

Havant NHS Diagnostic Centre







Quality Report

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

Ratings

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

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.

Summary of findings

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

Havant NHS Diagnostic Centre is operated by Care UK Clinical Services Limited. The service has one ultrasound room, one plain x-ray room and one echocardiogram room. The echocardiogram service is subcontracted to a third-party provider, who provide all the equipment and staff to deliver that service on behalf of Havant NHS Diagnostic Centre.

We inspected this service using our comprehensive inspection methodology. We carried out the announced inspection on 14 January 2019.

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

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

Services we rate

We rated it as **Good** overall.

We found good practice in relation to diagnostic imaging care:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed risk assessments for each patient.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available and accessible to others involved in patient care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service provided care and treatment based on national guidance evidence of its effectiveness.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff cared for patients with compassion and dignity.
- Staff provided emotional support to patients to minimise any distress.
- Staff involved patients and those close to them in decisions about their care
- The provider planned and provided services at this location in a way that met the needs of local people.

Summary of findings

- The service took account of patients' individual needs and put them at the heart of services.
- People could access the service when they needed it.
- The service investigated concerns and complaints and shared lessons learnt with all staff.
- Managers leading the service had the right skills and abilities to run this service providing high-quality sustainable care.
- The service had clear aims for what it wanted to achieve and workable plans to deliver them. Managers and staff promoted a positive culture, creating a sense of common purpose based on shared values.

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

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

Havant NHS Diagnostic Centre provided plain x-ray, ultrasound and echocardiogram imaging for NHS patients over the age of 18.

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



Havant NHS Diagnostic Centre

Services we looked at

Diagnostic imaging.

Summary of this inspection

Background to Havant NHS Diagnostic Centre

Havant NHS Diagnostic Centre is operated by Care UK Clinical Services Limited. The service opened in 2008. It is an independent service in Havant, Hampshire. The service is contracted by three clinical commissioning groups to deliver NHS diagnostic services to the local community.

The service has a registered manager in post.

Our inspection team

The team that inspected the service comprised a CQC lead inspector. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

How we carried out this inspection

During the inspection, we visited the areas where staff carried out ultrasound and x-ray services. There was no echocardiogram service being carried out on the day of the inspection. We spoke with the registered manager, the diagnostic and imaging manager, five members of

staff, including administrative staff and radiography staff and with four patients and two relatives. We reviewed a range of documents relating to the management and safety of the service and three sets of patient records.

Information about Havant NHS Diagnostic Centre

Havant NHS Diagnostic Centre provides plain x-ray, ultrasound and echocardiogram imaging to NHS patients over the age of 18. The echocardiogram imaging service, is subcontracted to an external provider, who carry the service out at Havant NHS Diagnostic Centre.

Staff working at the centre work across three Care UK Clinical Services Limited diagnostic services in the local geographical area. The diagnostic imaging manager had responsibility for running the Havant NHS Diagnostic Centre and one of the other Care UK Clinical Services Limited diagnostic services in the local geographical area.

The service has a registered manager, who manages the service of a Care UK Clinical Services Limited treatment centre in the local geographic area, as well as the three diagnostic imaging services.

The service is registered to provide the following regulated activities:

Diagnostic and screening procedures.

There were no special reviews or investigations of the service ongoing by the Care Quality Commission (CQC) at any time during the 12 months before this inspection.

Activity (1 October 2017 to 31 September 2018)

There had been one serious incident, that included the service following the duty of candour process.

- There had been no never events.
- There had been no healthcare acquired infections.
- There had been three transfers to other health care providers.
- In the period 1 October 2017 to 31 September 2018 there had been one formal complaint received and no formal compliments received.

Summary of this inspection

The service employed radiographers, sonographers and administrative staff who worked across three diagnostic locations of the provider Care UK Clinical Services Limited. The diagnostic service did not employ medical staff or nursing staff. The echocardiogram was provided under a contract an external provider who provided their own imaging staff.

Services provided under service level agreement:

- Echocardiograms
- Radiology 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?

