

Diagnostic Healthcare Limited

Diagnostic Healthcare Limited, Sharston

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

This service had not been inspected before. We rated it as good because:

- The service had enough staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well
- Staff supported patients, families, and carers to understand their condition and make decisions about their care and treatment. Staff treated patients with compassion and kindness, respected their privacy and dignity
- People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.
- Staff felt respected, supported and valued and the service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service

Summary of findings

Our judgements about each of the main services

Service

Diagnostic and screening services

Rating

Good



Summary of each main service

This service had not been inspected before. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Diagnostic Healthcare Limited, Sharston

Diagnostic Healthcare Limited Sharston is operated by Diagnostic Healthcare Limited which was established in 2004 and provides medical diagnostic imaging services of MRI, ultrasound, DEXA, CT, X-ray and CBCT to both NHS and private patients of 17 years of age or older.

The provider headquarters at Sharston manages a fleet of mobile magnetic resonance imaging (MRI) and computerised tomography (CT) units and ultrasound and DEXA services across England. The provider also has another registered location in Manchester.

The service has been registered to carry out regulated activities since 2020 and the registered manager has been in place since this registration.

This service has not previously been inspected and no enforcement or compliance actions have been taken against this provider.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out a short-announced inspection starting on 18 January 2023. The inspection included a visit to one of the service's mobile MRI units in Manchester.

The inspection team comprised of a lead CQC inspector, an assistant CQC inspector and a CQC specialist adviser. An inspection manager oversaw the inspection.

During the inspection we reviewed a range of documents related to the running of the service. We attended a staff focus group, spoke to multiple staff of various roles and spoke to 5 patients about their experience. We reviewed policies relevant to the service, 10 patient records and 5 radiology reports.

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

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

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

- The service should continue to improve staff uptake of mandatory training courses, such as safeguarding children and learning disabilities training.
- The service should improve their systems to collect and retrieve information relating to patients' additional needs to make reasonable adjustments to allow access to the service.

Summary of this inspection

- The service should consider what assessments and provision should be available to make the MRI mobile scanning service more accessible for wheelchair users.
- The service should improve their systems regarding the handover of equipment faults between staff to maintain patient safety.
- The service should ensure all equipment on mobile MRI units are labelled in line with the Medicines and Healthcare products Regulatory Agency's Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use.
- The service should consider improving how information on raising concerns and making complaints is communicated with patients.
- The service should consider making improvements to policy and documentation storage to make it easier for staff to access these.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Diagnostic and screening services

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Is the service safe?

Good 

This service had not been inspected before. We rated it as good.

Mandatory training

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

Clinical staff received and kept mostly up-to-date with their mandatory training. At the time of inspection, the overall completion rate for mandatory training was 86%, which was above the provider's target of 85%.

The mandatory training was comprehensive and met the needs of patients and staff. Staff told us that they had the skills and knowledge to meet the needs of patients. The service had recently introduced the Oliver McGowan Mandatory Training on Learning Disability and Autism which staff had not yet completed by all staff.

Managers and the human resources team monitored mandatory training and alerted staff when they needed to update their training. They would do this by sending email reminders to staff before renewal date.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff did not always complete mandatory safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with particular equality characteristics under the Equality Act.

The provider had a safeguarding policy that referred to current legislation and professional guidance and contained a clear process for staff to follow.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and knew who to inform if they had concerns. Staff we asked knew how to contact the safeguarding lead and their contact details were displayed on a contact list at the location and on the mobile units.

Diagnostic and screening services

Clinical staff had not all completed safeguarding training specific for their role on how to recognise and report abuse. Staff were 90% compliant with safeguarding adults' levels 1 and 2 however were under the provider's compliance target of 85% for children's safeguarding at 76%.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The provider's infection prevention and control policy referred to relevant legislation and regulations and was in line with the National Institute of Health and Care Excellence's Infection prevention and control Quality Standard (QS61) statements two and three.

The service generally performed well for cleanliness and had an infection prevention and control lead which staff were aware of how to contact for advice.

Cleaning records for the mobile MRI scanner we visited were up-to-date and demonstrated that all areas were cleaned regularly.

Where the mobile units were undertaking scans on behalf of hospital trusts, staff were expected to follow the relevant trust's infection prevention and control policy.

Staff followed infection control principles including the use of personal protective equipment (PPE). They were 'bare below elbow' in clinical areas, wore disposable gloves when appropriate and used hand sanitiser between patient contact.

We observed staff cleaning equipment after patient contact.

