Somerset MRI 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?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Somerset MRI Centre is operated by Alliance Medical Limited.

The centre provides magnetic resonance imaging (MRI) services on an outpatient basis for patients from the age of 17 onwards. Facilities include an MRI scanner and associated control room, two changing rooms, a disabled toilet, an administration area, a reception desk and a waiting area.

We inspected the service under our independent single speciality diagnostic imaging framework, using our comprehensive inspection methodology. We carried out an announced inspection on 7 August 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

Summary of findings

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

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

We rated it as **Good** overall.

Our key findings were:

- There were sufficient numbers of staff to care for patients and keep them safe and this was reviewed and safely managed.
- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
- The service controlled infection risk well. Equipment was regularly serviced, cleaned and staff conducted daily quality assurance checks.
- Staff assessed risks to patients, acted on them and kept good care records.
- The service managed safety incidents well and learned lessons from them. Staff recognised incidents and reported them for investigations. Learning from incidents was shared within the team and across the organisation to improve the service.
- Policies and procedures were up to date and reflected best practice and national guidance.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff supported them to make decisions about their care and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- The service had effective systems for identifying and managing risks.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work.
- There was a strong and supportive culture among the staff. They felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.
- The service engaged well with patients and the community to plan and manage services. The views and experience of patients and staff were gathered and acted on to improve the service and culture.
- Senior leaders and staff were striving for continuous learning, service improvement and innovation.

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

- The service should improve attention to detail in completing the six-point checklist to ensure the patient was correctly identified before the scan.
- The service should improve attention to detail in completing accurate timings of a patient's arrival in the scanning room and their departure following their appointment.
- The service should strengthen some of the team's knowledge of magnetic resonance safety principles and the implications of safety applications.
- The service should follow best practice by using the interpretation service for patients whose first language was not English.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

Nigel Acheson, Deputy Chief Inspector of Hospitals (South and London)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We rated this service as **Good** because it was safe, caring, responsive and well led. We do not rate effective for this type of service.

Summary of findings

Contents

Good

Somerset MRI Centre

Services we looked at

Diagnostic imaging;

Summary of this inspection

Background to Somerset MRI Centre

Somerset MRI Centre is operated by Alliance Medical Limited. The service opened in June 2000 and is a standalone purpose-built building located on the outskirts of Bridgwater.

The service provides magnetic resonance imaging (MRI) services to patients referred by various sources such as consultants, local hospitals, GPs, osteopaths, chiropractors and physiotherapists.

The centre is open five days a week Monday to Friday offering four clinical scanning days on Monday to Thursday from 8am to 6pm, with Friday being open for bookings from 8am to 4pm.

In October 2018, the centre underwent a full refurbishment and scanner upgrade in which a new MRI scanner was fitted.

The centre consists of a purpose-built waiting room with toilet, reception desk, bookings area, large scanning room/control room and two dedicated changing rooms with lockers for patients. There is also a wheelchair accessible toilet situated in the clinical area.

The service is offered to NHS patients, private health insured patients and self-funding patients.

The majority of work comes from a local NHS trust. The scans are sent through from the orthopaedic assessment service which runs clinics from a number of community-based hospitals. It is led by allied health professionals, specially trained by orthopaedic consultants.

The workforce is flexible which allows the ability to change scanning days and times (including weekends) when required.

The service has a registered manager who had been in post since July 2018. The unit manager is on site four days per week and fits this around the needs of the centre and clinical requirement.

We last inspected the service in January 2013 and the service met all the standards it was inspected against.

Our inspection team

The team inspecting the service comprised a CQC lead inspector, another CQC inspector and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

Information about Somerset MRI Centre

The service was registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection we:

- Visited all areas of the centre.
- Spoke with six staff including the unit manager, radiographers, clinical and administrative assistants.
- Spoke with six patients and one relative.
- Reviewed four sets of patient records.

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

Activity (1 August 2018 to 31 July 2019):

Summary of this inspection

- In the reporting period, Somerset MRI Centre provided 29,412 appointments to patients for MRI scans. Of these, 2,218 (7.5%) were cancelled with 27,194 (92.5%) carried forward to scan date.
- Most patients were NHS-funded. Eighty percent of patients were referred through the local trust with the remaining 20% made up of contracts with public organisations, private referrals and insurance companies.
- There were no transfers of a patient due to an unplanned emergency.

Track record on safety (1 August 2018 to 31 July 2019):

During the reporting period there were:

- No never events or serious injuries.
- No serious incidents.
- No incidents that required a duty of candour notification.
- No incidences of healthcare acquired MRSA, Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff), and E-Coli.
- No complaints during the period.

Services accredited by a national body:

- Imaging Services Accreditation Scheme (ISAS): July 2018 - whole organisation.
- Investors in People (Gold award): March 2019 - whole organisation.
- ISO 27001: June 2018 - whole organisation.

Services provided at the service under service level agreements:

- Clinical and non-clinical waste removal.
- Interpreting services.
- Confidential waste removal.
- Grounds' maintenance.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated it as **Good** because:

- The service provided mandatory training to all staff in key skills and the service manager ensured staff were compliant.
- Staff were trained to recognise and report safeguarding concerns.
- Equipment was maintained and serviced in accordance with manufacturers guidance, and the environment was visibly clean.
- The service had enough staff with the right qualifications, skills, training and experience to provide care.
- Records were safely stored and kept confidential.

However:

- There was sometimes poor attention to detail in completing the six-point checklist to ensure the patient had been correctly identified before the scan.
- There was sometimes poor attention to detail in completing the exact timings of a patient's arrival in the scanning room and their departure following their appointment.
- The knowledge of MRI safety principles and implications of safety applications required strengthening for some staff.

Are services effective?

We did not rate effective for this type of service. However, we found that:

- There was good multidisciplinary team working with colleagues within the centre, the wider organisation and staff from the local trust.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance annually.
- Staff understood the need to gain consent and were aware of what actions to take in the event a patient lacked mental capacity.

Are services caring?

Good

We rated it as **Good** because:

- Staff emotionally supported patients to minimise their scan related anxieties.
- All patients we spoke with gave positive accounts of their experience with the service and its staff.

Summary of this inspection

- All patients were given information in a way they understood.

Are services responsive?

Good

We rated it as **Good** because:

- Patients were provided with enough information about the service and the procedure before attending.
- The service planned and offered MRI services in a way that met the needs of the local people.
- Waiting times for MRI services were in line with good practice.

However:

- Staff were not following best practice by asking relatives to interpret for patients whose first language was not English.

Are services well-led?

Good

We rated it as **Good** because:

- Staff told us they felt well supported by their colleagues and leaders of the service.
- The service engaged with patients and stakeholders to receive feedback on their overall performance.
- There were governance processes which provided oversight of the quality of the service provided.
- The service had systems to document and demonstrate risks had been identified, with mitigating actions that were monitored regularly.

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

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We rated it as **good.**

Mandatory training

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

- **The mandatory training was comprehensive and met the needs of patients and staff.** Training included basic life support, health and safety awareness, infection control, manual handling, safeguarding, and fire safety at work. Staff told us most courses were delivered annually using a combination of online and face-to-face training.
- **Staff received and kept up-to-date with their mandatory training.** At the time of our inspection, the service's mandatory training compliance rate was 100%.
- **The unit manager monitored mandatory training and alerted staff when they needed to update their training.** Staff we spoke with confirmed this and told us they were given enough time to complete training.
- We saw the training records for all staff which contained a training summary, booked events and training plan with type, status, date and expiry. Training records showed a summary of compliance for all staff with alerts for those where expiry was expected within the next 60 days. Staff had access to the training records and showed us their current compliance and we could see mandatory training completed and those booked in the near future.

