no appointment required.
- We saw good local leadership within the department and staff reflected this in their conversation with us. There was a positive culture in the unit and members of staff said they could raise concerns with the leadership team.
- The leadership team had a clear vision and there were action plans in place to achieve this. There was a governance structure in place, both within the unit and the organisation as a whole.
- There was evidence of staff engagement and patients were engaged through feedback forms.
- The diagnostic service had implemented a number of innovative services and developed these to meet patient's needs. Staff had contributed to developing and improving services.

**Dr Nigel Acheson**

**Deputy Chief Inspector of Hospitals (London and South)**

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

**Diagnostic  
imaging**

**Good**



We rated this service as good because it was safe, caring, responsive and well led. We do not rate effective for this type of service.

# Summary of findings

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Good 

**Services we looked at:**  
**Diagnostic Imaging**

# Summary of this inspection

## Background to Cavendish Imaging Harley Street

Cavendish Imaging Harley Street is operated by Cavendish Imaging. The service was registered by the CQC in August 2014. Cavendish Imaging Harley Street is a single speciality service which accepts patients on referral only basis.

The service specialises in Cone Beam CT, and also offers panoramic orthopantomogram (OPG) and cephalometric x-rays. Dental CBCT is a type of x-ray used to produce three dimensional images of teeth, soft tissues, nerve pathways and bone in a single scan. An orthopantomogram is an X-ray image of the whole mouth, including upper and lower jaw, produced when the X-ray machine moves around the head to provide an ear-to-ear image. A cephalogram is an X-ray of the skull and soft tissues, used to assess the relative position of teeth, jaws, skull and soft tissue.

Patients are referred by dentists, orthodontists and maxillofacial surgeons, dental implant surgeons, facial plastic and ENT surgeons, and other healthcare professionals. The service outsourced radiology reporting to another company.

The unit operates a walk-in service with no appointment required between 9am and 5.30pm on Monday, Wednesday, Thursday and Friday. It operates a walk in service between 10am and 5.30pm on Tuesdays. They also provide an appointment only service on Monday evenings and one Saturday a month for those unable to attend during the day.

## Our inspection team

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

## Information about Cavendish Imaging Harley Street

The service is registered to provide the following regulated activities:

- Diagnostic and screening

During the inspection, we visited the diagnostic unit on Harley Street. This consisted of two diagnostic rooms, an administration area, a private storage room, reception/waiting area, toilet facility and kitchenette for staff.

We spoke with five staff members including a receptionist, radiographers and managers. We spoke with four patients and reviewed seven sets of electronic patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12

months before this inspection. This was the services first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (1 September 2017 to 31 August 2018):

- The unit provided imaging services for private patients. A small number of patients (30) were NHS funded.

Track record on safety:

- There were no never events, serious incidents/injuries or Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reportable incident in the last 12 months.

# Summary of this inspection

- There were no hospital-acquired infections in the last 12 months.
- July 2018: accredited ISO 27001: an information security standard.

Services accredited by a national body:

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- Staff were aware of how to report incidents and learning was disseminated to staff.
- There were effective systems in place for safeguarding vulnerable adults and children.
- Staff had completed their mandatory training and they were trained to use all of the diagnostic equipment.
- Most areas of the unit were clean and tidy. Staff had access to personal protective equipment and hand gel dispensers were available within the unit.
- The environment was suitable for the services offered. Staff had access to a range of specialist equipment and equipment were adequately maintained.
- There were safe systems for sharing diagnostic results. The provider had set up a password protected electronic portal and also used a nationally recognised system, regularly used by NHS trusts.

Good



### Are services effective?

We did not rate effective for this service, however, we found that:

- Staff delivered care based on a range of best practice guidance. The service's policies and procedures were in line with the Ionising Radiation (Medical Exposure) Regulations 2017.
- The service followed national guidance on diagnostic reference levels, for adults and children. These were regularly audited to monitor staff compliance.
- There was a program of local audits to monitor and improve patient care. Audit outcomes were mostly in line with expected standards.
- Patients were cared for by appropriately qualified staff who had received an induction to the unit and maintained appropriate registration with professional bodies.
- There was good multidisciplinary team working in place and with other organisations.
- Staff had a good understanding of the need for consent and obtained verbal consent before proceeding with scans.