- The service ensured all staff completed mandatory training in key skills.
- Staff completed training in safeguarding and understood how to protect adults and children from avoidable harm.
- The environment was clean and staff controlled infection risks through safe practices.
- The service had suitable premises and equipment and looked after them well. The premises met the needs of staff and patients, and were secure. Safety signs were used to inform staff and patients when x-rays were being carried out.
- There were sufficient staff with the right mix of skills and qualifications to provide care and treatment to the provider's high standards.
- Staff kept records of patients' care and treatment. These were stored electronically on a system that was secure and accessible.
- There were systems for managing and learning from patient safety incidents.

Good



Are services effective?

- The service provided care and treatment based on national guidance. The service based its policies and procedures on 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 service monitored the effectiveness of care and treatment and used the findings to improve them. This was through audit and reviews of patient outcomes.
- The service ensured staff were competent for their roles. Contractual arrangements with third party providers, provided assurance that staff working for the third-party provider, but delivering a service to Havant NHS Diagnostic Centre patients, were competent to carry out their role.
- Staff worked together as a team and with external organisations to benefit patients.
- The centre did not provide a seven-day service. Days and times of opening were clearly detailed on their website.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Not sufficient evidence to rate



Summary of this inspection

Are services caring?

Good



- Staff cared for patients with compassion and kindness. Patients said staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise any distress. Staff offered a personal approach to their care, and helped patients to relax if they were anxious.
- Staff involved patients and those close to them in decisions about their care. Staff explained imaging processes in a way patients could understand.

Are services responsive?

Good



- The provider planned and provided services that met the needs of local people. The environment was appropriate and comfortable for patients and there was clear information about the service on their website.
- The service took account of patient's individual needs and put them at the heart of services. The service supported patients with mobility and hearing needs.
- Patients could access the service when they needed it, and the service could offer patients appointment times which suited them.
- The service investigated concerns and complaints and shared lessons learnt with all staff. Guidance about how to make a complaint was available for patients.





Are services well-led?

Good



- Managers leading the service had the right skills and abilities to run this service providing high-quality sustainable care.
- The service was well managed and the service had clear aims for what it wanted to achieve.
- Managers and staff promoted a positive culture, creating a sense of common purpose based on shared values.
- The service had systems to improve service quality and safeguard high standards of care.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well using secure electronic systems with security safeguards.
- The service engaged with patients to improve services. They encouraged patients to provide feedback and sought ways to improve the response rate.
- The service was committed to improving services by learning from when things went well or wrong and promoting training.

Diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
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. At the time of the inspection, all staff had completed their mandatory training.**
- Staff completed annual mandatory training courses as face to face and 'e-learning' modules. The service monitored when staff were due to undertake refresher courses.
- Training for all staff included resuscitation, manual handling, safeguarding adults level 2, safeguarding children level 2, privacy and dignity, infection control, information governance, fire safety, equality and diversity and health and safety.
- At the time of this inspection, all staff had completed their mandatory training.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- All staff had completed adult and child safeguarding training to level 2. Conversations with staff showed they had a good understanding about how to recognise possible abuse and knew what actions they must take if they suspected someone had been subject to abuse.

- The registered manager had taken account of the intercollegiate framework and the Government's guidance "Working Together to Safeguard Children." There were safeguarding leads within the organisation who were trained to level 3 and 4 who supported staff in the event of safeguarding concerns.
- Staff had discussed topics such as child sexual exploitation and female genital mutilation, in relation to safeguarding people from abuse, although these topics were not specifically included in the safeguarding policy.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.**
- All equipment and the environment of the service looked visibly clean and free from dust.
- Staff followed cleaning processes to ensure all equipment was cleaned between each patient contact. Staff completed check lists to evidence cleaning was completed. We observed the equipment displayed stickers to show when cleaning had last been completed.
- Ultrasound equipment was clean and sterilised following national guidelines between each patient contact.
- An infection control and prevention lead member of staff supported the service with ensuring infection control practices met the policies and procedures.

Diagnostic imaging

Audits, including hand hygiene audits and environmental audits showed good compliance with infection prevention practices, including all staff following the providers hand hygienic policy.