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 we spoke with demonstrated an understanding of the different types of abuse to be alert to, and their responsibilities to report any concerns**. They told us they would report and discuss concerns with the unit manager. Staff had access to adult and child safeguarding leads within Alliance Medical Limited, who were offsite but were contactable through email or telephone.
- **Staff received training specific for their role on how to recognise and report abuse.** Safeguarding vulnerable adults and safeguarding children were core elements of the mandatory training programme. The courses focused on recognising and protecting people suffering from all forms of abuse and avoidable harm within the service. Data showed all staff had received training in safeguarding level one and two. The unit manager was trained to level three. The adult safeguarding lead for the organisation was trained to level three and the child safeguarding lead was trained to level four.
- **Staff knew how to make a safeguarding referral and who to inform if they had concerns.** There was a local safeguarding policy with a flow chart detailing the action staff were to take should they suspect any patient was at risk from abuse. Staff knew the contact details of the safeguarding team at the local authority if they had any concerns. Staff had access to a template to complete with relevant information before contacting the local authority to ensure pertinent details were captured.

Good

Diagnostic imaging

- **The service managed access to restricted areas well.** Access from the waiting room to the MRI control room was gained by entering a code into the keypad.
- **Safety was promoted in recruitment and induction of staff** and systems were consistently followed. There was a thorough recruitment and selection process, which included checks with the Disclosure and Barring Service (DBS). This is a service which allows organisations to check candidates for employment for their suitability to work with vulnerable children and adults.

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.

- **The centre was visibly clean and had suitable furnishings which were clean and well-maintained.** The environment was tidy and clutter free and free from trip hazards.
- **Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.** An external organisation provided cleaning services for all areas, except for the scanning room. Cleaning schedules for premises and equipment were completed daily and a checklist identified the areas to be cleaned each day. The clinical staff carried out the cleaning of the scanning room and equipment. There was an annual deep clean of the centre through a corporate contract.
- Chemicals used in the cleaning procedures were securely stored and accessible to the staff and those from the external organisation. Spillage kits were available in the control room to safely clean body fluid spillages.
- There was regular legionella testing in line with the organisation's local policy.
- Staff cleaned equipment between patients using disinfectant wipes in line with the service's decontamination procedure. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.
- **Staff were washing their hands as required, and this had been audited.** Hand washing facilities and hand gel were available throughout the centre, including at the main reception for visitors to use. There was clear signage asking staff, patients, and visitors to use the gel when entering or exiting the service. Staff wore short sleeves and minimal jewellery (bare below the elbow) to ensure effective handwashing. We observed staff washing and gelling their hands between patients.
- The service completed monthly hand hygiene audits to measure compliance with the World Health Organisation (WHO) 'five moments for hand hygiene'. Data provided by the service for the last year showed an average score of 98%.
- **Staff completed annual infection control training electronically**. Staff were made aware of when their training was due to be updated by email from head office. They said they received emails giving them 60-days' and 30-days' notice to complete the training prior to the expiry date.
- The service carried out a satisfaction survey of patients who attended the service. In July 2019, 95% of the patients were very satisfied with the appearance of the facility.
- **Staff followed infection control principles including the use of personal protective equipment (PPE).** PPE such as disposable aprons and latex free gloves in a range of sizes were easily accessible for staff throughout the service when delivering personal care. For example, when performing cannulation on a patient to give contrast medium.
- The centre had recently commenced intravenous therapy (IV) contrast supported scans and staff undertaking insertion of peripheral vascular device (PVDs) were subject to monthly infection control audit with the score being 100%.
- **The service had a procedure for managing infectious patients.** The patient referral pathway for the centre did not restrict the referral of infectious patients, although there was a requirement for the centre to be informed by the referrer prior to the scan. Standard precautions applied to all, therefore minimising the risk to staff and patients. Staff told uspatients with an infection were usually asked to attend at the end of an imaging list, for staff to clean equipment and clinical areas following their scans.
- **There were clear processes and guidance from the organisation's policy.** Infection prevention and control for the service was supported by policy, procedure, and an annual audit report. Annual audits commenced

across the organisation in May 2017. The bench mark for 2017-2018 was 80% and the centre achieved a score of 89%. The 2018-2019 benchmark was 90% and a score of 84% was achieved. Areas of improvement were supported by an action plan and monitored by the unit manager. The benchmark for 2019-2020 was set at 95%, and the audit was due in October to December of this year.

- There was an infection control lead who was responsible for ensuring standards were maintained and provided infection prevention and control support across the organisation.
- There were no reported incidents of healthcare associated infections reported against this service in the 12 months before our inspection.

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 service had suitable premises and equipment.** There was one MRI scanner and a control room and a reception and waiting area where all patients were welcomed and registered for their scan. There were two changing cubicles.
- **The service managed access to restricted areas well.** Access from the waiting room to the MRI control room was gained by entering a code into the keypad. The control room consisted of an office/reporting station, administration area and scanner console. The MRI scan room followed on from the control room.
- There were two patient changing rooms with lockers and seating and grab rails for those requiring assistance with their mobility. There was also a disabled toilet.
- **The service had enough suitable equipment to help them to safely care for patients.** All equipment was checked and had the appropriate magnetic resonance (MR) labelling (safe, conditional or unsafe) in accordance with Medicines and Healthcare products Regulatory Agency (MHRA) guidelines.
- There was a wheelchair, trolley and PAT slide for patients requiring assistance to mobilise to the scanner. They were correctly labelled as MR safe.
- Patient weighing scales were available in the centre and we saw where they had been appropriately service tested.
- Emergency pull cords were available in areas where patients were left alone, such as toilets and changing areas. Call bells were available within the MRI scanner which patients could press if they wanted the scan to stop.
- **Equipment was well maintained.** Daily quality assurance tests on the MRI machine were carried out and documented by the radiographers. The test assured the MRI equipment was in working order, safe to use and ensured that the MRI images were of good quality. We saw up to date records of tests and servicing.
- Staff reported if they became aware of a fault with the scanner, they contacted the manufacturer immediately who could access the software remotely and provide advice. MRI engineers were quick to respond, and this was confirmed by staff.
- There was a six-month maintenance check of all equipment by an external company. We saw handover forms and engineer reports for broken and faulty equipment and servicing for the period from 3 January to 4 July 2019.
- Safety and warning notices were displayed in the control area. Notices detailed contact information for the MRI safety expert and MR responsible person.
- A medical physicist who was based in Guildford covered the centre for all medical physics testing and advice when required. All equipment was maintained in accordance with manufacturer's guidance
- **The centre was equipped with emergency resuscitation equipment.** This was stored in a grab bag. Staff were aware of where the equipment was located and had been trained to use it in the event of an emergency. The grab bag was sealed and protected by easy to remove tamper evident tags. Staff checked the bag daily to ensure the tags matched those listed on the monthly check. The monthly check consisted of checking the equipment and medicines were in date and working order. However, one member of staff was not aware how the tags functioned and stated they were able to be reused after opening the bag. When applied correctly the tags were required to be cut off and could not be reused.
- A defibrillator was stored in the centre and daily checks were made to ensure the battery was working and the device was ready to use. Oxygen was stored within the centre with signage to inform patients and visitors. Staff signed a record to show the daily and monthly checks had been completed.