### Are services caring?

We rated caring as good because:

Good





# Summary of this inspection

- The diagnostic service provided a caring and compassionate service, which involved patients in their care.
- Patients were positive about their experience at the unit. Staff respected confidentiality, dignity and privacy of patients.
- Staff said they assisted patients anxious about their procedure, reassured them and help them relax.

## Are services responsive?

We rated responsive as good because:

- Services were developed to meet the needs of patients. The unit operated a walk-in service and patients could attend on any week day convenient for them.
- Patients who could not attend during the day, could book an appointment on Monday evenings and on a Saturday morning, once a month.
- Patients with mobility needs could use the lift. The unit was equipped with mobility aids to assist such patients and diagnostic equipment could accommodate wheel chair users.
- There were sufficient chairs in the main waiting area. Patients had access to a water dispenser and were offered beverages and refreshments. There were magazines, books for children and information leaflets about the service in reception areas.
- There was a policy in place to deal with complaints promptly and appropriately, although, there had been no formal complaints in the last year.

Good



## Are services well-led?

We rated well-led as good because:

- The leadership team had a clear vision and all staff we spoke to were aware of the service's priorities.
- There was a risk assessment in place for the location and precautions to mitigate potential risks.
- We saw good leadership within the unit and staff reflected this in their conversations with us. Staff at all levels were positive about their managers. Staff told us managers were visible and approachable and they could raise concerns with the leadership team.
- There was a culture of training and development opportunities for staff. Staff said they were supported in their role.
- There was evidence of good staff engagement and patients were also engaged through feedback forms.
- The diagnostic service had implemented a number of innovative services and developed these to meet patient's needs. Senior staff had contributed to developing and improving Cone Beam CT imaging services.

Good



# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- A breakdown of compliance with mandatory training courses in the last 12 months prior to our inspection is shown below:
- The service provided mandatory training in key skills to all staff and monitored compliance with mandatory training. Mandatory training records show that all staff (including administrative, management and radiography staff) had completed mandatory training in safeguarding children, safeguarding adults and medical emergencies. All radiography staff had completed infection control training while 89% of radiography staff had completed training in Ionising Radiation (Medical Exposure) Regulations (IRMER).
- Staff had access to their training records via an online training portal. In addition to the mandatory training listed above staff informed us they also completed training in incident reporting, basic life support, chaperoning, bullying and harassment amongst others. We reviewed training records for two radiography staff on shift during our inspection and confirmed they were up to date with their training.
- Staff spoke highly of their opportunities for training and said it enabled them to keep up to date with best practice.

### Safeguarding

- **Staff understood how to protect patients from abuse.** Staff had training on how to recognise and report abuse they knew how to apply it.
- Staff were aware of their responsibilities in relation to safeguarding vulnerable adults and children. Staff provided examples of how they had raised safeguarding concern in relation to a child. Staff escalated safeguarding incidents to the safeguarding lead. In addition, we saw the adult safeguarding and child protection referral telephone numbers on notice boards within the unit.
- We reviewed the safeguarding policy in place and found it to be comprehensive. The policy covered topics dealing with adult and children safeguarding, child sexual exploitation, female genital mutilation, modern slavery and human trafficking, patients requiring advocacy services and the rights of people subject to Mental Health Act 1983.
- We reviewed a leaflet for safeguarding children and young people. This signposted staff to local children and social care services.
- All staff had completed the safeguarding children levels one and two training. The managing director had completed safeguarding children level three training and also acted as the safeguarding lead for the unit.
- All staff (including administrative staff) had completed the safeguarding adults' level one training. All radiography staff had completed safeguarding adults' level two training.