- Staff were bare below the elbow and wore protective personal equipment (PPE), such as gloves, appropriately. There were hand wash basins in the imaging rooms and patients told us that staff washed their hands regularly.
- Staff used paper towel to cover the examination couch during ultrasound procedures, which was changed between each patient.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- Havant NHS Diagnostic Centre was in a building used by other services that was not owned by the provider. Maintenance of the building was carried out by the landlord. The diagnostic imaging manager described a good relationship with the landlord and confirmed that any maintenance of the building was dealt with promptly.
- Havant NHS Diagnostic Centre had its own reception area, administration office and waiting area. There were two consulting rooms (used for ultrasound and echocardiograms) and two x-ray rooms (one of which was not used and was waiting to be decommissioned). There was a patient changing area and curtained areas in the treatment rooms where patients could get changed in privacy.

Assessing and responding to patient risk

- **Staff completed risk assessments for each patient**
- The staff followed processes to ensure the right person received the right radiological scan the right time. Staff checked each patient's identity, medical history and pregnancy risk, applying a six-point check. The risk assessment process included checking the imaging was required and appropriate.
- The dose that patients received for their x-rays was recorded on the service's picture archiving and communication system (PACS).

- There were procedures for staff to support patients assessed as clinically unwell. There were always at least two staff members on site. All staff were trained to Basic Life Support (BLS) level for adults and children and were trained in the use of the resuscitation equipment available at the service.
- There was a standard operating procedure in place for staff to contact a practitioner or GP for advice at a nearby treatment centre which was managed by the same provider. In the case of a medical emergency staff called the emergency services via a 999 call as per the services protocol.
- The service accepted referrals from healthcare professionals, and referrals from non-medically qualified professionals, who had completed relevant training. The service had a register of referrers in line with IR(ME)R procedures. Self-referrals were not accepted.
- The provider had an appointed radiation protection advisor (RPA) and medical physics expert (MPE), in accordance with IR(ME)R.
- There was signage and information for patients, staff and visitors informing them where radiation exposure took place. There were systems for checking warning signage, as well as the integrity of PPE including the lead-lined aprons.
- X-ray image reporting was carried out by a contracted external provider. Contractual arrangements required this provider to provide the centre with reports of routine x-rays within 48 hours of the image being taken and for urgent x-rays, within two hours of the image being taken. Appropriate pathways were followed for patients whose imaging suggested chest pathology. The pathway enabled the centre to refer directly to the respiratory physicians at the local acute trust to ensure the patient was seen within the two-week national target. The referrer was informed about the findings of the imaging and the direct referral to the respiratory physicians.
- Sonographers peer reviewed their colleague's images and reports as well as being reviewed by an external radiology reporting provider. The lead sonographer reviewed all image reports that highlighted a discrepancy.

Diagnostic imaging

- The external provider who delivered the echocardiogram service for the centre was required in their contact to carry out peer reviews of 10% of their imaging results. The details of these were included in the monthly key performance reports they were required to provide to the centre.
 - There were male, female and accessible toilet facilities at Havant NHS Diagnostic Centre. There were double doors from the corridor to the x-ray room, which were secured from the inside when imaging took place. The operator area was behind a lead-lined door and lead-lined window, so the radiographer could view the patient during the x-ray procedure. There was appropriate signage and warning lights outside the room, to show when the X-ray equipment was in use.
 - The x-ray machine was maintained under a routine service agreement. The radiation protection supervisor carried out the safety checks as defined by the medical physics expert.
 - The facilities of Havant NHS Diagnostic Centre were locked when not in use, so the area was not accessible to other users of the building. The department was fitted with intruder alarms, which were activated and monitored when the service was closed.
 - The ultrasound room was adjacent to the waiting area. There was a curtained area of the ultrasound room where patients could change in privacy.
 - All diagnostic imaging equipment owned by the service was serviced annually and contracts were arranged to provide prompt replacement of faulty equipment. Electrical equipment was tested annually.
 - Echocardiogram equipment was owned by the contracted provider. The contract with the provider set out the requirements about the type of equipment used and the maintenance of the equipment to ensure safety.
 - The service had an up-to-date cardiopulmonary resuscitation policy that outlined the use of equipment. The adult and child resuscitation equipment was stored by the x-ray room and was checked daily to make sure it was safe to use in an emergency. Equipment included suction equipment, portable oxygen and an automated external defibrillator.
 - There was appropriate signage to warn of medical gases stored on site and a flow chart displaying guidance on resuscitation.
 - Staff involved in delivering ionising radiation carried dosimeters to monitor their exposure to radiation. These were replaced every three months, tested and a report sent to the diagnostic imaging manager and lead radiographer to review for any radiation incidents.
 - Waste was handled and disposed of in a way that kept people safe. There were clinical waste bins available and correctly labelled and clinical waste was removed under contract.
- ## 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 no medical or nursing staff employed at Havant NHS Diagnostic Centre.
 - Radiography staff rotated between Havant NHS Diagnostic Centre and two other diagnostic services run by Care UK Clinical Services Limited in the local geographical area.
 - Radiography staffing levels at the centre were determined by the different requirements that each modality entailed. Radiography staffing levels were determined by the hours that the centre was open, based on historical activity data and what the diagnostic imaging manager, using their professional judgment, considered a safe number of patients for each radiographer to x-ray.
 - Ultrasound staffing levels were determined by patient volumes and waiting times, so the service could adhere to NHS England diagnostic wait times.
 - The echocardiogram staff were provided by the same external provider who was contracted by the provider to deliver this service.
 - Administration staffing levels were based on the hours that the centre was open, based on historical data that included the expected number of walk-in patients, referrals received by email and the expected workload that was generated from patients that have been seen.