The mobile MRI unit was not connected to a water supply and due to the design of the unit there were no handwashing facilities, however staff knew where the nearest handwashing sink was and had plentiful supplies of antibacterial gel. The provider had included this in their infection control policy, and this had also been risk assessed. The satellite units were always based at clinical sites where staff had access to toilets and handwashing facilities.

Environment and equipment

The design, maintenance and use of facilities and premises kept people safe. The service did not have suitable equipment to help them to safely care for patients. Staff managed clinical waste well.

Patients had access to an emergency call buzzer and could communicate with staff through an intercom system during the scan.

Staff carried out daily safety checks of specialist equipment. Confirmation of completion of the checks was included in the daily end of day reports. This was all recorded electronically and any test results of concern would create an alert to senior management for investigation.

Diagnostic and screening services

Staff disposed of clinical waste safely in appropriate bins and the service had an external clinical waste management contract where they were not on hospital trust sites. When on hospital trust sites, arrangements were in place for safe disposal via the trust facilities.

Staff undertaking DEXA and CT scans had radiation exposure monitors, and managers monitored the results of these.

We checked a range of portable electrical equipment on the MRI satellite we visited, and documentation that confirmed all the equipment had been safety tested.

The provider used an electronic system that recorded the fault and service reports of all equipment. This system would alert managers when equipment was due for servicing.

Staff were unable to view the fault reports and maintenance requests that had been submitted on the electronic system and relied on a paper diary to communicate fault information between staffing. We observed at the unit we visited that this was not used frequently and a fault that was present at the time of the inspection was not documented in the diary and staff could not tell us if this had been reported.

Most equipment for use on the MRI scanner was labelled in line with the Medicines and Healthcare products Regulatory Agency (MHRA) recommendations, however we observed one fire extinguisher that was not. This was raised with the provider, and we received evidence that this has had been rectified following our 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 provider had a current policy on medical emergencies; this covered the different medical emergencies that might occur in the service and how to deal with these emergencies in each of the modalities.

Staff knew how to identify and respond to deterioration in a patient's health and could tell us what the provider's policy stated should be done in the different scanning modalities.

Where contrast media was used, the provider had agreements in place with the trusts to provide medical cover for emergencies through the hospital's internal medical emergency team. For satellite locations based at non-acute settings the process was to call 999.

Staff completed safety checklists for each MRI patient prior to the appointment and again on arrival. We observed staff asking patients to verify their identity prior to their scans. This check was then recorded on the electronic patient system.

Staff obtained pregnancy status for all service users under the age of 55 undergoing radiological examinations in line with the Ionising Radiation (Medical Exposure) Regulations 2017. This form was gender neutral in line with current guidance.

We observed a 'pause and check' poster beside the operator's panel in the MRI mobile unit.

Diagnostic and screening services

An automated electrical defibrillator (AED) was held on the MRI mobile unit and was labelled in line with the Medical and Healthcare products Regulatory Agency (MHRA) guidelines. The AED device was checked daily to ensure it was working and the battery charged.

The provider had a radiation protection supervisor (RPS) to provide advice to staff. The supervisor's contact details were included in a contact list displayed in the mobile units we visited. Staff were aware of how to contact the supervisor.

The provider contracted radiation protection adviser (RPA) and medical physics expert (MPE) services from an external radiation protection provider.

Administration staff triaged referrals using a local policy to determine if scans met the provider's requirements for scan. Staff would raise any unusual indications to a clinical manager for advice and told us they would only accept scans that fitted the guidelines set out by the senior leaders. These guidelines stated exclusion criteria for services and the clinical indicators that were justified for scanning.

Staffing

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

The service had enough staff to keep patients safe with a comprehensive rota system in place to ensure the right skill mix and experience of staffing in all areas.

Where new staff were training or on preceptorship, they would be an additional member of staff with no direct responsibility and supervised by more experienced radiographers.

The service had 3 radiologists that worked under practicing privileges, there was a policy in place for practicing privileges that stated these were subject to the same pre-employment checks as any other staff joining the service.

Managers made sure all bank and agency staff had a full induction and understood the service before working without direct supervision.

The service had low sickness rates with the highest at 4% and reducing turnover and vacancy rates between 3% and 6%.

Records

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

All staff could access records easily through an electronic patient management and record system. These were kept secure with password protection.

When patients were referred from an NHS trust, there were no delays in staff accessing their records as the NHS trust's system was used directly.