### Cleanliness, infection control and hygiene

# Diagnostic imaging

- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Most areas of the diagnostic imaging unit were visibly clean and tidy including the two diagnostic rooms, the waiting area, rest room and staff area. However, we observed a dusty extraction fan in the unisex toilet within the unit. Patients we spoke with were satisfied with the level of cleanliness on the unit.
- The service had established systems in place for infection prevention and control, which were accessible to staff. These were based on the Department of Health's code of practice on the prevention and control of infections, and included guidance on hand hygiene and the use of personal protective equipment, (PPE) such as gloves.
- There was easy access to PPE. Gloves were available in the diagnostic rooms and we observed staff using PPE as required. There was also sufficient access to antibacterial hand gels as well as handwashing and drying facilities. The unit displayed signage prompting people to wash their hands and gave guidance on good hand washing practice.
- Staff used disposable mouth pieces to cover areas of diagnostic equipment where patients had to bite to take images of the jaw area. Mouthpieces were disposed after each patient use. Staff also cleaned diagnostic equipment following patient use in line with guidelines.
- Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing and using hand sanitisers, and wearing PPE when caring for patients.
- Waste management was in line with national standards and we observed a colour coded waste disposal system was in use. There were housekeeping staff for cleaning the unit and staff understood cleaning frequency and standards. We observed a cleaning checklist was in use for each area of the unit and for equipment.
- An infection control lead was in post and all staff had completed mandatory training for infection prevention and control.
- There had been no incident of healthcare acquired infection in the last 12 months.
- We were provided with an infection control audit from March 2018. It showed staff fulfilled all requirements in line with the infection control policy including removing all jewellery except wedding rings, disinfecting imaging equipment every morning and evening and in-between patients, hand washing in between patients, use of PPE such as gloves, correct waste management and appropriate handling and disposal of sharps.

## Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The diagnostic unit was located on the basement floor and visitors could access the unit via a lift or use the stairs. The main reception area for the building was spacious and had adequate seating arrangements. Staff called patients to the unit from the main waiting area to a smaller reception area within the unit. The waiting area within the diagnostic unit consisted of a reception area and four seats for visitors. We did not note any overcrowding in this area during our inspection.
- Radiology staff had access to protective equipment to carry out x-rays and scans. There was suitable signage showing the room was a controlled area for radiation. The controlled light sign in front of the rooms turned on automatically when the diagnostic rooms were in operation, as a safety warning.
- To monitor staff exposure to radiation, the radiographer was provided with a radiation dosimeter, which was reviewed and monitored after a 13-week period. The provider informed us pregnant staff were also provided with a personal real time dosimeter, which instantly alerts the user of any radiation exposure.
- Diagnostic equipment used in the unit included three dedicated Cone Beam CT (CBCT) scanners and one CBCT-panoramic Orthopantomogram (OPG)-cephalometric unit. This equipment had dose modulation to appropriately manage or limit radiation doses.

# Diagnostic imaging

- We reviewed the Radiation Protection Advisor (RPA) report in 2017 for each equipment and the radiation output testing results showed all equipment were safe for use. In addition, the reports concluded all equipment were in good working condition. Staff informed us equipment were serviced in the last month prior to our inspection and the reports for this year were not yet available.
- Staff informed us the automatic calibration of equipment occurred every morning and we saw that staff completed daily checklist which highlighted equipment had been calibrated. Staff also completed daily checks to highlight whether computers had been restarted, scanner rooms had been cleaned and whether gloves, wipes and bites had been stocked among others.
- We were informed quality assurance was completed with technical support on equipment every three months.
- Patients attended the diagnostic unit for routine pre-planned non-invasive diagnostic procedures. As a result, the unit was not equipped with resuscitation equipment. Staff informed us, in the unlikely event a patient deteriorated, they had arrangements with a healthcare provider within the same premises to assist. This other provider had emergency drugs and resuscitation equipment.

## Assessing and responding to patient risk

- **Staff reviewed and updated risk assessments for each patient via the referral forms.**
- Patients attended the diagnostic unit for routine pre-planned non-invasive diagnostic procedure in a clinical non-acute outpatient setting and senior staff informed us they did not have unwell patients. Notwithstanding, the unit was co-located with another healthcare provider and there was a memorandum of understanding in place covering arrangements for this provider to assist with medical emergencies with their resuscitation equipment and medical staff. In addition, Cavendish Imaging staff had completed basic life support training to care for patients in an emergency.
- There was a medical emergency policy and procedure in place in the unlikely event that a patient deteriorated whilst on the premises. The policy highlighted the procedure to follow where staff are dealing with deteriorating patients. These included contacting the emergency services, providing basic life support and contacting other healthcare providers to respond to medical emergencies.
- There was a comprehensive risk assessment in place in line with the application of the Ionising Radiations Regulations 2017 to work with dental and medical x-ray equipment. The risk assessment covered protection measures for staff involved in radiography and people outside the radiography room, dose assessment and investigations, pregnant employees and young workers; and maintenance, quality assurance and testing.
- The provider's referral form included prompts to ensure the referrer had discussed pregnancy risks with the patient, and identified any special needs (such as mobility, cognition or translation services).
- The service had adopted the Society and College of Radiographers 'Paused & Checked' approach to carrying out diagnostic imaging, and adapted it for their specific purposes. The 'Have you "paused and checked"' checklist' prompts staff to check for five key elements of the imaging examination. These are the Patient, Anatomy, User, System & Settings, and the End of a procedure. Some aspects of this had been carried out prior to the patient arriving at the clinic. For example, the referring dentist assessed the suitability of imaging and including the details of images required on the referral form.
- Staff confirmed they carried out a check of patient identity, discussed and confirmed the area to be scanned, and obtained the patients' verbal consent. They also checked patient removed jewellery and verified pregnancy status were appropriate. We reviewed pregnancy awareness letters provided to women. This highlighted the radiation risks to such women and we observed they were signed off by the relevant patients.
- There were exposure protocols and diagnostic reference levels in place. These were available in both diagnostic rooms and pasted on walls. Diagnostic reference levels and paediatric diagnostic reference levels were in place for each machine.

