

# Sandwell MRI Centre

## Quality Report

Sandwell General Hospital  
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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	
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Are services safe?	Good	
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Are services effective?		
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Are services caring?	Good	
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Are services responsive?	Good	
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Are services well-led?	Good	
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# Summary of findings

## Letter from the Chief Inspector of Hospitals

Sandwell MRI Centre is operated by InHealth Limited. Facilities are solely diagnostic facilities.

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

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit on 24 July 2019 and returned announced on 26 July 2019.

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

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

### Services we rate

This service had not been previously rated.

We rated it as **Good** overall.

We found good practice in relation to diagnostic imaging:

- There were effective systems in place to keep people protected from avoidable harm and effective risk assessment arrangements.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs.
- There was a programme of mandatory training in key safety areas, which all staff completed, and systems for checking staff competencies.
- Equipment was maintained and serviced appropriately, and the environment was visibly clean.
- Staff were trained and understood what to do if a safeguarding issue was identified.
- Records were up to date and complete and kept people protected from unauthorised access.
- Incidents were reported, investigated and learning was implemented.
- The service used evidence-based processes and best practice, this followed recognised protocols. Scans were timely, effective and reported on in good time.
- Staff were competent in their field and kept up to date with their professional practice.
- The service worked well with internal and external colleagues and partnership working was strong.
- Staff demonstrated a kind and caring approach to their patients, supported their emotional needs and provided reassurance.
- Appointments were available during the evening, weekends and at short notice if required.
- The referral to scan times and scan to reporting times were appropriate and well within expected ranges.
- The service had few complaints but acted upon feedback from patients and staff.
- The service had supportive, competent managers who led by example. Staff understood and were invested in the vision and values of the organisation. The culture was positive and staff demonstrated pride in the work and the service provided.
- Risks were identified, assessed and mitigated. Performance was monitored and data used to seek improvements for both staff and patients.
- Engagement with staff, stakeholders and partners was a strong feature of the service.

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

# Summary of findings

- The service should raise awareness of sepsis by displaying posters and providing information.
- The service should develop an engagement strategy with its partners to include the public and equality groups.

Following this inspection, we told the provider that it should consider other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

**Heidi Smoult**

**Deputy Chief Inspector of Hospitals (Midlands)**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

Diagnostic imaging was the only activity provided by the service. We rated it as Good because we found safe, caring, response and well-led to be good.

# Summary of findings

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Good 

# Sandwell MRI Centre

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to Sandwell MRI Centre

Sandwell MRI Centre is operated by InHealth Limited. InHealth was established over 25 years ago and has worked collaboratively with NHS and private sector partners providing diagnostic services including magnetic resonance imaging (MRI) services.

Magnetic resonance imaging is a medical imaging technique used in radiology to form pictures of the anatomy and the physiological processes of the body in both health and disease. Magnetic resonance imaging scanners use strong magnetic fields, magnetic field gradients, and radio waves to generate images of the organs in the body. An MRI is a type of scan that uses magnets and radio waves to produce detailed images of the inside of the body.

Sandwell MRI (magnetic resonance imaging) Centre opened in 2005. It is self-contained on the premises of an NHS trust and has its own front entrance, access for inpatients is through an internal door. Recently InHealth secured a new contract to continue the service.

Open seven days a week for 13-14 hours per day, the centre provides a wide range of MRI examinations mainly to the NHS trust and to general practitioner (GP) patients. Both patient groups are referred directly from the trust or

direct access from GPs in the local area. The service provides imaging for both in and outpatients and welcomes patients with any level of mobility. Sandwell MRI Centre provides a service for patients aged 0 to 65 plus.

A small number of private patients are referred directly to InHealth. All staff employed at the centre are employed by InHealth.

The service was last inspected in 2013 when we found the service to be meeting the required standards of the Health and Social Care Act. At that time the CQC did not have the legal authority to rate these types of services.

The centre primarily serves the communities of Sandwell, West Bromwich and West Birmingham. It also accepts NHS and private patient referrals from outside this area.

Sandwell MRI Centre's registered manager has been in post since June 2015.

We carried out this comprehensive inspection of the service on 24 and 26 July 2019. We gave the service 90 minutes notice of our visit on 24 July 2019 and subsequently told them we intended to return on 26 July 2019.

## Our inspection team

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

## Information about Sandwell MRI Centre

Sandwell MRI Centre is registered to provide the following regulated activities:

- Diagnostic imaging

During the inspection, we visited all parts of the centre. We spoke with 10 staff including radiographers, a radiologist, reception staff and senior managers. We spoke with six patients and one relative. During our inspection, we reviewed four sets of patient records.

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

# Summary of this inspection

months before this inspection. The most recent inspection took place in 2013 which found the service was meeting all the required standards of the Health and Social Care Act.

Sandwell MRI Centre saw approximately 900 patients each month from March 2018 to April 2019. The service provided the following information about adult and child attendance and scans.

- 10,288 appointments were made (9,784 adult appointments and 504 children appointments).
- 14,469 scans (13,834 adult scans and 635 children scans).
- 13,938 exams (13,303 adult exams and 635 children scans).