Diagnostic imaging

- The service used agency staff for both the plain x-ray and ultrasound service provision. All agency staff completed a local induction process and had their work supervised and monitored.
- Staff we spoke with said the staffing numbers, both clinical and administrative, were sufficient to meet the demands of the service.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available and accessible to others involved in patient care.**
- All patient records and diagnostic reports were held electronically. They were accessible to clinicians across the provider's services and could be transferred to external healthcare services by a secure network when required. Staff accessed electronic records using personal security passwords.
- All communication with referrers was by verified secure email addresses or by a secure portal.
- Third party reports for echocardiograms were accessible to the centre's staff via a secure electronic portal. They were then printed and posted to the referrer.
- There was a system for auditing reports. All plain x-ray reports were verified by a radiographer prior to forwarding to the referrer. Contracts with the external echocardiogram provider, required them to audit 10% of their reports and share the findings with Havant NHS Diagnostic Centre. Sonography staff peer reviewed each other's reports and the lead sonographer reviewed all sonography reports that had a discrepancy.

Medicines

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

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.**

- Staff knew how to report incidents using an electronic incident reporting system. They understood the types of incidents that needed to be reported.
- There had been one serious incident reported in the period 1 October 2017 to 30 September 2018. This related to a delayed diagnosis due to lack of referral information which meant the appropriate pathway for patients with suggested chest pathology was not followed. Discussion with the diagnostic imaging manager and staff working for the service, showed that learning from this incident had been acted upon. This included the education of referrers about the level of detail they should include on referrals.
- There had been no incidents that required reporting to bodies such as the Ionising Radiation (Medical Exposure) Regulations (IR(ME)) or the information commissioner. The staff were aware of the duty of candour process. Staff we spoke with understood the need for being open and honest with patients when errors occurred. The diagnostic imaging manager had followed the duty of candour process following the serious incident that led to a delay in diagnosis.

Are diagnostic imaging services effective?

Not sufficient evidence to rate 

We do not rate effective for this core service.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance evidence of its effectiveness.**
- The service based its policies and procedures on 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