# Diagnostic imaging

- Family members attending the diagnostic room with a child stayed with the radiographer behind the leaded glass during the procedure.
- The service had up to date Local Rules that described the safe operation of each specific item of equipment, who may operate the equipment and the name of the radiation protection supervisor. The service's managing director was the radiation protection supervisor (RPS), and they had received their last update training in May 2018. Their role was to ensure the service's compliance with the Ionising Radiations Regulations 2017 (IRR2017) to support safe working practices.
- The unit had access to a radiation protection advisor (RPA) and a RPA check on diagnostic equipment had been conducted in the month prior to our inspection. There was an appointed medical physics expert.

## 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.**
- There were 3.5 whole time equivalent (WTE) radiographers employed by the service and two radiographers were on shift each day. Information provided by the provider indicated the average time a radiographer spent with each patient was 15 minutes for CBCT scans. During our inspection, we noted patients were seen promptly and there were sufficient numbers of staff to provide safe care. Staff felt there were adequate staffing numbers for the unit.
- There was a business plan in place to recruit a radiographer primarily for business continuity purposes.
- A full time compliance manager and 1.5 WTE reception staff provided administrative support on the unit.

## Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- Patient records were stored on an electronic record system. We looked at a random sample of seven

electronic patient records. All records had details of patients and the healthcare professional referring them. The records reflected staff verified the pregnancy status of patients. The records also included an event log, which reflected details of events following the referral including booking, scan, upload and examination. The records reflected the dates of each event and details of staff making the notes. Following each diagnostic procedure notes were sent to the referrer with details of the procedure conducted.

- Senior staff informed us images were kept for one year on the system and archived for 8 years.
- Once taken, patient images were uploaded on the service's password protected online portal, which the referrer could access. Alternatively, they were sent by secured post.
- There was a records management policy in place and staff observed confidentiality by ensuring they logged out of the electronic system once they had finished updating patient records.

## Medicines

- Staff did not store or administer medicines from this service.

## Incidents

- **The service managed patient safety incidents well.**
- There were no incidents of death, never events, serious incidents or Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reportable incident in the last 12 months.
- An incident reporting policy was in place and staff reported incidents via an email sent to the compliance manager. Staff we spoke with knew how to report an incident and used the Good Observation and Learning Form (GOLF). Staff reported GOLF under four heading prompting them to include the details of person reporting, describe the issue, state immediate actions taken and provide optional suggestions to prevent the issue re-occurring. Senior staff informed us staff dealt with any immediate risks to patients and compliance manager reviewed the incidents for lessons learned.

# Diagnostic imaging

- The incidents data we received reflected incidents reported across the provider's five locations. These were not broken down for each location. There had been 22 incidents reported in June 2018 and 18 in May 2018. These incidents included, for example, delays in emailing information to patients, a data protection incident and issues with security arrangements. The incidents were categorised for type, such as administrative procedures, radiographer procedures or website functionality, and then risk rated. We saw evidence from minutes of meetings that incidents and trends were discussed at the weekly meetings to promote improvement.
- Senior staff provided an example of an incident reported from June 2018 which involved where the wrong side of a patient was scanned. Following this, the service raised awareness with staff to reinforce the habit of "pause and check".
- There were no duty of candour notifications made in the last 12 months.
- The service followed national guidance on diagnostic reference levels (DRLs) when taking 2D X-ray images. There were no DRLs for CBCT, however, the service had developed local DRLs. These were set in line with common practice and the manufacturer's guidelines, as recommended by the radiation protection advisor and medical physics expert. The service audited these levels to check they maintained high-quality standards.
- All the guidelines we reviewed were easily accessible via an online portal and were up to date.
- There was a programme of local audits in place to monitor patient outcomes in relation to radiation safety and imaging examination.