The service was staffed by two radiographers, five senior radiographers, one superintendent, five administrators, one lead administrator, one operations manager and three radiologists with practising privileges. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety

- 0 Never events
- 0 Serious incidents

- No deaths, serious incidents requiring review, never events or IR(ME)R/IRR reportable incidents April 2018 and March 2019
- 7 complaints

Services accredited by a national body:

ISO 9001:2015 which specifies requirements for a quality management system. An organisation needs to demonstrate its ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements.

ISO/IEC 27001:2013 specifies the requirements for establishing, implementing, maintaining and continually improving an information security management system within the context of the organisation. SGS Accreditation for Sterile Services Department

Investors in People which is a recognised standard for people management, the InHealth group had Investors in People at gold level at the time of inspection.

## **Services provided at the centre under service level agreement:**

- Cleaning
- Image reporting



# 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 it as **Good** because:

- There was an open incident reporting culture within the unit, and an embedded process for staff to learn from incidents.
- Staff were knowledgeable about safeguarding processes and what constitutes abuse.
- There were enough staff with the necessary skills, experience and qualifications to meet patients' needs. They were supported by a programme of mandatory training in key safety areas.
- Equipment was serviced and visibly clean and processes were in place to ensure all items were well maintained.
- The environment was fit for purpose.

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

- The service should raise awareness of sepsis by displaying posters and providing information.

**Good**



### Are services effective?

**Not rated** because insufficient evidence to rate

- Policies, procedures and guidelines were up to date and based on National Institute for Health and Care Excellence (NICE) guidelines, relevant regulations and legislation.
- Staff worked collaboratively as part of a multi-professional team to meet patients' needs.
- There were systems to show whether staff were competent to undertake their jobs and to develop their skills or to manage under-performance.
- There was effective multidisciplinary team working throughout the unit and with other providers.
- Staff had regular development meetings with their service manager, and were encouraged to develop their roles further.
- Staff demonstrated an effective knowledge of the consent process and we observed staff gaining consent in accordance with local policy and professional standards.

### Are services caring?

We rated it as **Good** because:

**Good**



# Summary of this inspection

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

## Are services responsive?

Good



- The service was planned with the needs of service users and partner organisations in mind.
- There was a proactive approach to meeting the individual needs of patients.
- Staff were encouraged to resolve complaints and concerns locally, which was reflected in the low numbers of formal complaints made against the service.
- Patient complaints and concerns were managed according to the InHealth policy. Complainants were kept informed of the progress.
- Complaints were investigated thoroughly. We saw learning identified and shared to improve service quality.
- The unit ensured a quick turnaround on the reporting of procedures.
- Services were planned and delivered in a way that met the needs of the local population. On the day appointments could be provided for patients with urgent referrals.
- Patients could access services easily; appointments were flexible and waiting times short. Appointments and procedures occurred on time and patients were kept informed about when to expect their results.

## Are services well-led?

Good



We rated it as **Good** because:

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

# Summary of this inspection

- The service had its own risk register and managers had clear visibility of their own risks and were knowledgeable about the mitigating actions taken.
- Up to date policies and procedures were in place to support staff in the delivery of safe and effective care.
- There was a culture of openness and honesty supported by a whistle blowing policy and freedom to speak up guardian.
- Managers were open to innovative ideas. Plans were in place to increase patient numbers and ensure sustainability.

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

- The service should develop an engagement strategy with its partners to include the public and equality groups.





# 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.**

Staff received and kept up-to-date with their mandatory training. Data we reviewed showed all staff received mandatory training and were up-to-date at the time of our inspection. Topics of mandatory training included health and safety, equality and diversity, infection prevention and control, moving and handling patients, fire safety and evacuation, data security awareness, basic life support, customer care and complaints and safeguarding.

Mandatory training was monitored, and staff were alerted when they needed to update their training. The organisation provided a rolling programme of training and the electronic staff record prompted all staff when refresher training was due.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific to their role on how to recognise and report abuse. Data we reviewed showed all staff received safeguarding adults training and safeguarding children training level two.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. We noted reception staff asked each patient to complete a safety questionnaire when they booked in. Radiographers went through the completed questionnaire with patients to ensure it was accurate. They allowed enough time to help patients if they needed it and we saw an example of this during our visit.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with in all roles understood the organisation's policies and procedures and their responsibility within those.

Staff followed safe procedures for children visiting the service. There was a weekly paediatrics slot reserved for children who required sedation to undertake a scan and this was overseen by a paediatric radiologist. A paediatric nurse always accompanied paediatric inpatients to and throughout the scan.

### 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. All areas of the Sandwell MRI Centre were visibly clean and uncluttered.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed cleaning schedules for the general areas of Sandwell MRI Centre, the cleaning of general areas was completed by the NHS trust of where the centre was based. Radiographers

# Diagnostic imaging

confirmed they had a schedule of cleaning for the specialist equipment they used. This schedule was reported onto an electronic record overseen by the registered manager.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff cleansing their hands in between each patient contact and hand washing facilities and gel were available around the centre. Staff wore appropriate individual personal protection (IPC) to remove cannulas from patients.