- There was a positive comment in the service's most recent radiation protection advisor's (RPA's) audit report from January 2019 that the procedures and associated protocols and records relating to IRMER formed a comprehensive set of documents which were reviewed annually and were accessible to all radiology staff.
- Protocols reflected the six-point checklist to enhance consistency of safe practice.
- Staff had access to policies and guidelines via an online portal. There were processes for regularly reviewing and updating policies.
- The service had an annual audit schedule. This included two monthly analysis of rejection of referrals, twice yearly audits of clinical practice and documentation, information governance and security, emergency response and three-monthly audits of waiting times. Dose Reference Level (DRL) audits were completed every three years. Annual RPA inspections were carried out. Their last external audit, undertaken by the appointed radiation protection advisor in October 2018 and reported on in January 2019, showed the service was fully compliant with the IR(ME)R 2017 requirements.
- The provider accepted referrals from consultants, GPs, and non-medically qualified professionals registered with their professional regulatory bodies. Non-medically qualified professionals referring patients for procedures involving ionising radiation were required to attend a short training session to be added to the provider's register of referrers. This was in line with IR(ME)R 2017 guidance.
- The service had implemented a programme of audits, that included audits relating to patient outcomes, such as radiation safety and imaging examinations.
- The service monitored the timeliness of x-ray reporting by the external provider. The external provider was required to report on 99% x-rays marked as urgent within two hours. Audits for the period 1 October 2017 to 31 September 2018 showed that for all but one month this target was met. The one month where this target was not met, 95.5% of urgent x-rays were reported on within two hours. The external provider had a target to report on 99% of routine x-rays n within 48 hours. Audits for the period 1 October 2017 to 31 September 2018 showed this target was generally met 99% of the time, with a lowest compliance of 92.2% in July 2018. The service raised concerns with the external reporting provider when these targets were not met. The contract included financial penalties to encourage the external provider to meet these performance targets.
- The service audited how many patients waited longer than 10 minutes from the time of their appointment to the time of their imaging. Results from February, May and October 2018 showed that between 94% and 100% of patients received their imaging within 10 minutes of their appointment time. The reasons for patients not receiving their imaging within the 10 minutes was identified so changes could be made to improve the service. Most delays were attributable to the late arrival of the patients for their appointment. Information provided to patients when appointments were made included the importance of arriving for their appointment at the allocated time.

Nutrition and hydration

- Patients could access water from the reception area.

Pain relief

- Staff did not provide pain relief to patients.

Patient outcomes

- **The service monitored the effectiveness of care and treatment and used the findings to improve them.**

Competent staff

- **The service made sure staff were competent for their roles.**
- All staff using the equipment were trained radiographers, with a Health and Care Professional Council (HCPC) registration. The service held records, that detailed when staff needed to renew their registration with the HCPC. This ensured the service only employed staff who were professionally registered.
- The service followed recruitment policies that included checks with the Disclosure and Barring

Diagnostic imaging

Service (DBS), obtaining of references and interviews to provide assurance staff had the necessary skills and experience and were suitable to work in a health care environment.

- Agency staff were recruited following a corporate procedure that involved using a third-party provider that managed the resourcing of agency staff. This ensured that only NHS approved agencies were used. Recruitment of bank staff followed the same processes as that for permanent staff. All bank and agency staff completed induction paperwork which included introduction to relevant staff, familiarisation with processes, procedures, the environment and equipment.
- Agency staff were monitored and staff described incidents when the service stopped using individual agency staff because they did not demonstrate the values and behaviour expected of staff working for Havant NHS Diagnostic Centre.
- Staff received annual appraisals and all staff had received an appraisal within the 12 months prior to the inspection.
- The service did not directly employ the staff carrying out echocardiograms. They were provided by the external provider who was contracted to deliver the service. As part of the contractual agreement, this provider was required to provide assurance to Care UK Clinical Services Limited that the echocardiogram staff had the relevant qualifications and experience.

Multidisciplinary working

- **Staff worked together as a team to benefit patients.**
- There were examples of where the service had worked with other providers to improve the patient experience.
- Staff said they had good working relationships with the contracted echocardiogram provider. Staff, both at the centre and from the external provider, were working to integrate the echocardiogram team with the Havant NHS Diagnostic Centre staff team.
- The service worked with the local acute NHS trust to follow the same procedures and pathways for

ultrasound examinations and x-rays. This meant patients had the same standard of care and experience whether in an acute trust or at Havant NHS Diagnostic Centre.

- The service had worked on its relationships with the local GPs, to ensure they understood what types of conditions the centre could accept for x-rays and to ensure GPs understood there were no medical or nursing staff employed at the centre. This had resulted in a reduction of the number of patients who had to be transferred elsewhere to have their x-rays carried out.

Seven-day services

- The centre did not provide a seven-day service. The service was provided Monday to Friday 8am to 7pm and Saturday 8am to 1pm. This was clearly detailed on their website.