- Emergency medicines were available for the treatment of anaphylactic shock, hypoglycaemia, chest pain and asthma. We checked the equipment and medicines and all were in date.
- We checked other consumables and some were slightly out-of-date. These were a box of 100 18G blunt needles with filter that had an expiry date of July 2019 in the scan room and two boxes of safe touch winged needle sets in the cupboard of the control room with the same expiry date. The unit manager was informed and these were removed immediately.
- **Staff disposed of clinical waste safely.** The service had a contract with an external organisation for the collection of waste. Clinical waste was contained in appropriate sealed bags while waiting for collection. Collections were made twice a week.
- Needles and other sharp implements used during care and treatment were disposed of securely in sharps boxes and collected by the external organisation. The bins were clearly dated and signed when closed ready for collection ensuring safe use and traceability.
- **Evacuation plans were available** and evacuation routes were kept clear. All staff had undertaken fire safety training. All fire exits were clearly marked, and fire action notices displayed throughout the centre stated the designated meeting points. Fire alarms were tested weekly.
- The fire extinguishers, except for one had all been checked within the last year by an external organisation to show they were fit to use. The label on one in the kitchen showed that it was due to be checked in 2018. We advised the unit manager during the inspection.

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.

- The referrer and radiographers carried out risk assessments to determine if the patient was fit for the planned MRI scan. All patients, relatives and visitors entering the scanning room were asked to complete an MRI safety questionnaire. The radiographer reviewed the questionnaire and verbally checked the questions again with the patient or relative as an additional safety check. Questions included asking if they had a cardiac pacemaker, and for females of a childbearing age, whether they were pregnant.
- There was a patient identification and justification of request policy. This policy enabled staff to positively and safely identify patients and ensured the right patient received the right investigation at the right time. It was intended to reduce risk and increase patient safety.
- The service had adopted the Society and College of Radiographers 'Pause and Check' and we saw posters displayed in the control areas as a reminder for clinical staff. The 'Pause and Check' is a six-point checklist the radiographer carries out before an image is taken. We observed the radiographers using the checklist before each procedure, ensuring they had correctly identified the patient, checked the side or site to be imaged and that the correct imaging protocol had been selected for use.
- However, there was a lack of attention to detail when completing the checklists. We saw three examples where not all six points had been checked. For example, the patient was asked for three of the six checks: their name, ID and address. They were asked for their postcode only and not their full address. The wrong date (the previous day's date) had been recorded on the checklist. We were not assured that all radiographers were consistently following the requirements of the policy.
- **The centre had a policy and procedure to follow in the event of a medical emergency.** If a medical emergency occurred, staff confirmed, they raised the alarm by dialling 999 or if required the patient would be referred to the local A&E.
- The policies and procedures provided guidance on resuscitation and specific considerations regarding removing the patient from the MRI scanning room. This included risks from the magnetic field. This ensured staff understood the need to reduce the risk to everyone involved when using emergency equipment.
- Administration staff said they would alert clinicians immediately should they notice or be informed of an unwell patient in the waiting area.
- All staff completed life support training the level of which was role dependent. Three members of staff were trained in basic life support (BLS) and four were trained in immediate life support (ILS). Two members of staff

with ILS training were on site at any time. In addition, all clinical staff were competent to interpret the vital signs of the patient including pulse, respiration, blood pressure and oxygen saturation as appropriate.
- Any patient that became unwell and required transfer, was cared for by staff. All patient care was documented in the electronic radiology information system (RIS).
- There were two first aid boxes in the centre. They were well stocked with dressings which were within date of the manufacturer's guidelines for use.
- **There was a procedure for unexpected scan findings** which supported early identification of untoward pathology and onward referral to expert medical advice. Staff had direct contact numbers for local radiologists who supported the service and were available to contact for advice during business hours. The local NHS trust housed a work station so images could be accessed instantly and reports uploaded onto the radiology information system (RIS) when completed.
- Staff were aware of the organisation's medical physics expert (MPE) and would contact them for advice. Staff were also aware of the organisation's magnetic resonance (MR) responsible person and the basic MR safety principles. However, some staff were not able to confidently identify specific safety applications and procedures. We could not, therefore, be assured that all staff were aware of the implications of all safety applications.
- Evacuation scenarios were regularly completed. For example, staff told us about medical emergency simulation scenarios that had been carried out every six months.
- MRI scans could not be carried out on patients with cardiac pacemakers, cerebral aneurysm clips, cochlear implants or intra-ocular metallic fragments. Documentation showed this was checked with patients prior to their referral.

Radiography staffing

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

- Staff in the service consisted of the registered manager, one senior radiographer, one radiographer and four administrators (2.7 whole time equivalent). Staff were employed on full time and part time contracts.
- **All staff had completed a local induction**, which included a tour of the centre, the location of emergency buttons, emergency evacuation and assembly points. We reviewed a new member of staff's file and saw they had been shown the location of the emergency buttons around the centre, fire safety and security issues, policies, eLearning and competency documents.
- **All staff we spoke with told us that there were enough staff with the right skills to maintain patient safety and rotas were managed effectively.**
- There was a staffing requirements document to support a safe scanning pathway which was used in conjunction with a staff calculator. The calculator was a standard template used to assess staff levels against demand and the opening hours available. This ensured the service was safely staffed
- Rotas considered skill mix, competencies, expected activities, patient complexity, and operational hours. The unit manager routinely monitored the allocation of shifts to ensure all staff had adequate rest periods, while enabling the business needs to be met.
- The staff rota was flexible to match fluctuating patient demand. During the summer months, when demand increased, the opening hours were extended to five days and/or weekends. Staff explained that an extra day would quickly resolve demand issues. Radiographers were able to contact a radiologist and medical expert for advice. For instances where intravenous therapy (IV) contrast media was given, a radiologist was on site.
- There was contingency planning to increase staffing as demand increased through local recruitment or through the development of the graduate scheme for radiographers.
- There were four members of the team trained in immediate life support (ILS) and three with basic life support (BLS). A minimum of two qualified staff in the management of medical emergencies and recognition of the deteriorating patient were required at any time in the centre. The staffing rota reflected this by ensuring two ILS trained members of staff were on site during clinical working hours.
- Administrative staffing requirements had increased in the last year following a successful business case to increase the number of staff to support patient and staff needs.
- The four administration staff worked part time and covered the reception desk, sending out reports to referring clinicians and/or patients, patient bookings for

the service. They provided support to the clinicians should they need it, for example, chaperoning of patients. Each day three administration staff were on duty, apart from times of annual leave or sickness. Staff said this was enough staff to cover their duties but when there were only two of them on duty, it felt busy. Additional hours were made available to the team to cover sickness and annual leave for which they were paid.

- Each morning the administration staff held a meeting known as 'the huddle' to allocate the various tasks to individuals. The team also managed the bookings for Alliance Medical's mobile service in Plymouth.
- At the time of our inspection there was a vacancy in the administration team of one day (0.2 WTE) per week.
- Sickness rates for the service were low. In the three months before our inspection the average sickness rate for all staff was less than 1%.
- The service reported no use of bank or agency staff in the 12 months prior to the inspection. Any shortages were covered internally or by colleagues from the organisation's local mobile units. If they were employed, bank or agency staff were expected to familiarise themselves with the local policies and procedures. Bank staff undertook mandatory training be it with Alliance Medical or whichever organisation they were employed with.
- There was a business continuity plan advising staff on how to manage unexpected staff shortages or unavailability.