## 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 environment followed national guidance. There were controlled area doors for security on both sides of the centre (front door and hospital door) requiring fob controlled access.

The service had suitable facilities to meet the needs of patients. The centre was built in 2005 and had been recently refurbished and decorated. It was spacious with sufficient chairs in the waiting area and space for privacy at the reception counter.

The service had enough suitable equipment to help them to safely care for patients. The centre had one magnetic resonance imaging scanner. The service told us there was external service engineering support from the manufacturer seven days a week to minimise downtime as much as possible. Staff completed a daily inspection of all equipment in addition to monthly checks for any visible damage and kept records of these.

Centres that perform NHS Breast Screening Programme MRI scans are required by NHS BSP Report 68 to perform regular quality assurance on their breast coil and scanner system. We saw an example of a medical physics and engineering report for the centre that concluded the engineer was satisfied the system was performing to a suitable standard for the NHS Breast Screening Programme.

The resuscitation trolley was easily accessible to staff, was sealed and had a warning sign not to take it into a controlled area. We saw records that showed this equipment was checked every day.

There was an MRI compatible treatment trolley and suction and oxygen were available in the controlled area. Splash/sharps injury guidance was visibly displayed for staff to consult quickly. The sharps box was sealed. The patient preparation trolley was clean and clutter free and staff completed daily checklists of equipment.

Fire extinguishers were marked as being non MRI compatible. All equipment was regularly serviced by staff employed by the NHS trust.

The registered manager told us there were arrangements in place for a mobile scan unit to be present in the outpatient car park for business/service continuity in the event of significant equipment failure. Sandwell MRI Centre staff would use the providers' other location as an administration base.

## 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. Radiographers confirmed the protocol was to take a patient out of the scan room before any resuscitation intervention.

The registered manager told us centre staff had access to the NHS trust resuscitation response team. Staff could call the hospital team in the event of a patient becoming seriously unwell and they undertook regular practices of such emergencies. This included managing a deteriorating child. There was an emergency department within the trust where the centre was based. We saw the report on a practice run for a deteriorating patient on 18 July 2019, this included actions for improvement.

The service had criteria for referral for MRI and we saw the system in practice for the supervisor or senior radiographers to triage referrals before reception staff offered an appointment.

# Diagnostic imaging

Radiographers reviewed requests for scans. This ensured that there was a plan for complex patients and patients did not receive unnecessary scans.

Medical physics expertise was provided directly by the provider organisation which had a safety lead in place for oversight of equipment protocols and policy.

Safety signs were on display including pregnancy warning signs posted in the waiting area.

In accordance with both InHealth and trust policies and standard operating procedures all staff within the InHealth MRI department were trained in paediatric basic life support which provided them with the knowledge and skills to recognise a deteriorating child, call for appropriate emergency help and start basic life support if indicated. The provider told us training was delivered by an experienced healthcare resuscitation training provider and was aligned with the Skills for Health Level 2 competencies.

We saw triage guidelines in place and saw them applied in practice routinely. Senior radiographers provided us with examples of how they applied the guidelines.

The patient safety questionnaire was clear, comprehensive and patient friendly. We noted examples of where radiographers took extra time to go over it with patients who were unsure about some of the answers and their health conditions. There was a specific questionnaire for pregnant patients.

There was an additional safety questionnaire form for contrast safety and radiographers completed the contrast checklist and explained to patients the contrast procedure and its potential side effects. Radiographers weighed and measured all patients before their scan. Staff confirmed radiologists were available for advice if they had a query.

Children were admitted into a day-case bed and accompanied to the department by an experienced paediatric immediate life support trained nurse who stayed with the child throughout the procedure. The nurse was responsible for the child throughout and post procedure, in line with the trust policy for management of non-painful procedures under sedation.

Contrast administration in patients under 16 was performed by either a paediatric doctor or radiologist who remained within the scanning area throughout the

scan and immediate recovery phase. The doctor was responsible for the management of any contrast reaction supported by department staff and the onsite resuscitation team as above.

We saw no sepsis awareness posters on display or sepsis pathways for staff to refer to if they were concerned about a patient.

## Staffing

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

The service had enough radiographic and support staff to keep patients safe. All staff employed at Sandwell MRI Centre were InHealth Ltd employees. Three radiologists worked under practising privileges at the time of our inspection and worked in NHS trusts within the region.

Radiographers we spoke with confirmed they had access to a radiologist for advice whenever the centre was open.

Administrative staffing requirements had been set following extensive working time studies, analysing average task time requirements.

Staffing levels at the service were generally steady with low turnover.

Managers accurately calculated and reviewed the number of staff needed for each shift. A staffing tool was used to ensure safe and responsive staffing levels. The Sandwell MRI Centre manager confirmed required staffing levels were calculated using core services information including;

- Expected activities
- Operational Hours
- Physical layout and design of facility
- Patient complexity and service specifications
- Training requirements

The centre was generally staffed by two radiographers, one superintendent and one manager. The registered manager was also a senior radiographer. The roster was planned four weeks in advance. Three radiologists were working under practising privileges and the service had

# Diagnostic imaging

access to more reporting capacity through its arrangements with an external teleradiology reporting company. The host trust was responsible for reporting for NHS patients scanned at the centre.