Consent and Mental Capacity Act (Deprivation of Liberty Safeguards only apply to patients receiving care in a hospital or a care home)

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- Staff understood their responsibility to gain consent from patients. They recognised and respected a patient's choice if they chose not to have any imaging when they arrived for their appointment.
- Staff said they explained the imaging procedure to patients and obtained verbal consent before proceeding. Patients we spoke with confirmed this happened.
- Staff were aware about their responsibility in relation to patients who lacked mental capacity. They said they would normally receive information in the referral about a patient's capacity, for example from their GP or hospital doctor, and they understood the Mental Capacity Act 2005.

Are diagnostic imaging services caring?

Compassionate care

Diagnostic imaging

- **Staff cared for patients with compassion and dignity.**
- Feedback from patients we spoke with confirmed that staff treated them well and with kindness.
- People told us they were treated professionally and with courtesy. They commented staff were friendly and helped them feel relaxed and reassured. They said staff introduced themselves which they appreciated.
- Staff ensured patients had privacy. For patient who needed to change for their imaging, there were changing areas adjacent to the imaging rooms, that were not in vision of the waiting area.
- The service had a chaperone policy and all patients had the opportunity to request a chaperone which was accommodated.

Emotional support

- **Staff provided emotional support to patients to minimise any distress.**
- When patients arrived for their scans, their treatment options had already been discussed with the referrer, who noted any specific issues relating to a patient's medical history or needs on the referral form.
- Staff offered a personal approach to their care, and helped patients to relax if they were anxious.
- Staff explained they allowed plenty of time for patients, and took account of their concerns and respected their decisions.
- Comments displayed from patients included "all staff were very friendly and polite."

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care.**
- Patients said the radiographer had described the imaging process in a way they understood. This included, for plain x-rays, information about radiation levels.

- Leaflets about the imaging processes were available both at the centre and on the organisation's website. All patients attending the centre for plain x-ray imaging, were asked to read information about radiation levels.
- The reception area was open to the waiting room. For most of our inspection there was music playing and a level that meant conversations held by the receptionists could not be overheard. At other times confidential information could be overheard.

Are diagnostic imaging services responsive?

Good 

Service delivery to meet the needs of local people

- **The provider planned and provided services at this location in a way that met the needs of local people.**
- Havant NHS Diagnostic Centre was contracted to provide diagnostic imaging service to NHS patients.
- The environment was appropriate and comfortable for patients. Patients we spoke with were consistently positive about the environment and organisation of the service.
- Once referred for an x-ray, patients had a choice of how they accessed the service. The service offered a walk in and wait service for plain X- rays or patients could make appointments by telephone. Patients were also offered appointments when they walked in if the centre was busy and they preferred not to wait. Waiting times were displayed in the department and communicated to patients when they arrived.
- Ultrasound and echocardiogram referrals were by appointment only.
- Patients spoke positively about the speed of referrals and the timeliness of imaging once they arrived at the centre.

Meeting people's individual needs

- **The service took account of patients' individual needs and put them at the heart of services.**