## Pain relief

- The service did not provide pain relief to patients. Staff informed us they ensured patients were comfortable throughout the procedure. There was information on the website assuring patients that they would not feel any pain as a result of the procedures.

## Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the finding to improve them.** They compared results across their services.
- The service carried out the child protocol audit to ensure radiographers were using the correct settings to minimise children's exposure to radiation. We reviewed the December 2017 audit report of children's scans. Results of the audit showed that out of 12 children audited, staff used the correct parameter of reduced dosage to minimise the children's exposure in 11. The one case where it was not used was documented in the notes. The audit concluded staff were aware of child protocols but highlighted areas of improving documentation.
- A wisdom teeth audit carried out in March 2018 showed staff were familiar with and applied the agreed examination protocols.
- The six-monthly radiation safety audit for January to June 2018, across all locations, showed 99% of 2D orthopantomogram (OPG), and cephalometric scans were graded as QC1 (no errors of exposure, positioning or processing, against a target of not less

## Are diagnostic imaging services effective?

### Evidence-based care and treatment

- **The services provided care and treatment based on national guidance evidence of its effectiveness.** Managers checked to make sure staff followed guidance.
- Staff had access to policies and guidelines via an online portal. We also observed paper copies of local protocols were in line with national guidance and readily available to staff. All protocols and guidelines reviewed were in date. There were diagnostic reference levels in place for adults and for children.
- Policies and procedures were developed in conjunction with statutory guidelines and best practice such as the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017). The Local Rules were up to date and reflected the equipment, staff and practices at this location. The provider's policies and procedures were subject to review by the Radiation Protection Advisor and the Medical Physics Expert, in line with IR(ME)R 2017 requirements.



# Diagnostic imaging

than 70%. Audit results showed reasons for any radiographs that were rated QC2 (acceptable, but some errors) or QC3 (where the radiograph was diagnostically unusable), and these mostly related to positioning. For CBCT, 98% of scans were graded QC1, against a target of not less than 95%.

- Audit results were discussed at team meetings.

## Competent staff

- **The service made sure staff were competent for their roles.** Managers appraised staffs work performance and provided support.
- New radiography staff had completed an induction program and observed another member of staff until they were signed off as competent to work independently.
- In addition to mandatory training, staff completed competencies for all machines used within the premises and the records reviewed showed staff had been signed off for these.
- Radiography staff were registered with the Health and Care Professional Council (HCPC). Senior staff informed us they checked the registration of staff members every two years to make sure they remained eligible to practice. The provider also informed us they conducted monthly checks to ensure they were aware of any sanctions, warnings or suspensions imposed on staff by professional regulatory bodies.
- The service had implemented a formal appraisal system. Data received from the service showed 100% appraisal rate for the two radiographers employed in the last 12 months. In addition, all radiography staff had had their professional registration checked in the last 12 months.

## Multidisciplinary working

- **Staff worked together as a team to benefit patients.**
- Radiography staff confirmed they had good working relationship with their managers as well as administrative staff.
- Staff worked closely with patients and referrers to support a seamless treatment pathway. For example,

staff informed us of a situation where they had identified concerns and liaised with the referrer to ensure that they authorised the most appropriate scan for the patient's circumstances.

- The provider employed a full time referrer liaison lead, who worked with referrers to support a seamless pathway. The provider informed us they had employed an addition liaison lead following our inspection. The service offered Core Training Programmes in CBCT radiography for dental staff who referred or reported on CBCT scans. This was in line with government guidance and European Congress of Dentomaxillofacial Radiology requirements, and promoted safe practices in patient referrals.

## Seven-day services

- The unit operated a walk-in service, which opened from 9am to 5pm Monday to Friday (except on Tuesday when it opened from 10am to 5pm).
- Patients could book an appointment out of hours between 5.30pm and 7pm on Monday and once a month on Saturday morning.

## Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- Staff were clear about their responsibilities in relation to gaining consent from people, including those people who lacked capacity to consent to their care and treatment. They said they would normally receive information in the referral form about a patient's capacity, and they understood the Mental Capacity Act. They had not had experience of supporting a patient assessed as lacking capacity to make decisions about the imaging procedure.
- Staff informed us they explained imaging procedure to patients and obtained verbal consent before proceeding. They recognised and respected a patient's choice if they chose not to have a scan when they arrived for their appointment. Patients had access to information leaflets with provided dosage information and what happens step by step during an imaging procedure.