Supervising radiologists were allocated to the gastro-intestinal and paediatric lists, but most lists were unsupervised. The supervisors with managers assessed incoming appointments.

## Records

**Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.**

Patient notes were comprehensive and all staff could access them easily. Staff contributed to two information systems for most patients, this included information systems for InHealth Limited and for the neighbouring NHS Trust.

We noted reception staff held a paper diary record to make sure appointments, correspondence and referral triage procedures worked smoothly between the two systems and to mitigate the risk of gaps.

We followed the care and treatment pathway of four patients during our visit. We saw radiographers completed all of the patient and treatment documentation on the provider's electronic system.

The service provided electronic access to diagnostic results and radiologists could report on images remotely.

Records were stored securely. Images could be stored securely in an electronic system and a picture archive system to allow remote access to patient records by clinicians treating the patient.

## Medicines

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

During our inspection, we observed staff followed systems and processes when safely prescribing, administering and recording medicines. We saw contrast and buscopan were kept in locked storage.

Pharmacy support was available from the local pharmacy. In addition, the neighbouring trust had provided a fob key allowing staff to access its 'vending' machine to refill the emergency trolley easily and at any time of the day.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. Staff in the service recorded incidents on two electronic systems; InHealth Ltd and the neighbouring NHS trust system.

The manager took us through the reporting system and we saw the system had a trigger for checking if duty of candour was applicable.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff informed us they recorded 'near misses' for example referrals where the patient had a pacemaker.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. We reviewed a complaint which had also been logged as an incident. Although the error identified did not cause harm or trigger the duty of candour requirement, we saw evidence to show the service had exercised duty of candour. Areas for improvement had been identified and we saw evidence actions were taken to ensure lessons learnt were shared.

A standardised root cause analysis model was used for more complex incidents and support was provided to local service managers. The service planned to train more people on root cause analysis (RCA) of incidents and near misses. If they were involved, radiographers were asked to reflect on the incident. If the same type of issue happened a few times, the system flagged it up for management review.



# Diagnostic imaging

There were no serious incidents reported in the period April 2018 to March 2019.

The service learned from incidents such as wrong site scans. We saw a staff bulletin which included a summary of learning from complaints and incidents. Learning points we saw were about double checking.

## Are diagnostic imaging services effective?

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence of its effectiveness. 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. Evidence in patient notes and from conversations with staff showed that patients' needs were assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice. This was done though the referral procedure and safety questionnaire.

The service had scanning protocols to ensure it followed national guidance. National Institute for Health and Care Excellence guidance was followed for diagnostic imaging pathways as part of specific clinical conditions including stroke.

The manager told us all inpatient referrals were made by a consultant or a consultant named as agreed by a junior doctor, otherwise the supervising radiographer/senior radiographer rejected the referral.

The service was supported by the MRI clinical lead who held subject matter expertise in magnetic resonance imaging and produced evidence-based, best practice guidance. When we inspected a hypoglycaemia box protocol was being written. Hypoglycaemia occurs when blood sugar falls below 4.0 mmol/L.

We saw from the treatment pathway of four patients during our visit they were scanned safely and efficiently.

### Nutrition and hydration

**Patients had access to water when they used the service.**

The nutrition and hydration needs of patients were taken care of on the referring wards.

We saw cold water drinking fountains in the waiting and in the treatment area. The host trust's hospital restaurant was a few hundred metres from the centre.

### Patient outcomes

**The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.**

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We saw the system for radiographers to record protocols for each patient on an electronic record. The manager conducted a month audit of a sample of those records. The audits for quarters three and four 2018/19 showed high level compliance with checks and balances for use of gadolinium contrast medium, MRI safety form completion, patient identity checks, the MRI request and stocks. By April 2019 we noted this audit had expanded to include NHS inpatient and outpatient samples.

The provider arranged a clinical audit to be undertaken and reported each month on the quality of imaging reports for private patients. For 208/19 we saw these were generally positive with no significant disagreement found between the interpretation of the reporting clinician and the auditor. Where there had been some low harm significant disagreement (27% of 11 patient reports) in the January 2019 report, this had improved to 100% (of 11 patient reports) agreement by the February 2019 report.

The service undertook audits of its processes for private patient scan reports, compliance with scan protocols, recalls and the breast programme.

For private patients there was a monthly audit undertaken by an external medical diagnostic imaging centre with any discrepancies highlighted to the reporting radiologist for action and review.

# Diagnostic imaging

InHealth were working towards accreditation with the Quality Standard in Imaging (QSI) and were using the traffic light ready tool and gap analysis to prepare for inspection. The director of clinical quality was leading on this at Sandwell MRI Centre.