Scan images were automatically saved to the provider's picture archiving and communication system (PACS) and scanners on NHS trust sites were directly linked to the trust's specific PACS.

Diagnostic and screening services

Medicines

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

The provider did not store any controlled drugs or medicines.

When scanning at hospital trusts with contrast media, staff followed the hospitals systems and policies to prescribe and administer these medicines. The contrast media was 'gifted' by the relevant trust and administered under agreed and signed patient group directions. We observed that the provider had a policy for the use of hospital trust's patient group directions.

Staff checked patients' allergies which was evidenced in the 5 patient records that we reviewed.

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.

The service reported no never events from any of the sites managed by Diagnostic Healthcare Limited, Sharston between January 2022 and December 2022.

Staff knew what incidents to report and could demonstrate how to report them through the electronic reporting system.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Managers had made improvements to incident systems which enabled staff to report incidents themselves. This had been introduced in July 2022 and had seen a 4 times increase in incident reporting since which supported an improved reporting culture.

Managers investigated incidents thoroughly, conducting root cause analysis and radiation incidents were reported to the provider's medical physics expert by the Radiation Protection Supervisor (RPS) in line with the Ionising Radiation (Medical Exposure) Regulations 2017.

Staff demonstrated understanding of the duty of candour. They were open and transparent and could give examples of giving patients and families a full explanation when things went wrong.

Staff told us they received feedback from investigation of incidents and gave examples of feedback they had received from managers. Learning was shared through the quarterly newsletter, email alerts and team meetings.

There was evidence that changes had been made because of investigations and feedback. Managers demonstrated changes that had been made to prevent a serious incident from happening again.

Managers debriefed and supported staff after any serious incident. Staff told us that managers would meet with them to discuss the incident and offer support.

Is the service effective?

Diagnostic and screening services

This service had not been inspected before. We do not currently rate the effective domain for diagnostic services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff used up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Managers checked to make sure staff followed guidance, such as regular auditing of compliance with the pregnancy status policy. We reviewed the most recent data from this audit that showed staff followed policy and for October to December 2022 were 98% compliant.

Policies were held on the providers electronic system so could be viewed from any site, however staff said that the policies were difficult to find and were unable to find a policy when we asked as the search bar required an exact word match.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and used techniques to make patients more comfortable.

The provider did not hold any pain relief medicines in relation to the diagnostic imaging procedures it undertook. However, patients were continually assessed for comfort during scans.

Staff demonstrated they were aware that patients may be in pain and how they would adapt to cause as little discomfort as possible using positioning aids and time reducing scanning techniques.

Patient outcomes

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

Managers used audit results to improve patients' outcomes. These included auditing and monitoring of the number of urgent referrals received, the triage of referrals, the time taken to send scan reports to the referrers, and the number of repeat scans undertaken.

Managers had a comprehensive programme of repeated audits to check improvement over time for image quality in all scanning modalities and reporting discrepancies in ultrasound.

Managers used information from the audits to improve care and treatment and shared this information through team meetings, newsletters and emails.

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.

Diagnostic and screening services

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We reviewed a sample of staff member records, all records sampled included their; job application, health declaration, suitable references and a satisfactory disclosure and barring service (DBS) check.

Managers gave all new staff a full induction tailored to their role before they started work, staff told us this covered all the skills and training they required.

Managers supported staff to develop through yearly, constructive appraisals of their work and their image quality performance. Staff told us these were used as an opportunity to discuss additional training and development.

Multidisciplinary working

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

We observed radiography and administration staff working together effectively to ensure the safety of patients and to ensure the smooth running of scanning lists.

The provider had an effective process for staff to receive advice and feedback from clinical leads, and from the medical director.

Seven-day services

Key services were available to support timely patient care.

The operating hours of the mobile MRI and CT units were dependent on the contract agreed with the relevant commissioning organisations and varied between weekdays, extended hours and weekends.

Staff could access support about unexpected findings and complications through various means such as the organisations own radiologist, NHS radiologists on sites at which they were working and from the clinical leads.

Health promotion

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

Due to the nature of the provider's services, there were limited opportunities for staff to promote healthy choices and lifestyles. However, we observed health promotion information on display in waiting areas.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Written consent was required for intimate ultrasound examinations in line with guidance and managers audited compliance with the services consent policy.

Diagnostic and screening services

When patients could not give consent, staff told us that they would follow the services policies on consent and mental capacity.

Clinical staff received and kept up-to-date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards through the annual mandatory safeguarding adults' level 2 learning, which had a completion rate of 89%.