# Diagnostic imaging

- Staff had a discussion with children and young people who, after the discussion, could consent to having the scan taken.

## Are diagnostic imaging services caring?

Good 

### Compassionate care

- **Staff cared for patients with compassion.**  
Feedback from patients confirmed that staff treated them well and with kindness.
- Feedback from the patients we spoke to were positive. During all our observations, we saw staff treat patients with warmth and care. Staff were courteous and professional in their interactions with patients.
- Patients said they were happy with the care provided and that they were treated with dignity and respect. One of the patients we spoke with said they did not think there was a need for improvement and they were happy with the service as it was.
- Senior staff informed us they operated a “Give the Love” philosophy” which considered the needs of every patient as if they are their loved one and tried to see the patient journey through their eyes. Staff told us this involved going the extra mile. Staff gave us examples of this which included staying late for patients who were running late or providing additional assistance to referrers to help them upload new imaging software.
- Patients were encouraged to complete feedback questionnaires; this was dropped in a feedback box in the reception area. The service also monitored feedback from patients. Senior staff informed us they requested feedback via email where the patient had provided an email address.
- We reviewed an audit of over 200 feedback received for the unit between January and June 2018. The audit showed feedback was very positive and highlighted various comments by patients. The comments included “very good experience, very quick service, polite staff and very clean and welcoming environment”; “everyone was very helpful, efficient and kind”; “quick, easy and felt comfortable

throughout my scan, with a great explanation of what was going on”; “The member of staff who did my imaging was kind and courteous. Everything was explained succinctly and the procedure went very smoothly”.

- A feedback action plan was in place to monitor actions following bi-annual feedback reviews. One of the actions to be implemented by October 2018 included implementing a systematic way to email patient information leaflets with all booking confirmations.

### Emotional support

- **Staff provided emotional support to patients to minimise any distress.**
- Staff informed us they ensured patients were comfortable and reassured. They told us if patients appeared anxious they helped them calm them and relax.

### Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care.**
- Patients reported they were involved in their care and were given explanations about diagnostic procedures and radiation levels. They said staff explained procedures and obtained their consent before conducting them. Staff informed us they ensured patients were comfortable and reassured.
- Senior staff informed us patients were provided with clear information about payment options and cost of the procedure prior to their attendance and whilst on the unit. We saw information leaflets reflecting payment cost and options. However, one of the four patients we spoke to said they were not aware of the cost before they attended the unit.

## Are diagnostic imaging services responsive?

Good 

### Service delivery to meet the needs of local people

# Diagnostic imaging

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

- The diagnostic service was located in the basement of the building, and patients and visitors to the unit could access the unit via a lift or staircase. The unit operated a walk-in service between 9am and 5.30pm during the week. They also provided an appointment only service on Monday evenings and one Saturday a month for those unable to attend during the day.
- Patients attending the unit waited in a large shared waiting room for the building and were then called to a smaller waiting area for the unit.
- There was a clear referral criteria in place for each diagnostic imaging procedure conducted on the unit including cephalometry, orthopantomogram (OPG) and Cone Beam CT (CBCT) scans for dental, maxillofacial, ENT and orthopaedic examinations.
- The service provided payment details in a confirmation email prior to each patient's attendance. These included a clear price list and different options for payment. The service was registered with most UK insurers. Our review of electronic patient records included confirmation emails sent to patients and this confirmed the price for the procedure.
- The provider's website provided useful information about the service and the referral process.

## Meeting people's individual needs

### • The service took account of patients' individual needs.

- Visitors had access to a water dispenser in the waiting areas. They also had access to magazines and books for children. Staff informed us they offered patients beverages and refreshment whilst on the unit.
- Disabled patients could access the unit via a lift and the unit was equipped with a mobility aid, which assisted patients to stand. Senior staff explained the diagnostic machines in the facility could be used to enable patients take positions most suitable for them. There was one machine where patients could lie down and was suitable for bariatric patients. There was another machine where staff could remove the chair to allow a wheel chair and another where the patient could stand up.