Records

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

- **Patient notes were comprehensive and all staff could access them easily.** A records management policy applied to all records which were created, stored, used and disposed of by Alliance Medical regardless of the system on which they were held. The policy outlined processes to ensure that record-keeping, records management systems and general practice in handling records complied with relevant legislation and professional and contractual information governance standards.
- Somerset MRI Centre received MRI requests electronically and in paper form. Referral management incorporated triage processes aligned with the Royal College of Radiologists' guidance and local NHS trust and clinical commissioning pathways. The unit manager and senior radiographer triaged all referrals to prioritise clinical need.
- An electronic records system was in operation which provided a record of the patient pathway through the centre and any care and investigation provided.
- The patient's record and clinical records were integrated into the patient's hospital record and/or communicated to their GP. There was a comprehensive records system that was synchronised with the picture archiving and communication system (PACS).
- The reception staff documented the patient's arrival time at the centre on the electronic system. Paper records, including the consent form and a safety questionnaire were provided to the clinician.
- The electronic records identified the scan completed for the patient and if contrast was used, detail of the dose, strength, batch number and expiry date.
- Following completion of the patient's treatment, the radiographer checked the records and inserted the time the patient was scanned and the time they left the service. However, we observed some staff completed this some hours after the episode of care and this was not being completely accurately.
- The records we reviewed showed the consent form and safety questionnaire had been signed by the patient and radiologist.
- The radiologist reported each scan within the electronic system. The administrators emailed or posted a printed copy of the report to the referring clinician and/or patient. Prior to sending, they carried out a basic check of the document to ensure the correct patient details were entered. The images were sent automatically from the scanning machine to the referring clinician.
- **Records were stored securely**. Paper records were stored confidentially in the centre. While in use or waiting to be filed, they were monitored by staff, who placed them face down with a sign stating 'confidential' on the top of the pile. This ensured patient's confidential and personal information could not be seen by others.
- During our inspection we reviewed four sets of patient records and found them to be fully completed, accurate and legible. Records included, patient identity details, consent forms and medical history.

- The service was moving towards encryption for all patient data and were currently using password protected NHS accounts to electronically transfer information to external referrers.
- Patient records were easily accessible to those who needed them, such as the radiographers and administrative staff. Staff had easy access to the clinical radiology information system and picture archiving and communication system which were secure and password protected.

Medicines

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

- Management and oversight of all aspects of medicines was overseen by the organisation's pharmacist advisor who provided support and guidance. The registered manager was the local service lead for the safe and secure handling of medicines.
- The service used patient specific direction (PSDs), which are written instructions from a registered prescriber for a medicine to be administered to a named patient. PSDs were required for all patients requiring intravenous therapy (IV) contrast enhanced MRI imaging.
- Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medicines were ordered through the organisation's procurement department and sent directly to the centre from the manufacturer. There were weekly checks of the drug cupboard and stock of IV MRI contrast. Stock was required to be kept at room temperature and this was checked daily. We saw the records were accurately completed as required.
- We saw allergies were documented on referral forms. Patients were asked about their allergies prior to medicines or contrast being administered as part of the safety questionnaire in line with best practice guidance.

Incidents

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

- There was a standard operating procedure for the reporting of incidents or adverse events as an integral part of the organisation's risk management framework.
- The reporting and subsequent management of all incidents allowed Alliance Medical to take measures to reduce or eliminate the likelihood of recurrence and allow the organisation to learn from previous incidents and experiences.
- The unit manager investigated incidents thoroughly and prepared a root cause analysis investigation report to identify learning. Patients and their families were involved in these investigations.
- Incidents were reviewed at the monthly clinical governance committee meetings. We saw minutes of the meetings where the team reviewed incidents, identified themes and shared learning to prevent the reoccurrence at a local and organisational level.
- **Staff recognised their responsibility to report incidents and knew how to report them.** There was an incident reporting procedure which set out the responsibilities of staff and managers. Staff we spoke with could describe an event which would require them to report an incident. They could identify recent learning arising from an incident relating to a patient's finger being caught on machinery. We were assured the learning and changes made were effective to prevent a recurrence. Staff also told us incidents and learning from them were shared on a monthly risk bulletin. Learning was also shared across Alliance Medical's sites.
- **Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.** There was a culture of openness and transparency. Staff told us mistakes or incidents were openly discussed with parents or carers. There was an understanding of the requirement to invoke the duty of candour if something serious was to occur. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) ofcertain 'notifiable safety incidents'andprovide reasonable support to that person.

- There was a duty of candour policy which described the statutory duty which set out the process to be followed if an incident triggered the duty to be applied. There was a leaflet in the staff room describing duty of candour and staff could describe fully what it meant. However, there had been no incidents reported since January 2018 where duty of candour was applicable.
- There were no serious incidents or never events reported by the service during the period from 1 June 2018 to 31 May 2019. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic barriers, are available at a national level, and should be implemented by all healthcare providers.

Are diagnostic imaging services effective?

We do not currently rate effective for diagnostic services due to insufficient data being available to rate these services' effectiveness nationally.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

- **Staff followed up-to-date policies to plan and deliver care according to best practice and national guidance.** Staff had access to policies and guidelines and we were shown how to locate the relevant guidance online. The unit manager had been reviewing and updating local guidelines and distributing updates and new guidance across the centre. All guidelines we reviewed were up-to-date. The service manager was responsible for ensuring all staff had read these. Any new policy, procedure or pathway was reviewed and signed by staff to confirm understanding.
- The service followed guidance and policies developed in line with the Health and Care Professions Council (HCPC), National Institute for Health and Care Excellence (NICE) guidelines for diagnostic procedures, and relevant areas of the Medicines and Healthcare products Regulatory Agency (MHRA).
- Policies and procedures provided guidance and information for staff. These ranged from the management of medical emergencies, disposal of clinical waste, screening for safety in the MRI environment to chaperoning patients. We saw the policies were up to date and reviewed regularly.

Nutrition and hydration

- **The service would not be expected to provide food for patients visiting the centre.** However, there was a water dispenser in the main waiting room and a hot and cold drinks machine for patients and visitors to use.

Pain relief

The service would not be expected to provide pain relief to patients.

- Referrers would identify patients' pain requirements and a guide for patients to self-manage any pain during the scan. Staff told us they encouraged patients to bring their own medicines and throughout the procedure ensured the patient was as comfortable as possible, using lumbar pads to support patients if required.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

- The centre participated in the Imaging Services Accreditation Scheme (ISAS).
- **The service participated in all relevant national and local clinical audits.** The service performed well in national clinical outcome audits and managers used the results to improve services further.
- The organisations quality and risk team coordinated audit across the organisation. A report was available identifying good results, and minor and major non-conformities. An action plan to address feedback was monitored through a monthly tracker.
- Local audits were completed to compare the key elements of the referral and scanning pathway. This included referral to scan time and scan to report published time. This was to make sure the centre was providing the referrer and patient with information and scan report in support of a diagnosis as soon as possible.
- **Image quality was reviewed by radiologists** and local key performance indicators (KPIs) were agreed with the clinical commissioners at the point of contract

agreement. All radiologists reporting for Alliance Medical were granted practicing privileges by the company. This required them to submit indemnity insurance, their GMC number as well as an annual appraisal from their employer.