Diagnostic imaging

- The service could arrange appointments to suit the specific needs of patients, for example taking into consideration their work commitments or travel constraints.
- The imaging equipment was located on the ground floor and was accessible for people with limited mobility. The service had some mobility aids such as a walking frame, but did not have hoisting facilities. If patients required hoisting their appointments were made for attendance at the neighbouring Care UK Clinical Services Limited diagnostic service which had hoisting equipment.
- The service had access to a translation service for patients who might not understand English. They also had access to British Sign Language interpreters for patients who were deaf or hearing-impaired.
- The service made reasonable adjustments to allow family members or carers accompany and support patients with conditions such as dementia or a learning disability in the treatment and x-ray rooms.
- The services' website included information about the three types of diagnostic imaging available at the centre and a section on frequently asked questions, such as how long to expect to wait and how long till results were available.
- For patients having an x-ray information about radiation doses and the safety of x-rays was given to them to read when they arrived at the centre. We saw this was only provided in small print which might pose difficulties for patient with impaired vision. We raised this with the diagnostic imaging manager who said this had not been considered and they had received no complaints from patients about the size of print. They said they would make this information available for patients in large print, as well as normal print. The service was open Monday to Friday 8am to 7pm and Saturday 8am to 1pm, which gave patients a choice of times and days they could attend.
- The services website gave useful information about the service and the referral process. Information about the services was available at the centre.
- Patients were referred to the service by local NHS providers. The service offered a walk in and wait service for plain X- rays or patients could make appointments by telephone. Ultrasound and echocardiogram referrals were by appointment only. The service's administration team contacted patients to make appointments that suited their individual needs and circumstances.
- The service subcontracted the reporting of plain x-rays to an external provider. The contract stipulated a reporting timeline of 48 hours for routine x-rays and two hours for urgent x-rays. Once received by the service, the x-ray results were verified by experienced radiographers to identify any obvious errors and then forwarded to the relevant referrer within five days of the procedure taking place.
- Appropriate pathways were followed for patients whose imaging suggested chest pathology, such as cancer. The pathway enabled the centre to refer directly to the respiratory physicians at the local acute trust to ensure the patient was seen within the two-week national target. The referrer was informed about the findings of the imaging and the direct referral to the respiratory physicians.
- There were two urgent ultrasound slots allocated each day for urgent referrals to be seen,
- In the period 1 October 2017 to 30 September 2018 there had been no non- clinical cancellations of any procedures, in the same period there had been 101 incidents of delayed procedures, all because of lack of staff availability.
- Waiting times for patients, once they arrived at the centre, were minimal. Patients who arrived with a pre-booked appointment were seen within 10 minutes of their appointment time. Patients who used the walk and wait service, were advised of the expected waiting time and were given the opportunity to book an appointment that suited their personal commitments.

Learning from complaints and concerns

- **The service investigated concerns and complaints and shared lessons learnt with all staff.**

Access and flow

- **People could access the service when they needed it.**

Diagnostic imaging

- There had been one formal complaint received by the service in the period 1 October 2017 to 30 September 2018. The service had responded to the complaint by making changes in the booking in process.
- 'How to make a complaint' leaflets were on display and available in the waiting area for patients and visitors to take away with them. Patients could also raise concerns and formal complaints through the service's website.
- The diagnostic imaging manager had responsibility of overseeing all complaints received about the service.

Are diagnostic imaging services well-led?

Good 

Leadership

- **Managers leading the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- The diagnostic imaging manager had overall responsibility for the leadership of the diagnostic imaging services at Havant NHS Diagnostic Centre as well as one other Care UK Clinical Services Limited diagnostic imaging services in the local area. She ran the service focused on the needs of the patients, whilst supporting staff.
- There was a registered manager, who oversaw the leadership of both the diagnostic services, and services provided at a nearby Care UK Clinical Services Limited treatment centre.
- The diagnostic imaging manager was the radiation protection supervisor (RPS) for the service.
- Staff said both the diagnostic imaging manager and the registered manager were approachable and supportive, and visited the location regularly.

Vision and strategy

- **The service had clear aims for what it wanted to achieve and workable plans to deliver them.**
- The Care UK Clinical Services Limited statement of purpose set out the aims and objectives of the

diagnostic imaging services. This detailed that "All services will be delivered by appropriately trained and UK registered medical, nursing and allied health professional staff supported by a team of non-clinical staff covering administration, clerical, cleaning, facilities and materials management. Services will be delivered in an environment that is fit for purpose, and models of care that are evidence based and capable of being monitored and evaluated."

- To support this, the service had put in place robust processes for reviewing care and patient outcomes, business continuity measures and effective governance procedures.
- Staff demonstrated in conversations a commitment to the aims and objectives of the service.

Culture

- **Managers and staff promoted a positive culture, creating a sense of common purpose based on shared values.**
- The staff working at the Havant NHS Diagnostic Centre also worked at two other Care UK Clinical Services Limited diagnostic centres. The culture of the organisation aimed to be one of a close-knit, professional team striving to develop staff and systems to deliver improved patient care.
- Staff said they felt well supported. For example, although there were set shift rotas for staff to work, staff were supported to swap shifts to accommodate other commitments or lifestyle choices and staff said they had access to training and development.
- The service operated a no blame culture had had a whistleblowing policy. Staff said they could ask questions, raise concerns and were respected.
- The service had a duty of candour policy and staff evidenced in discussion a good understanding about their responsibilities towards the duty of candour legislation. There had been one incident in the period 1 October 2017 to 31 September 2018 where the duty of candour process was followed.