## Competent staff

### **The service made sure staff were competent for their roles.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. They had the right skills and training to undertake the MRI scans. This was closely monitored on a corporate level and by the registered manager. Managers appraised work performance and held supervision meetings with staff to provide support and monitor the effectiveness of the service.

Annual performance appraisals with quarterly reviews were up to date when we inspected. The provider had a system in place to check staff were up to date with their professional registration and all registrations were current.

Managers gave all new staff a full induction tailored to their role before they started work. For clinical staff this was supported by a comprehensive competency assessment toolkit which covered key areas applicable across all roles including equipment, and then clinical competency skills relevant to their job role and experience. All MRI staff had undergone the company induction programme and a cannulation course, this meant a patient who may require cannulation could be cannulated in a timely manner.

Staff we spoke with told us InHealth had a comprehensive internal training programme for MRI with a competency framework aimed at developing MRI specific skills following qualification as a radiographer.

Radiologists provided a safety session for new doctors during their induction. The centre had trainee radiographers and offered post graduate training.

Expert advice was available to staff. The centre had a paediatric radiologist who could advise staff about children's scans. Staff told us advice could be obtained from the magnetic resonance imaging safety advisor by telephone who were based at the company headquarters.

## Multidisciplinary working

### **Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.**

Staff told us the centre had good working relationships within the host trust especially the stroke wards. This meant if the MRI had empty slots the manager would contact a ward to ask for patients. If more than one patient needed the available slot the centre would contact the patient's consultants to decide on the clinical priority order.

Sandwell MRI Centre also worked closely with a further hospital's in house MRI facility and its imaging staff. Consultants from the hospital were available to the centre to discuss issues between the hours of 9am and 5pm.

Staff told us the centre had a dedicated and efficient portering team between the hospital for supporting inpatients. A relative we spoke with confirmed the porters were attentive and sensitive to the needs of their parent who was living with dementia.

## Access to information

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

We saw evidence all the information needed to deliver effective care and treatment was available to staff in a timely and accessible way. This included patient care and risk assessments, care and treatment plans and case notes.

For urgent results, the service had arrangements in place to make sure that diagnostic imaging results were always available immediately after the scan. All inpatients had a verified report of their scan within 24 hours.

The service provided electronic access to diagnostic results through the trust's internal recording and reporting systems.

## Seven-day services

### **Key services were available seven days a week to support timely patient care.**

# Diagnostic imaging

The centre was open seven days a week for 13-14 hours per day. It started providing weekend MRI just before our inspection. Managers told us their opening times could be flexed depending on demand and current waiting lists.

The service used mobile units if their own scanner was not working.

## Health promotion

Information leaflets were provided and posters were displayed so patients knew what the scan would entail and what was expected of them.

The service did not have leaflets or posters signposting more general health promotion such as smoking cessation.

## Consent and Mental Capacity Act

**Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing who lacked the capacity to make decisions about their care.**

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. We saw evidence that staff had been trained in February 2019 on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Although the centre generally provided scans for low risk and less complex patients, staff were aware of the requirements relating to mental capacity and consent specifically for patients that did not have the capacity to consent and the process for seeking advice in relation to this.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We observed radiographers taking time over the safety questionnaire with patients experiencing confusion or living with dementia and explaining things where necessary. We observed MRI staff asking for consent in an unhurried way, ensuring that patients understood.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. The service had a protocol for patients with potential lack of capacity and used a 'lack of capacity MRI safety screening record'. This included a three point declaration on behalf of the patient; from the referring clinician, the next of kin or a relative and the validating radiographer. This was scanned onto the system.

## Are diagnostic imaging services caring?

Good 

## Compassionate care

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

Patients said staff treated them well and with kindness. We saw summarised results for Sandwell MRI with response rates of 20 to 40% with over 96% of patients likely to recommend the service and below 1% unlikely to recommend. From 1 April 2018 to 31 March 2019 the centre had 3,542 positive satisfaction returns from patients and relatives. The service used a paediatric specific feedback questionnaire with positive feedback from children.

This feedback was through the company's own specific friends and family test (FFT) survey. Patients completed the cards and we checked a sample and found they were all very positive. The manager kept an informal running audit of completed FFT cards to identify any trends in service or low return rates and prompt relevant radiographers to take action.

Staff advised patients what to expect from the scan and when to expect their results. We followed the treatment pathway of four patients and spoke with two others and a patient's relative. They told us staff at the centre were kind.

Staff were respectful and careful about patient privacy and dignity. We noted the privacy curtains were closed between the control room and the scan room. Staff took care to keep patient's details private and ensured that

# Diagnostic imaging

they were not overheard when talking about confidential and patient related matters. If the safety questionnaire flagged up an issue for a patient the radiographers ensured they took them to a private area for discussion.

Radiographers came to the waiting room to greet their patients when they called them and most introduced themselves by 'hello my name is...' Reception staff were friendly, warm and accommodating of patient's needs including over the telephone when people called to change appointment times.

## Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported people through their scans, ensuring they were well informed and knew what to expect.

Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calming and reassuring manner to reduce anxiety in nervous patients. We observed the manager using sensitive skills to diffuse a potentially difficult situation with a very anxious patient. Staff used visual aids and stickers to give children confidence about scans.