- The unit manager attended service review meetings with commissioners where KPIs were reviewed and outcomes were shared with the team at meetings as appropriate.
- There was quarterly auditing of image quality. Any issues were fed back to the service and to individual radiographers for learning and improvement.
- More than 98% of clinical reports were shown through audit to be perfect or had only minor disagreements that had no impact on diagnostic value and did not affect the patient pathway or treatment.
- Capacity and demand were monitored by the unit manager to ensure safety and quality were not compromised by increased activity or staffing shortages. The manager shared and made sure staff understood information from the audits.
- **Performance was monitored at local and corporate level.** Monthly performance reports were produced which enabled comparison and benchmarking against other services. Information on 'did not attend' rates, patient engagement, incidents, complaints and mandatory training were amongst other subjects recorded.
- In response to previous delays with reporting, the organisation had established a hybrid company to provide 48-hour reports. As a result, reporting times had significantly improved.

Competent staff

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

- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Assurance of staff competence to perform their role was assessed as part of the recruitment process, at induction, and through probation. It was then ongoing as part of staff performance management and the appraisal and personal development processes.
- **There was a full induction tailored to their role for new staff before they started work.** Staff records provided assurance this happened consistently and we saw the new starter learning objectives in staff files. The administration staff told us they had attended head office for face-to-face training and worked alongside a colleague in the service at first.
- **Managers supported staff to develop through yearly, constructive appraisals of their work.** The service had a formal skills matrix, annual performance development reviews and competency-based assessments to ensure staff continued to develop and provide high quality, caring and efficient services. For clinical staff, continuous professional development would be reviewed with the professional registration body and when required (HCPC random checks). Any areas of development required were supported and training provided. Staff said they had yearly appraisals and found the appraisals helpful.
- Records showed 100% of staff had received an annual appraisal. We looked at one staff record and found evidence of performance and development review with details of individual objectives, core values and behaviours and career conversations.
- Managers also supported staff to develop through regular, constructive clinical supervision of their work.
- **Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.** There were clear processes and training plans which set out the essential competencies required for all staff. There was protected time for clinical professional development and study time, and there was good access to specialist training when needed. Radiographers had also attended a medical imaging convention as part of their development.
- Staff could attend the organisation's 'culture club' which was a regional/national idea for improvements rolled out across the organisation where knowledge and experience were shared across the wider organisation.
- All radiographers were registered with Health and Care Professions Council (HCPC). They were required to complete continuous professional development to meet the professional body requirements and meet the standards to ensure delivery of safe and effective services to patients.
- There was an apprenticeship scheme to develop a dual administration and clinical assistant role. This allowed flexibility within the staff team to cover periods of sickness and capacity.

- A shadowing day had been held for all administration staff to ensure they were knowledgeable about information relating to limiting exposure to magnetic forces.
- **Managers identified poor staff performance promptly and supported staff to improve.** Clinical competencies were reviewed on an ongoing basis supported by formal documentation to support areas of development. In the event of any aspect of competency falling short of the required standard, the practitioner's line manager was responsible for providing necessary support and guidance required to attain the relevant standard.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care.

- **Staff attended regular and effective multidisciplinary meetings to discuss patients and improve their care.** Staff told us there was good teamwork within the service. They worked closely with colleagues across the organisation and felt supported when they needed additional advice and support. They supported each other to provide good care and communicated effectively with referrers.
- Evidence from interviews and general observations indicated that staff worked well together and had established a sound working relationship. They were able to assess and plan ongoing care in a timely manner.
- There were weekly team huddles to discuss the patients for that week, any outstanding reports and areas of concern or actions.
- The unit manager attended a radiology multidisciplinary meeting every month at the local NHS hospital to review image quality with radiologists and referrers.
- There had been open evenings at the centre for referring clinicians to introduce them to the service.

Seven-day services

Key services were not routinely available seven days a week, but the service was flexible to meet demand.

- The centre was open for MRI scans four days a week on Monday to Thursday from 8am to 6pm, and for bookings on Fridays from 8am to 4pm. However, hours were extended to Fridays, evenings and weekends to meet increased demand, particularly during summer months.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

- The unit manager told us they had recently signed up for a Commissioning for Quality and Innovation (CQUIN) framework where a monetary bonus was received if patients and staff were encouraged to stop smoking, lose weight and have a flu jab. No data was available at this initial stage.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

- **Staff gained consent from patients for their care and treatment in line with legislation and guidance.** Staff understood their responsibility to gain consent from patients before continuing with the scan. They explained care and treatment to patients to gain their consent and recognised and respected patients' choice, if they chose not to have the scan.
- Prior to patients attending the clinic, they were emailed or posted a consent form to complete. This asked them several questions to ensure it was safe for them to have an MRI scan. On arrival at the clinic the patient and radiographer signed the form to identify they had answered the questions to the best of their knowledge and had the risks/benefits of the scan explained to them. When patients could not give consent due to not having the mental capacity to make valid decisions, staff made decisions in their best interest, considering patients' wishes, culture and traditions.
- Patients we spoke with were familiar with this consent form and had received it prior to attending the centre. Patients were also asked to consent to their scan documentation and images being used for teaching sessions or ethically approved research.

Good

Diagnostic imaging

- **Staff clearly recorded consent in the patients' records.** Records we reviewed had scanned copies of the consent form saved to the electronic paper file. The records included details that care was provided with the consent of the patient or in their best interests. As required, there was evidence of family involvement in best interest decisions.
- **Staff knew how to access support for patients experiencing mental health illness and those who lacked the mental capacity to make decisions about their care.** The needs of patients with mental health conditions were identified by referrers. Administrative staff escalated this to the radiographer to ensure the relevant forms were completed to avoid unnecessary delays.
- 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.

Are diagnostic imaging services caring?

Good

We rated it as **good.**

Compassionate care

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

- We observed staff were attentive, friendly and kind in their interaction with patients
- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. There was a privacy, dignity and respect policy which provided guidance on the promotion of standards of care to enable the utmost privacy, dignity and respect for people who used the service. Patients were greeted warmly by the receptionist and made to feel welcome and offered a complimentary hot or cold drink from a machine in the reception area.
- We observed one patient being reassured about being late for their appointment in a warm and friendly manner. They confirmed this had reassured them and reduced their anxiety.
- We observed staff talking to patients on the phone to make their appointments. They were helpful and provided information in a clear way and repeated pertinent points making sure the patient had understood the necessary information. Detailed information was discreetly provided regarding the clothing which would need to be removed during the scan so that patients could attend appropriately and comfortably dressed.
- **Patients said staff treated them well and with kindness.** Patients we spoke said staff were kind and helpful during their scan. One patient said they struggled to stand up from the scanner and the staff member helped them to get up and mobilise. All patients said they were provided with necessary information prior to attending the clinic and were able to ask questions before and after the procedure.
- We spoke with six patients during our inspection and the feedback was positive. One patient who had used the service a few times told us "staff are very good and professional." We were told staff were compassionate and understanding with a "good sense of humour". Another patient told us that staff were "nice and approachable".
- Information about chaperones was available in the waiting room for patients to see and patients were advised they could have a chaperone present for their scan. A chaperone is a person who serves as a witness for both patient and clinical staff as a safeguard for both parties during a medical examination or procedure. Where requested, carers or relatives could accompany patients. There was a clear policy and procedure to guide staff in the use of chaperones and when these were required.