The provider had a Mental Capacity and Liberty Protection Safeguards Lead. Staff knew who the lead was and how to contact them for advice.

Is the service caring?

Good 

This service had not been inspected before. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness and respected their privacy and dignity

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

We spoke with 4 patients that said staff treated them well with kindness and professionalism.

Staff followed policy to keep patient care and treatment confidential, only holding conversations in the privacy of the mobile scanner unit.

The mobile MRI unit had a changing room for patients to change in and privacy blinds were drawn when service users needed to change in the scan room.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it and could explain how they would provide support to patients who became distressed in an open environment.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them and gave us examples of how they would adapt to meet people's needs.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Diagnostic and screening services

In all the scans we observed, staff carefully explained the scan procedures before commencing them, so patients knew what to expect.

Patients were given sufficient time and opportunities to ask questions before, during and after their scans.

The provider's website had information for self-funding patients regarding costs of scans.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were able to complete a feedback form after their scan using an internet link that was sent to them via text message. Managers told us that there were also devices at each unit that patients could use to provide feedback if they required assistance of staff.

Patients gave positive feedback about the service. Patient survey results for the year of 2022 for Sharston showed an average score of 96% satisfaction out of ten thousand questionnaires across all modalities, with CT receiving an average rating of 99%.

Is the service responsive?

Good 

This service had not been inspected before. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. The service was in discussion with integrated care boards in different regions regarding possible future expansion of services and new contracts to support NHS waits for diagnostic tests.

Managers monitored and audited missed appointments and took action to minimise these.

Managers ensured that patients who did not attend appointments were contacted. There were policies in place for referrers to be informed if patients did not attend for appointments and required a new referral to the service.

Meeting people's individual needs

The service was not always inclusive and did not always take into account patients' individual needs and preferences.

The service had information leaflets available in 3 languages in addition to English.

Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. Translation services were available by telephone by an external service.

Diagnostic and screening services

The service did not always ensure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs as they relied on referrers informing them of this information in referrals. We spoke with 5 patients that told us that they had not been asked about additional needs when given their appointments, with 1 patient stating that this had impacted their care.

Patients who could not walk unaided and required a wheelchair were excluded from the providers MRI services during the referral vetting process as the mobile MRI units did not have MRI safe wheelchairs.

Access and flow

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

Where the provider supported hospital trusts with MRI or CT scanning through the mobile units, appointment scheduling was undertaken by the trust involved.

Managers monitored waiting times and made sure these were within agreed timeframes. The service's community scanning had a waiting list under 6 weeks across all scanning modalities in line with national targets.

Managers worked to keep the number of cancelled appointments to a minimum. In 2022, less than 1% of community appointments were delayed or rescheduled.

Appointments were directly bookable through the e-referral system or by telephone through the provider's administration team who contacted the patient within a target of 5 working days of receipt of the referral. The service was above this target and was contacting all patients within 5 days.

The provider was able to accommodate patient requests to change appointments and the contact details for the provider's appointments helpline were included on the appointment letter.

Patients said that booking and rebooking appointments was simple and easy.

The provider had a policy for unsuspected and urgent findings that outlined how to have urgent cases prioritised for reporting in each of the modalities and in both community and NHS hospital settings.

Learning from complaints and concerns

It was not always easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Staff understood the policy on complaints and knew how to handle them. Staff involved in a complaint were required to write a statement and a reflection on it, as part of their continuing professional development. The complaints we reviewed during the inspection evidenced this.

Managers investigated complaints and identified themes. Complaints were investigated by the most relevant senior manager within the organisation, progress of investigations were reviewed weekly by the chief quality and risk officer, chief operating officer and director of clinical services and final sign off of all incidents was completed by the chief quality and risk officer or the chief executive. Investigations were discussed in governance committee meetings.

Diagnostic and screening services

Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback and learning were shared to staff through governance newsletters, emails, and team meetings.

The Service had no complaints referred to the parliamentary and health services ombudsmen in the 12 months prior to our inspection.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Complaint files we reviewed on inspection showed evidence of feedback being given to patients.

Patients, relatives, and carers we spoke with told us they did not always know how to complain or raise concerns. We did not observe any information displayed anywhere for patients about how to raise a concern or complaint. However, the provider had information for patients on how to make a complaint on their website.

Is the service well-led?

Good 

This service had not been inspected before. We rated it as good.