We followed the care and treatment pathway of four patients during our visit. We heard radiographers explain to each what to expect during the scan, including personalised advice such as sensation with tattooed skin. We spoke with two other patients and they confirmed staff had taken sufficient time to explain the procedure to them.

During inspection radiographers were observed communicating with patients over the scanner intercom providing reassurance and providing updates as to how long the scan would take.

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

**Staff supported and involved 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. All patients were welcomed into the area and reassured about the MRI procedure.

Staff recognised when patients and those close to them needed additional support to help them understand and be involved in their care and treatment and enabled them to access this. This included for example, access to interpreting and translation services.

Patients were advised that should they wish to stop their examination, staff would assist them and discuss choices for further imaging or different techniques and coping mechanisms to complete the procedure.

Staff gave patients advice on aftercare procedures to help patients. Staff also explained the MRI reporting process to patients, and how long they would have to wait for results.

## Are diagnostic imaging services responsive?

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 centre worked with the local NHS trust and with its companion magnetic resonance imaging (MRI) Centre locally to provide flexible responses to people's needs.

The facilities were appropriate for the service being delivered. The Sandwell MRI Centre was located near to the outpatient's department at the NHS trust where it was located. It was self-contained with its own front entrance, reception, waiting area, toilet, kitchen and two offices. Through the control doors accessible only by an electronic lock fob, the area had an MRI scanner, two changing rooms, and two preparation areas. Access for inpatients was through a door communicating with the

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main hospital. Car parking was provided by the hospital available around the adjacent outpatients department and additional parking nearby. The centre was clearly signposted.

The service told us they had a contract through the local clinical commissioning group with the host trust to provide MRI services for inpatients and outpatients, and its key aim was to meet their imaging needs. To achieve this, it aimed to offer a flexible service to the trust for patients from new born to elderly people which included standard and complex MRI imaging. The centre opening times could be flexed depending on demand and current waiting lists. The centre also scanned a small amount of private patients.

Managers told us they were successful in responding to an increase in demand. It did this by offering more dedicated inpatient appointment slots and short notice slots for patients to be scanned on the same day.

There were dedicated appointment slots every Thursday morning to accommodate children and babies who needed to be sedated for examination. This list was supervised by a paediatric consultant radiologist. Any child was accompanied by a paediatric nurse.

We heard reception staff reduce the 'did not attend' (DNA) risk by contacting all patients near the time of their appointments to confirm attendance or to provide another appointment time.

Children's waiting time was kept to a minimum. The service had conducted a survey to check it was meeting children's needs, with a positive response from children. There was no designated children's waiting area, but there was a box of toys and a booklet for children about the MRI process.

## 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.**

The service took account of patients' individual needs. Staff had a strong understanding of cultural, social and religious needs of the patient.

All areas of the centre were wheelchair accessible. The waiting room was spacious and had plenty of seating including a bariatric/high rise chair for patients who needed it.

We noted some toys were available to divert and entertain children in the waiting area. Also, the centre had a model MRI scan with teddy bear patient and a short-illustrated booklet that staff used to demonstrate the procedure to children to reassure them.

Staff told us the centre would respond to requests from patients who wanted to visit and familiarise themselves with service before their examination, for example patients with claustrophobia, learning disability, dementia or autism.

The service saw mainly low risk patients and staff told us they rarely saw any patients with learning disability. This was because patients needed to have a full understanding of what was going to happen and be able to tolerate the noise and discomfort of the MRI.

Interpreting services were available if required. InHealth produced a pictorial "Easy Read" format for patients to read before their MRI scan. It provided the information in a simpler way with less text.

All patients received an appointment letter or email and were encouraged to contact the unit if they had any concerns or questions about their examination.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral were in line with national standards**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service met the national six week diagnostic test standard. The service had targets of four days for an urgent scan and 25 days for a routine scan. The service offered patients an appointment within 24 hours of contact if necessary. Performance reports showed 1,004 NHS patients were seen from April 2018 to March 2019, all referred by NHS Sandwell and Birmingham clinical commissioning group (CCG) and no patients waited for more than six weeks.



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The service reduced waiting times by informing wards if it had empty scanning slots, so patients could access a scan without any wait time. If more than one patient from the same ward was coming to the service, staff called the ward to check the clinical priority order.

The centre provided a fast track for urgent cases such as cancer patients four days a week and had two slots a week for sedated children, usually very young children who were sedated on the ward before arrival at the centre.

Private patients could access the service in a timely way. The centre reserved slots specifically for them but if a slot remained open 48 hours before the appointment, it was re-offered to NHS patients.

Staff confirmed the system was that each request was vetted electronically and justified by either a senior radiographer or consultant radiologist. Requests were allocated an appointment based on clinical priority.

If there was any difficulty finding an appointment time, staff double checked all patients and made calls to confirm existing appointments. In order to create additional capacity, the manager would consider adjusting the opening hours of the centre and the current numbers of inpatients being referred. If appointment slots could still not be allocated and the unit was running at maximum capacity, the manager liaised with the trust.