Emotional support

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

Good

Diagnostic imaging

- **Staff gave patients and those close to them help, emotional support and advice when they needed it.** The service addressed all patient queries and concerns during the booking stage and throughout their appointment.
- **Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.** Staff told us how they supported nervous patients and those who suffered from claustrophobia. The patient was given the opportunity to inspect the scanning room before the day of their appointment. Staff explained emergency procedures such as how to exit the room and building in the event of a fire, what to expect if there was a power cut, and how to stop the procedure if they needed to, which put their mind at ease.
- Patients could have a family member or a friend on the day of the appointment for emotional support, and staff took time to talk them through the process again. Staff gave the patient a call bell to ring when they felt anxious during the scan. Staff entered the scanning room to reassure the patient and kept the patient informed of how long was left of each scan sequence.
- Staff offered patients earplugs and ear defenders to protect their ears from the noise of the MRI scanner. Patients were encouraged to bring their own music to listen to during the MRI scan, which helped minimise anxiety.
- The centre had one designated and controlled MRI scanning room. Adjacent individual secure changing facilities were available for people to use. We observed that only one person was brought into the scanning area at any time. This ensured people's privacy, dignity and confidentiality was maintained.

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.
- Patients were provided with information relating to their appointment and care and treatment either by email or by post if they were not able to receive emails. Patients were consistently given the option of email or post.
- Patients and relatives were given clear information verbally and in writing before the appointment. There were various leaflets covering a range of topics including scan related anxiety and what to expect from an MRI scan. Further information was available to patients and relatives on the website including a range of MRI guides and literature.
- Patients were given appropriate information and support regarding their scan and how and when they would receive their results.
- **Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.** We observed all staff communicating with patients and their relatives in a way they understood. Patients were given enough time to ask questions and staff took time to explain the procedure and answer all questions in a calm, friendly and respectful manner.
- We spoke with six patients who had received an MRI scan on the day of our inspection. They all told us the staff had treated them with dignity and respect and had been kind and helpful to them. They also told us they had been sent lots of information about an MRI scan prior to attending the service. All six people told us staff had explained fully what was happening before, during and at the end of the scan. They told us this had helped them understand what was happening throughout the procedure.
- **Patients and their families could give feedback on the service and their treatment.** A high proportion of patients gave positive feedback about the service in the survey. For July 2019 the results showed 96% of patients had been very satisfied with the way in which staff had carried out the examination and cared for them. One had not been satisfied. However, the data provided did not evidence the number of patients who had responded. Over the last 12 months the centre had consistently been within the top 10 of Alliance Medical's organisations for patient satisfaction.

Are diagnostic imaging services responsive?

Good

We rated it as **good.**

Good

Diagnostic imaging

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.** Service delivery was a collaboration between the centre and the local NHS trust which allowed local people to have timely access to MRI scanning services. The centre offered a wide range of standard, complex and contrast-based scans for head, abdominal, pelvis, musculoskeletal, neurology for patients between the ages of 17 and 65.
- To offer an increased choice for patients and referrers, the service was able to offer weekend appointments during busy times to meet increasing demand during the summer months. Appointments were flexible to meet the needs of patients.
- **Facilities and premises were appropriate for the services being delivered.** The service had developed in a purpose-built centre. The centre was situated on a local bus route and the local train station was 10 minutes away by car. At the point of booking patients were given clear directions and a map about how to find the centre and the parking arrangements. There was a visitors' car park adjacent to the centre for patients travelling by car, with ample parking spaces.
- The centre was set within a small business park that was owned and maintained by a local charity. There was free on-site parking and the front entrance was accessed by a wheelchair friendly ramp. There was a light and spacious waiting room with comfortable seating for patients and relatives. Complimentary hot and cold drinks were provided and magazines and leaflets were available. A patient toilet was situated on the left near the entrance and a disabled toilet was situated adjacent to the control room. There was a reception desk leading to a bookings area which had two booking desks for the administration team.
- Patients were greeted and registered in the reception area and waited in the waiting area until they were accompanied to the scanner by a member of the clinical team.
- In cases where the patient was responsible for full or partial cost of care or treatment, there were appropriate and sensitive discussions about costs on the phone before the appointment. Payment could be made by phone.
- A new telephone system had been installed with two lines to increase availability of staff to answer calls from patients and referrers.
- **Managers monitored and took action to minimise missed appointments.** Staff had access to flow charts showing patient pathways. These included referral pathways such as those from nearby NHS trusts, the process to follow should a patient not attend for their treatment and action to follow for urgent referrals. The booking team had the referral pathways located in their office and could refer to them easily. They said they were also available on the service intranet.

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 had access to an MRI compatible wheelchair and trolley which could be used for transferring patients requiring assistance from the changing room to the MRI scanner. However, patients were required to be able to transfer with only minimal assistance as there was no hoist facility within the clinic. Staff said if the patient required assistance with their mobility, this would be highlighted by the referring clinician and extra time would be allowed if required.
- There was suitable seating in the waiting area and a toilet. There was also a disabled toilet situated next to the control room and changing rooms.
- Appointment times were adjusted if extra time was required for claustrophobic or anxious patients. There was extra time given if the team were made aware of this beforehand to enable a patient to visit the scanning room prior to their appointment. Patients could bring a friend or relative to accompany them during the scan if they wished. This was subject to the friend or relative filling in a safety questionnaire form before entry to ensure their own safety and had removed all metal

objects before entering the scan room with the patient. Eye masks were available if required, and music was offered to all patients in the scanning room, or if they preferred they were able to bring along their own CD.

- **Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.** Patients' personal preferences and needs were identified at the booking stage or at the time of the scan. Staff told us reasonable adjustments, such as extending appointment times and allowing relatives or carers into the imaging room, were made for patients particularly for those with autism, limited mobility, learning disabilities or living with dementia. The unit manager had completed 'dementia friend' training and was able to make sure any adjustments were made to meet the needs of patients and to advise staff.
- **The service made attempts to ensure it was accessible to all.** The MRI scanner within the service scanned patients weighing up to 200kgs. Bariatric patients who could not be safely scanned at this service were referred to an open MRI scanner within the local area.
- All staff had completed equality and diversity training as part of their mandatory training. Staff had a sound understanding of the cultural, social and religious needs of the patient and were able to describe the reasonable adjustments they might need to make if required.
- **For patients whose first language was not English, the service had access to an interpretation service.** The service used a language line with over 20 languages available by telephone. The organisation also provided information leaflets in several languages for those patients whose first language was not English. Two members of staff spoke a number of different languages and we were told they would help with translation and interpretation if possible. Staff also asked relatives and carers to interpret for patients. However, this was not best practice as it did not ensure the correct information was provided to the patient, as staff could not always be assured that the patient had given their permission for this to take place.
- **Staff had access to communication aids to help patients become partners in their care and treatment.** The service provided information leaflets in other formats including braille. There was a hearing loop in the waiting area to assist those with hearing difficulties.
- Staff identified that should a patient require a chaperone of the same sex which they could not fulfil, they would reschedule the patient appointment. This had not been an issue but formed part of the chaperone policy and procedure.
- There was a charity box containing sweets and snacks for patients to buy for a charitable donation. A sandwich van also visited daily which staff and patients could use.

Access and flow

People could access the service when they needed it. Waiting times from referral to scan were in line with good practice.