Governance

- **The provider systematically improved service quality and safeguarded high standards of care.**

Diagnostic imaging

- The service had effective structures in place to deliver safe and caring services. These included systems for reporting incidents and accidents, auditing performance, appraising staff and reviewing policies.
- There were both local and corporate governance systems in place. The governance structure allowed information to be shared with local teams and the corporate teams to provide assurance of the delivery of services across the organisation.
- The service had set up effective working and monitoring arrangements with local acute and primary NHS services and other providers that work was subcontracted to. These arrangements supported primary services to make appropriate referrals to the service, supported timely referrals to national pathways for urgent treatment and supported external providers to deliver their service within the contractual agreements and national requirements.
- The radiographers working day included time to monitor and verify x-ray reports received from the external reporting provider. This included monitoring timeliness of reporting and checking there were no obvious discrepancies with the reports.
- Regulation and radiation protection meetings were held annually and learning for incidents and risks identified nationally.
- Staff had completed environmental risk assessments for all areas of the diagnostic centre, these included the actions taken to lessen any identified risks and the date for review of the risk assessment.
- The service had emergency generators in case of failure of essential services.

Managing information

- **The provider collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.**
- Patient data was held on electronic records, which could be accessed by staff working across the various provider locations. Access to the electronic records were pass word protected. Staff transferred any paper documents onto electronic files and then shredded all hard copy versions.
- The service used a recognised, secure radiology picture archiving communication system to improve access to images, manipulations of the view and sharing of images with referrers.
- Management information was also held electronically and could be accessed by staff across all the providers locations.
- The service's records management policy explained how the service protected people's personal information, under the General Data Protection Regulations (GDPR).
- Images were shared with referrers through secure portals.

Managing risks, issues and performance

- **The provider had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- The provider's risk management policy (February 2018) gave clear guidance about to report and monitor risks, including frequency of reviewing risks dependant on their level of risk and which staff had responsibility for managing risks to the service.
- The diagnostic imaging service held their own risk register and took responsibility for their own risks. There were two risks detailed on the risk register, both which related to the challenges staffing diagnostic services. The risk register detailed action taken to lessen risks to patients, and dates when the risks were reviewed and were due to be reviewed. When asked, staff said the main risk to the service was the challenge of recruiting staff.

Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- Patient feedback was requested at the end of every appointment. Patients could submit this electronically, using the services electronic feedback system, or by completing paper questionnaires. The latest results for the period 1 October 2018 to 31 December 2018 showed that 99% of respondents would recommend the service to family or friends.

Diagnostic imaging

- The service took note of comments patients provided. The waiting area displayed a “you said, we did” board, which described the actions the service had taken in response to patient’s comments.
- Staff were encouraged to provide feedback and were listened to. Staff said managers listened to their views and used their views and opinions to make improvements to the service.
- The service engaged with its contracted third-party organisations to ensure the service delivery was managed effectively.
- The service engaged with local NHS acute trusts and local NHS primary services, to improve patient pathways and patient experience.

Learning, continuous improvement and innovation

- **The provider was committed to improving services by learning from when things went well or wrong and by promoting training.**
- The archiving process had been changed, which meant there was less paper work needing to be stored as most records were now held electronically.
- To improve the experience of patients, the protocols for patients attending for pelvic ultrasound had been changed.
- Clinical staff competencies had been revised by the lead radiographer and lead sonographer. These had been adopted and used by other diagnostic services managed by Care UK.

Outstanding practice and areas for improvement

Outstanding practice

The service worked collaboratively with other health care providers to improve patient experience. They worked with the local acute NHS trust and followed the same procedures and pathways for ultrasound examinations and x-ray. This meant patients had the same standard of care and experience whether in an acute trust or at

Havant NHS Diagnostic Centre. The service developed relationships with the local GPs, and supported them to understand what types of conditions the centre could accept for x-rays. This resulted in a reduction of the number of patients who had to be transferred elsewhere to have their x-rays carried out.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should consider providing patient information about x-ray exposure in alternative formats to comply with the accessible information standards.
- The provider should continue to act to ensure confidential information cannot be over heard in the waiting area.