Although the appointment schedule was full during our inspection visit, we did not see more than one patient/party waiting at any one time in the waiting area. Most scan examinations took about one hour. The flow of patients was steady and calm.

Most images were reported within five working days.

Scan to report data was available on InHealth contracted work only. Trust NHS work was 'scan only' with the trust being responsible for the reporting and turnaround times.

A teleradiology company dealt with some of the image reporting which gave the service flexibility to deal with any variations in demand.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated**

**concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Staff understood the policy on complaints and knew how to handle them. InHealth had a complaints handling policy and all staff completed a mandatory training course on complaints management.

The service clearly displayed information about how to raise a concern in patient areas. We saw complaints leaflets clearly on display at the reception desk.

Complaints made to the trust which related to InHealth, would be forwarded by the hospitals operations manager to the registered manager for investigation and response. If the complaint related to both the hospital trust and InHealth, the company receiving the initial complaint would request an investigation and response from the other party which would be integrated into the formal response.

The service reported seven complaints received from 1 April 2018 to 31 March 2019. Of these three were managed under the formal procedure, one was upheld.

Complaints were dealt with in accordance to InHealth complaints policy and recorded on the company's electronic incident system. Informal concerns were logged and managed locally.

Managers shared feedback from complaints with staff and learning was used to improve the service. The manager confirmed complaints were reviewed weekly at the clinical governance meeting. Investigation and actions to address the adverse event were recorded and the clinical governance team analysed the data and identified themes and shared learning to prevent recurrence both at location and organisational level.

We followed one complaint combined with an incident through the electronic incident reporting system. The provider's target was 20 days to investigate and report a complaint. The duty of candour requirement was checked off as part of this process. Staff wrote including an apology in a timely way to the complainant. The local manager also spoke with the complainant directly. Staff confirmed this issue was discussed at a staff meeting for improvement to ongoing practice.

# Diagnostic imaging

## 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.**

The management structure within the centre consisted of an operational manager, a superintendent for clinical lead/senior radiographic assistant, an administrative lead and a head of operations, who oversaw the day to day clinical and administrative aspects of the service.

Staff we spoke with confirmed local managers supported them to do their jobs well and develop their professional skills. Managers confirmed they were supported by senior leaders in the organisation and these leaders were visible.

The company had an emerging talent programme to encourage staff to take on leadership roles. There were programmes for leadership and the development of managers and other staff. The local manager confirmed they had benefited from leadership training opportunities. They also recruited internationally to avoid competing with local trusts for staff.

### Vision and strategy

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

The Inhealth group had a corporate strategy. InHealth had four clear values: Care, Trust, Passion and Fresh thinking. These values were central to all the examinations and procedures carried out daily. Following the company mission to 'Make Healthcare Better' enabled all employees to offer a fresh, innovative approach to the care they delivered.

All staff were introduced to the core values at the corporate induction and were familiar with them during our inspection. The appraisal process for staff was aligned to these values. Staff were given individual objectives linked to Inhealth objectives at their appraisal. They provided examples of how they demonstrated the organisational values, with new ideas or examples of care. For example, care of claustrophobic patients.

Staff in the service were invested in and committed to this vision. They understood the part they played in achieving the aims of the service and how their actions impacted on achieving the vision.

The Sandwell MRI Centre offered a service to 'low risk' patients. InHealth Ltd was renewing its contract to provide services to the host trust when we inspected. The MRI Centre was to remain in its current location when the general hospital services moved to a new hospital site.

### Culture

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

During the inspection staff told us they felt part of a team and everyone supported each other. We observed good team work and support during the inspection.

Staff demonstrated pride and positivity in their work and the service they delivered to patients. Staff were happy with the amount of time they had to support patients and that was one of the things they enjoyed about their role.

There was a positive approach to reporting incidents and the service demonstrated learning outcomes and changes being implemented in response to incidents. The service had an open culture where there was no fear of blame.

All staff we spoke with across different roles said they felt valued and supported by their managers and the organisation. Staff turnover at the Sandwell MRI was low. We heard a high level of commitment to the service, to patients and to the business from staff.

We noted patient feedback was visible on the provider's intranet system for staff to see. The feedback for Sandwell MRI at the time of our inspection was positive.

Staff told us there was a local quarterly 'Oscar' award to recognise individual achievement.

### Governance

**The organisation used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.**

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There were effective structures of accountability. Inhealth had a complaints, litigation, incidents and compliments (CLIC) meeting every Tuesday at its headquarters, with telephone links to locations. This meeting shared information on risks, trends incidents across the organisation, and assigned actions for improvement.

There were quarterly corporate governance meetings and minutes were recorded from these meetings. There was evidence of discussions regarding incidents, complaints, policies, performance and updates from sub committees. There was a new quality and safety group and a quarterly safeguarding board.

The clinical quality team and operational leaders were supported with the aim to deliver high quality, safe patient services by a number of appointed specialist clinical advisors and medical physics advisors.

There were bespoke service level agreements in place with the local NHS trusts, and a contract with a teleradiology subcontractor.