- **Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.** There was a structured and effective process for referrals to be processed. The administrators received the referral and entered it into the radiology information system (RIS). It was then triaged by senior members of the clinical team ready for booking. The team telephoned the patient and an appointment letter was sent in the post or using email.
- The service was available from 8am to 6pm four days a week, Monday to Thursday with extended operating hours on Fridays and weekends when required. This helped minimise any delays for patients and commissioners in accessing MRI services. The late finish time accommodated those patients who were unable to attend during the day due to other commitments.
- The service prioritised referrals by clinical urgency. Urgent referrals were passed through to the unit manager or senior radiographer for prioritisation. Depending on availability and requirements, the team always tried to accommodate patients on that day. Staff told us that urgent patients were prioritised and additional scanning times added to the lists to ensure they were seen promptly. On the week of our inspection a patient had been added to the list by using the lunch period to carry out the scan. Saturday clinics had also been added and later evening appointments when necessary. The team also ensured they arranged for the report to be returned urgently.

- Scanning times were in line with the NHS six-weeks diagnostic waiting times. The service aimed to scan routine patients within seven working days of receiving the referral. At the time of our inspection, more than 95% of routine patients experienced less than a seven-day pathway from booking to their report being available.
- The service audited the referral to treatment/scan time for patients. Data showed that between January and July 2019, patients waited between two to eight days for a scan appointment. One patient we spoke with had waited five days for an appointment, another 10 days and another seven days. They were all positive about the timeliness of their appointment.
- During this period from January and July 2019, there were no cancelled or delayed procedures.
- Between January and July 2019, scan reports took between one to three days to be reported to the referring clinician. The administration team monitored reports daily and would start to chase after five days. All patients were informed of when they could expect to receive the results from their scans.
- Staff reported a low patient 'did not attend' rate. During the period from May 2018 to June 2019, there were 1,051 patients who did not attend which represented 3.6% of the number of appointments booked. If the patient did not attend, staff tried to accommodate them by fitting them in another slot. When patients were unreachable, staff reported the 'no show' referred the patient back to the referrer.
- Administrative staff told us they sent a text message reminder to patients a day before their appointment to confirm their attendance. Appointments were cancelled after two or three unsuccessful attempts to contact a patient.
- From May 2018 to June 2019, the service reported no cancelled appointments. Staff told us if an appointment was cancelled due to any unexpected issue, patients were rebooked as soon as possible on a date and time of their choosing.
- One patient we spoke with was attending the service as a private patient. They were satisfied with the cost of the service and described it as favourable to other options.

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.

- From May 2018 to June 2019, the centre received no complaints.
- **Staff understood the policy on complaints and knew how to handle them.** The service used the Alliance Medical management of concerns and complaints policy and procedure.
- Complaints were acknowledged within two working days of receiving them and a response was sent to the complainant within 20 days of the complaint in line with the complaints policy.
- Staff were encouraged to deal with complaints and concerns, with support from the unit manager, as and when they happened. All staff had completed complaints' handling training as part of their mandatory training. If a patient wished to make a formal complaint or escalate a complaint, staff provided all the necessary support and information to do so.
- **Managers investigated complaints and identified themes.** A complaints summary report showed processes to identify themes and actions, shared lessons and training.
- If patients or their family members were not satisfied with the outcome of a complaint, they were escalated to the director for quality and risk for further investigation.
- The service also referred complaints to external independent reviewers. NHS patients could complain to the Parliamentary and Health Service Ombudsman (PHSO) and self-funding patients could complain to Independent Sector Complaints Advisory Service (ISCAS).
- **Patients, relatives and carers knew how to complain or raise concerns.** The service clearly displayed information about how to raise a concern in patient areas. There were information leaflets for patients and visitors displayed in the waiting area about what to do if they had a comment or concern about the service and how to contact the customer care team if they wished to make a formal complaint. Information was also available on the Alliance Medical website.
- Patients we spoke to knew how to make a complaint and were aware of the leaflet.
- Any learning identified from a complaint was shared with staff. Staff gave us an example of a change that

resulted from a complaint. Several patients had complained about how difficult it was to find the centre. As a result, an application was successfully made to the local council to install a road sign on the main road to help.
- Compliment cards had not previously been logged on the electronic reporting system but there were plans to do so to acknowledge and celebrate when things went well.

Are diagnostic imaging services well-led?

Good

We rated it as **good.**

Leadership

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

- **The unit manager was knowledgeable and passionate about the service and actively worked to improve delivery.** Staff told us the manager was visible, approachable and supportive and took an interest in their welfare.
- The administrators said the unit manager had a full understanding of their roles and the issues they faced and had addressed a number of these since joining the centre. This had included increasing the hours available to the flexible rota to cover shifts. The manager supported staff at busy times and was able to fill gaps in their rota when necessary.
- **Patients were at the centre of the service.** Staff were committed to making improvements for patients and felt they could influence change and were encouraged to do so by their manager and regional manager.
- There were clear lines of management responsibility and accountability within the organisation. The service had a management structure consisting of one unit manager, who was supported by a regional manager and a regional director.
- The manager had the required support to develop and use their skills, knowledge, experience and integrity to develop the service they wanted to provide.
- The unit manager told us they had been on a steep learning curve since starting in the role a year ago. They had made good progress in making changes and improvements to the service. They had clear priorities in providing a quality service for patients that was focused on quality and risk, updating local policies and procedures and establishing networks within the organisation and externally. They maintained their clinical competency and skills by working as part of the scanning team.
- During periods of absence another manager from another centre would cover remotely with support from the regional manager.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

- **The vision and strategy were focused on innovation, integration, sustainability and standards of services.** The service had produced and published its strategy. The leaflet described the organisation's mission, vision, strategy and success the 'Why, What, How and Wow.' The 'Why' was outlined in the mission: "To support people and partners through the healthcare pathway to enable them to seize life's opportunities and to improve life expectancy." The 'What' outlined the vision for the future, the 'How' outlined the strategy and the 'Wow' was the measurement of achievement of the vision. The strategy was realistic, with its values and sustainability as key priorities and extended to the governance, quality, effectiveness, and safety of care provided by the organisation.
- There were shared values which described how the organisation behaved towards patients, customers and colleagues. There were four values: 'Efficiency, Learning, Collaboration and Excellence.' The organisation's overriding value was 'that patients are put first.'

- All staff we spoke with could tell us what these were. Written information was available to staff about the values and ensured they were incorporated into their daily practice. Staff also told us they reflected the organisation's value in their work. The appraisal process was aligned to the values and development objectives.
- We saw a business growth action plan for the next 12 months from April 2019. This outlined the current main contracts, the competition, local NHS trusts and local private providers and the actions planned. These included competitive pricing, contact with all local sports clubs, osteopaths, chiropractors, advertising in medical centres and GP practices and promoting MRI to private referrers.

Culture

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

- **Staff felt respected, supported and valued.** All the staff we met said they felt valued, confident and proud of the service they provided. They felt supported by the unit manager and their colleagues.
- **Staff were positive about their role and felt supported to deliver the service.** The team provided support to each other, which meant the team felt resilient even if they were small in number. It was clear their work was important to them and they felt passionate about their contribution to deliver the service. The clinical team worked closely with the wider multidisciplinary teams at the local hospital.
- **Staff wellbeing was paramount.** All staff were encouraged to take a lunch break. A counselling service was available to all staff.
- **The service had an open culture where patients and staff could raise concerns without fear.** The manager encouraged learning and a culture of openness and transparency. Staff confirmed they were encouraged to speak up and felt comfortable about raising any concerns. Staff told us they would not hesitate to report concerns and believed these concerns would be taken seriously and acted upon with integrity and sensitivity.
- There were frequent two-way communications among staff through regular briefings, meetings and newsletters, and involvement in workstreams to develop an inclusive and open culture.
- There was a transparency about career progression, opportunities and challenges. Staff were encouraged to have ideas, solutions, opportunities and improvements and said the unit manager continuously encouraged confidence at work.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. There were regular opportunities to meet, discuss and learn from the performance of the service.