- Staff explained the referrer would inform them if translation services were required and they would organise this in advance. They stated that in most cases, patients were accompanied by a relative who could translate for them.
- Senior staff informed us the referral form also highlighted if a patient had any complex needs such as mental capacity issues or learning disability so that they could prepare in advance for the patient. They provided an example where a patient with learning disability was accompanied by their parent who provided reassurance to the patient during the appointment.
- We saw pictorial tools used with deaf people, to explain the imaging procedure, the positions to take for the scan and why they needed to stay still. There was a hearing loop facility in the unit to support patients with hearing difficulties.
- Visitors had access to CBCT information leaflets in the reception area. The leaflet explained what CBCT scan involved, provided radiation dose information, what happens step by step and information about cost.

## Access and flow

### • People could access the service when they needed it.

- The service accepted referrals from General Dental Practitioners (GDPs) and other specialists by email and online. There was a referral criteria in place for patients that could be referred to the service. The referral form outlined the referrer details, patient details, mode of payment, examination required, region of interest and delivery options for the image taken.
- The service provided a walk in service during the week and fixed appointment service on Monday evenings and on Saturday mornings, once a month. Senior staff informed us they found that it was quite difficult for some people to attend during the week (for instance school children) and they provided Saturday appointments as an option to meet the need for such patients.
- One of the patients we spoke with said they normally didn't have to wait for long and were attended to promptly for their imaging service. Senior staff

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informed us the radiographer spent an average of 15 minutes with each patient. They informed us the general advice to patients was for them to allow an average of 45 minutes for their appointment. Waiting times once on the premises was not audited, however, senior staff informed us they were in the process of developing their information systems to audit this.

- Senior staff informed us that occasions were patients “Did not attend” (DNA) their appointments rarely occurred, as they were mainly a walk-in service.
- Data provided by the service showed there had been no unplanned transfer of a patient to another location in the last 12 months. There had been no cancelled appointment in the last 12 months.

## Learning from complaints and concerns

- **The service had systems in place to investigate complaints.** There had been no complaints received between August 2017 and July 2018. During the same period, the service received eight compliments.
- Visitors had access to leaflets providing information about how to give feedback or raise concerns. The service also monitored feedback from referrers.
- Information provided by the service indicated they had improved their website and added details of street parking and bus service on maps within their information leaflets following feedback from patients.
- There was a complaint management policy in place. The complaints policy differentiated between formal and informal complaints, with defined timescales for the provider to acknowledge and respond to formal complaints. The policy included reference to being open and transparent with people when things went wrong, and complying with the Duty of Candour.

## Are diagnostic imaging services well-led?

Good 

### Leadership

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

- A managing director and a clinical director led Cavendish Imaging across five locations including Harley Street. The company had recently employed a compliance manager to support the registered manager with the governance and management of the services.
- The managing director was a medical physicist and acted as the location’s radiation protection supervisor (RPS). The clinical director was a dental surgeon by training.
- Staff said managers were visible and approachable. Staff informed us they felt supported by the management team.

### Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action.**
- The provider outlined their aims and objectives in their statement of purpose. The provider aimed to provide high quality specialist imaging services to all patients. Their key objective was to put state-of-the-art imaging equipment to the service of the patient and referrer, and provide a smooth service for both the patient and the referrer.
- The service had developed an annual plan for 2018, which summarised its’ priorities for the year. These included keeping radiography staff up to date with regulatory changes, decentralisation of diagnostic services as each unit grew, education of referrers, increasing patient feedback and quality assurance capacity, and increasing staffing levels on other sites.
- Staff recognised the key organisational value was to provide a patient focused service.

### Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- All the staff we spoke with reported there was a positive culture within the service. Staff said they had opportunities for training and development and felt they worked in a friendly environment.

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- The service operated a “No Blame” culture and which meant employees were encouraged to speak about problems and mistakes. The service had a whistleblowing policy and staff confirmed they could raise concerns with management. Staff recognised their responsibility in relation to the Duty of Candour.
- Staff informed us there was good communication between staff and the management team and they were kept up to date with organisational priorities.

## Governance

- **The service systematically improved service quality and safeguarded high standards of care.**
- A full time compliance manager was in post. The compliance manager focused on policy reviews, incident reporting, feedback and risk management.
- The service held weekly staff meetings. These were documented and available on an online portal for all staff to read and review. We reviewed minutes of the last four meetings, which showed staff discussed information uploaded to the training portal, mandatory training modules, “Paused and Checked” checklists, and incidents and learning points.
- There were quarterly governance meetings. We reviewed minutes of the last four meetings and saw that it followed set agenda. Issues discussed included staffing, equipment and training, incidents and risks amongst others.
- The provider disseminated information to staff during weekly meetings and via an online portal. These included minutes of meetings, policies, changes in legislation and learning from incidents amongst others.