The service had local governance processes, which were achieved through team meetings and local analysis of performance, discussion of local incident, where this was applicable, this fed into processes at a corporate level. We saw minutes and meeting notes during our inspection.

Staff were clear about their roles, what was expected of them and for what and to whom they were accountable.

The provider's management system was certified as compliant with the ISO9001 2015. Sandwell MRI underwent an internal audit in August 2018.

The service had a system and policy to ensure that practitioners holding practising privileges provided the right documents, including passport, evidence of appraisal, professional revalidation and indemnity insurance. We saw an audit spreadsheet of checks which were mostly up to date but in one case a conflict of interests statement was missing.

## Managing risks, 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.**

The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. There was a robust risk assessment system in place locally with a process of escalation onto the corporate risk register. Managers reviewed and updated the local risk register monthly and added new risks regularly. To mitigate known risks, such as loss of power, or failure to lock up at the end of the day, actions were put in place.

The centre held a risk register and identified risks were escalated to the Inhealth register. The weekly corporate meeting (CLIC) reviewed local and organisation wide risks from the risk register, identified trends and managers worked to reduce the risk. Practising privileges was listed as a risk and the registered manager described the list of documents needed to give assurance. One of the latest risks to patients was a pinch point on a new wheelchair. Action logs showed timescales and accountability for reducing the risk.

Performance was monitored on a local and corporate level. Performance dashboards and reports were produced which enabled comparisons and benchmarking against other services. We saw service key performance indicators on display and saw a quarterly report. The organisation monitored information on turnaround times, 'did not attend rates', patient engagement scores, incidents, complaints, and mandatory training levels.

The service had arrangements for business continuity. The trust could provide a mobile MRI in the car park and use a scanning service at a neighbouring trust to ensure patients were not delayed.

## Managing information

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

The service collected, analysed, managed and used information well to support all its activities, using secure



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electronic systems with security safeguards. The service had access to both the InHealth and host organisation computer systems. They could access policies and resource material from both organisations.

We observed electronic and paper systems in place and working efficiently to provide a responsive service to the host trust and individual patients.

The manager had systems in place to collect data to monitor the quality and efficiency of the service locally. Data was collected and analysed to ensure the ongoing safety and efficiency of MRI equipment.

The organisation had structures and information gathering systems in place to audit and to analyse and monitor the safety and the quality of the service. It planned to streamline some of its audits and learn from ISO audits.

Patient data was protected within systems and in the centre. There were appropriate information and data governance systems in place. These included small but effective measures such as stacking named and addressed patient appointment letter envelopes face down while they waited in the reception area for the postal collection.

Data or notifications were consistently submitted to external organisations as required. For example, the care quality commission.

## Engagement

**Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with external stakeholders to help improve services for patients. Consultation with equality groups and the public, through the host trust, was less developed.**

Patient satisfaction cards were given to all those who had been scanned in the unit to gain feedback on the service received. This feedback was overwhelmingly positive.

The service told us about action they had taken on negative feedback. For example, patients had informed them that the premises looked tired and worn. This led to recent redecoration including all walls painted and flooring changed in both the waiting area and clinical control area.

Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions implemented from the feedback received.

Senior managers described some work being undertaken nationally to engage people who use the service and local populations in developing how services should be offered in the future. There were business links with local clinical commissioning groups. The registered manager had also been involved in work with the patient experience network aimed at developing resources to support the patient pathway and formulating an ideal patient journey using AIDERTT principles. AIDERTT stands for acknowledge, introduce, describe, explain, reassure, the next steps and thank.

## Learning, continuous improvement and innovation

**The service was committed to continually learning and improving services. They had an understanding of quality improvement methods. Leaders encouraged innovation.**

The provider told us InHealth were working towards accreditation with the Quality Standard in Imaging (QSI) and aimed to be accredited across diagnostic and imaging services by 2019/20.

The service was an early adopter of NHS Always Events to ensure processes were designed from the patient's point of view.

In the year before our inspection, improvements had been made to increase scanning capacity to meet the demand of NHS referrals. We were told this was an ongoing process to manage the increased number of referrals. InHealth had also worked to increase opening hours when required. This reduced waiting times for routine patients.

The service was proud of their approach to scanning children. They had processes to familiarise children with the scanner. A patient kindly offered to make model of the MRI scanner, after they had their scan. This showed a little teddy lying on the table which slid into the model scanner. This was useful to show children when they attended for the MRI help reduce their anxiety. They had surveyed children to ensure they met their needs.

The service had a small laminated booklet which was used with InHealth resources to support children through their MRI procedure.

# Outstanding practice and areas for improvement

## Outstanding practice

The service was proud of their approach to scanning children. They had processes to familiarise children with the scanner. A patient kindly offered to make model of the MRI scanner, after they had their scan. This showed a

little teddy lying on the table which slid into the model scanner. This was useful to show children when they attended for the MRI help reduce their anxiety. They had surveyed children to ensure they met their needs.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should consider raise awareness of sepsis by displaying posters and providing information.
- The provider should consider developing an engagement strategy to consult and engage with the wider public and equality groups.