- **There was an effective governance process.** There were monthly meetings to discuss governance requirements which applied to all centres. These included incidents, complaints, scan reports, health and safety issues, delivery against business plan, information governance issues, what went well and what did not. We saw from governance committee minutes that issues relevant to the centre and organisation-wide were discussed and actions agreed and monitored.
- **There was a programme of internal audit to monitor and assess performance in line with national guidance and standards.** There was a quality management framework which drove continuous improvement. The provision of a quality service aimed to ensure the service was the preferred provider of independent radiology services.
- The framework provided the principles through which Alliance Medical ensured diagnostic imaging services met high standards of clinical quality and patient safety.

Managing risks, issues and performance

The service had good systems to identify risks, plans to eliminate or reduce them, and cope with both the expected and unexpected.

- **Risks were identified on the local risk register.** We saw the register was comprehensive and included the risk details, the original risk rating, current mitigation action, assessment after mitigating action and the current risk status. Risks were identified as strategic,

operational, financial or clinical and were evident in all aspects of the organisation. These included treating patients, determining service priorities, project management, record keeping, communication, making decisions regarding finance, staffing levels or future health and safety strategies.

- The manager was aware of the current risks and mitigating actions. The current risks related to the MRI environment and the proximity of the control room, slips, trips and falls, a staffed reception desk, and the replacement of external fencing.
- The register was subject to an annual quality assurance review (QAR), which was aligned to national guidance in support of a safe and effective service. Actions from the QAR report and other audits were monitored locally and at corporate level.
- There was a risk management strategy which provided a framework to make sure risk management was an integral part of strategic and clinical/operational management, decision making, planning and implementation. Risks were managed in accordance with best practice, as part of corporate governance. A risk assessment policy and procedure detailed the process for completion of the organisation's risk assessments to ensure compliance under the Management of Health and Safety at Work (Amendment) Regulations, 2006 and the Health and Safety Executive (HSE) Managing for Health and Safety (HSG 65) guidance
- **There were systems for collecting information about the service and for monitoring outcomes and required improvements.** Risk management was seen as every employee's responsibility and a monthly 'Risky Business' newsletter identified key points of learning for sharing with all staff.
- **The service had developed a programme of audits to assess and monitor the safety of the service and to make service improvements**. This information was used to gain an overview of performance and where the service could be developed further.
- There was a local business continuity plan. This set out details of the operating processes to ensure the continuation of critical functions in the event of a major disruption, for example loss of MRI scanner, power failure, flood, loss of staff. It was clear who was responsible for the actions and escalation processes, and the key contacts. All staff were aware of the plan and how to escalate concerns and of actions to take.
- There were yearly tests of the plan and a review where non-conformities were reported. There were currently no outstanding non-conformities or actions from previous tests.

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.

- All staff had undertaken data protection training as part of the mandatory training programme. Staff we spoke with understood their responsibilities around information governance and risk management. Electronic information about patients was stored securely.
- Staff had access to the Alliance Medical's intranet and IT system. There were enough computers to enable staff to access the computer systems when they needed to. Staff demonstrated they could locate and easily access the systems and records they needed to complete their day-to-day tasks.
- Performance data was submitted to the organisation's executive team for review. All data collated from across the organisation was reported in the monthly governance report, which was shared with all locations. These were shared with staff locally at the team meetings. Staff we spoke with said the reports were valuable as they could tell how well the service was performing in comparison to similar services in the organisation.
- The service was accredited with ISO 27001 and were audited regularly against the standard on a rolling programme. ISO 27001 is an international standard for an information security management system. This demonstrated that the organisation was following information security best practice and provided an independent verification that information security was managed in line with international standards.

Engagement

Good

Diagnostic imaging

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

- **Patients and their families could give feedback on the service and their treatment and staff supported them to do this.** Following a scan, patients were invited to complete a paper-based or digital patient satisfaction survey. This captured patients' overall experience and comments. The patient form contained questions. They included the appointment booking process, date and time, information provided at booking, the cleanliness and security of the facility, staff care, attitude and appearance, the information provided and the results. Patients could rate the service as excellent, good, average, poor or n/a.
- There was a comments box in the reception area for patients who chose not to give an email address or did not have access. This helped the team to capture more patient feedback and continually improve the service. The forms were available in alternative communication formats such as Braille and translated versions.
- For the period from 1 May 2018 to 31 May 2019, there were 589 comments. 85% of patients were very satisfied with the overall experience and 89%% were extremely likely to recommend the service to friends and family.
- Monthly results were published and displayed on a "you said, we listened" notice board in the reception/waiting area for patient and visitor information. Statistics and comments from the survey were shared with staff at staff meetings and discussed to promote suggestions on how to improve any issues and to also recognise good practice that may be highlighted.
- An example where change had been made because of patient feedback related to the difficulty in finding the centre. An application had been made to the council to have a road sign installed which the inspection team had followed on arrival at the centre. A banner had also been placed on the perimeter fence at the entrance to the business park to further aid location.
- Previous comments about the lack of a receptionist had resulted in additional staff to ensure the reception was always staffed to greet patients. Since the increased numbers of administration staff there had been no further comments.
- A "meet the team" display board had been positioned in the waiting area that would allow patients to see team members and the job role they held. Photographs had been taken and were expected to arrive shortly.
- **The manager and staff actively engaged with patients and the wider public, and local organisations and referrers to promote and plan the service.** The manager was outward looking and encouraged staff to attend external training and conferences to develop their own clinical knowledge and the profile of the centre locally and nationally.
- **There were effective systems to engage with staff.** There were regular snapshot engagement surveys where staff could recommend the organisation to friends and family as a good place to work. Thank you letters and cards were collated and shared with staff and the manager was in the process of entering the comments on the electronic reporting system.
- There was a quarterly brief from the organisation's managing director called 'One Team' which was shared with the team. This allowed the opportunity for all staff to feedback areas they thought were important to them, to support the service.
- **Staff had access to health and wellbeing services.** Counselling services were available for staff.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

- **All staff were committed to continually learning and improving services.** Staff and the manager were proud of the way in which the service had expanded and improved its service over the last year. Staff told us they were always keen to learn and develop the service.
- The service had refurbished its premises, which had allowed it to increase capacity.
- The service endeavoured to continually look at ways of delivering services as efficiently as possible and to improve patients' experience of having an MRI scan. They were also striving for revenue growth by increasing the number of referrers choosing to refer their patients to the centre.

Good

Diagnostic imaging

- Innovation and improvement were encouraged with a positive approach to achieving best practice. Staff were encouraged to participate in external networking through multidisciplinary meetings with colleagues at local hospitals and attending national conferences.
- As an organisation, there was a drive to use resources efficiently to enable reinvestment, for example investing in the latest technology, and the centre was actively involved in this drive. The unit manager worked closely with the organisation's business development manager.
- The centre had recently secured a Commissioning for Quality and Innovation (CQUIN) award for a neck nerve rate impingement and had been involved in the design of the service with the local NHS trust.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- Improve attention to detail in completing the six-point checklist to ensure the patient was correctly identified before the scan.
- Improve attention to detail in completing accurate timings of a patient's arrival in the scanning room and their departure following their appointment.
- Strengthen some of the team's knowledge of magnetic resonance safety principles and the implications of safety applications.
- Follow best practice by using the interpretation service for patients whose first language was not English.