## Managing risks, issues and performance

- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- There was risk management policy in place and it outlined the use of audits, incident reporting, risk registers, benchmarking and staff awareness as assurance of safety and quality service provision.
- Cavendish Imaging had completed a risk assessment for Harley Street, which covered hazards and

precautions in relation to a range of factors, including abuse, infection control, electrical safety, electrical and fire safety and substances hazardous to health. Where relevant, the service had received evidence of assurance from their landlord of, for example, regular fire inspection and maintenances of facilities.

- The provider had systems to monitor performance, including incidents, patient feedback, audits and staff appraisals. These systems highlighted areas of good practice and opportunities for learning.
- There was a business continuity policy, which highlighted key hazards and mitigations, contact details and relevant staff and an emergency response checklist.

## 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 uploaded diagnostic images on a secured electronic portal and the referrer could access this with a password. Images for NHS patients were uploaded to a national electronic portal, used widely in the NHS to support secure transfer of images.
- The service maintained accreditation in the ISO27001 Information Security Management Standard, which involved the annual audit of their systems by an external UK Accreditation Service notified body.
- The service had implemented systems to ensure they were compliant with provisions of the General Data Protection Regulation (GDPR). Staff considered Caldicott principles when making decisions on how data protection and sharing systems were designed and operated.
- The service had invested in an online training portal for staff. Relevant information regarding the service such as policies and team meetings were uploaded on an online portal to keep track of staff awareness.
- In addition to investing in secure information sharing systems, the service facilitated the transfer of information for a second opinion where requested by patients. This included modifying data to the format required at no additional cost to the patient.

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- The service employed an application specialist and cross-trained staff to support patients in relation to the images produced. They provided this additional service so that patients could receive treatment from the clinician of their choice and commence care without undue delay.

## Engagement

- **The service engaged well with patients, staff and referrers to plan and manage appropriate services.**
- The service held weekly staff meetings and updated staff about the organisational priorities. Minutes of meetings as well as other relevant information were available on an online portal for staff to review.
- There were “staff nights out” twice a year which included summer and Christmas parties. Staff said this helped embed a friendly and cooperative culture.
- The provider employed a referrer liaison lead, to engage with referrers, address any issues they might raise and improve the service accordingly.
- The provider offered one to one sessions with referrers, which included training that could form part of their continuing professional development (CPD). The provider obtained feedback on the training provided via an evaluation form. The provider informed us this support was often utilised by the referrers in the course of providing care to patients.
- We spoke to a referrer, who had attended a one to one tutorial during our inspection. They confirmed the tutorial helped them to meet practice guidelines and CPD. They were positive about the training received. They described the service as “absolutely brilliant”, said the website was easy to access and complete referrals. They confirmed they obtained very good high-resolution images from the service following referrals to the service.

## Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- The clinical director contributed to the national guidance for use of Cone Beam CT scanners in dentistry. Radiographers on the unit had been trained to work with specialist CBCT equipment.
- There were no national diagnostic reference levels (DRLs) for CBCT, however, the service had developed local DRLs. These were set in line with common practice, the manufacturer's guidelines and reviewed by the radiation protector advisor and medical physics expert. In addition, the service worked with stakeholders in the industry to promote safe practice.
- Staff from the unit attended a range of events and conferences and made presentations to raise professional awareness of CBCT options.
- The provider offered training to referring dentist on the referral criteria, regulations, reporting and imaging software. This was to support improved understanding of CBCT, practices and communication, and to minimise radiation exposure to patients.
- The provider had invested in an online training portal for staff to access a range of courses including those required for mandatory training.
- The provider engaged with charities to support the delivery of health care services. The provider highlighted several case studies on their website establishing how they had assisted referrers and patients with their expertise and specialist equipment. This included providing imaging services for patients who required reconstructive surgery without incurring any cost to them. For example, the provider carried out and donated 3D models for the separation of conjoined twins.

# Outstanding practice and areas for improvement

## Outstanding practice

- The provider engaged in a range of charitable activities, which supported not only the local population but also international patients from deprived backgrounds.
- The service invested in innovative information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.