Leadership

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

There was a clear focus on the essential and desirable qualifications, skills, and knowledge of candidates, within a specific leadership area, being recruited for. The process included validation of professional registrations, qualifications, and DBS checks along with a competency-based interview process. The provider at the time of our inspection was undergoing work to compile employment checks and appraisals into a more efficient digital system.

Senior leaders articulated the top challenges the service faced and how to meet them. For example, the provider's focus was sighted on the growth of the service, but not at the expense of quality and safety.

Staff told us that senior leaders were visible in the service and approachable about any issues or concerns they would feel they would need to raise.

Senior leaders had created an action plan based on the issues that had been raised in the staff survey, including improvements to appraisal processes and a pay and reward review.

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.

Diagnostic and screening services

Managers told us about the service's vision and strategy for the next five years. The service had a clear goal to become the leading provider for diagnostic imaging services across the UK and had realistic plans in place to achieve these goals.

The provider had good relationships with stakeholders and were committed to providing high quality and value services.

Leaders told us about the risks to the sustainability of their organisation and had both a policy for business continuity and an action plan.

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.

The provider had a Freedom to speak up guardian, this was well promoted and staff we asked were all aware of who this was and how to contact them.

Staff told us that the organisation had provided them with training and development opportunities and were supportive in career development.

Staff told us they were confident in raising issues with their manager and that managers were both open and approachable.

Senior leaders told us that on an annual basis the service commissioned an external staff survey. Managers told us that responses to all surveys over the previous two years had been broadly positive.

In the 2022 staff survey 97% of staff said they felt equality and diversity were valued in the organisation and 86% felt they could discuss what they thought with managers.

Not all staff had completed equality and diversity training. The compliance rate for this mandatory training was lower than the providers target of 85% at 72%; however, we noted there had been multiple new staff start at the service which impacted the compliance rate at the time of our inspection.

The organisation had an employee assistance programme in place to support staff, however when we spoke with staff, they did not know that this was provided or how to access it.

Governance

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

The provider had a clear management and escalation structure in place, which reported into the heads of service and the chief executive, who was also the registered manager. The chief executive, who was one of the founding members of the company, reported to the board. The board met monthly to review the provider's activity and progress towards its strategy.

Diagnostic and screening services

We reviewed the minutes from the most recent board meeting held and saw that key points were discussed in these meetings such as risks, capacity and policies.

The chief executive was supported by an operations team with managerial leads for each of the imaging modalities. Clinical oversight was provided by the medical director, and clinical leads for each of the modalities, all of whom were clinical radiographers.

Support was also provided by finance and human resource; marketing and innovation; IT and information; and quality and compliance managerial leads.

The provider had achieved ISO 9001:2015 and achieved ISO 14001:2015 Quality Management System Standard accreditations, which meant it had demonstrated the ability to monitor and manage quality across the organisation in accordance with those standards and the ability to manage its environmental responsibilities.

During the inspection we spoke with the registered manager and the chief quality and risk officer. They told us that information or updates from a governance point of view were disseminated to staff via emails, quarterly governance newsletters and they were beginning to roll out monthly team meetings.

We noted that during and following inspection, all policies that we reviewed were within the review date.

Management of risk, issues and performance

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

We reviewed the provider's risk register. We noted that it contained a description of risks, actions required and a risk rating. Each risk had a designated owner and a description of the controls implemented to reduce the risk, were applicable.

The risk register was reviewed by the head of governance monthly. This meant the service could be well sighted on its risks and implement appropriate controls to mitigate such.

During our inspection we requested a copy of the services business continuity plan. Upon review, we noted that the comprehensive policy detailed specific business continuity risks and demonstrated the roles and responsibilities of key persons to mitigate the specific risks detailed.

We observed the business continuity risk assessment for the service which complimented and expanded on the business continuity plan. This provided further guidance, as to how to appropriately categorise any business continuity risk and how to minimise the impact.

Information Management

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

Diagnostic and screening services

Data was collected and processed through an electronic system. This included training compliance, any incidents and feedback from staff members and patients. This meant that managers could make real time decisions about operational capability.

Documentation was processed electronically. If any paper documents were completed, these were collated within the electronic system on the mobile units.

The electronic system used was password protected. Staff were able to access the electronic system with their own username and password and could see system information relevant to their role and seniority

Data and notifications were consistently submitted to external organisations as required.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service engaged with patients through feedback questionnaires and made improvements based on the results of these.

Senior leaders told us that their main collaboration with partner organisations was through being commissioned to provide scanning services.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service recognised the importance of learning and development for staff, and managers supported staff to develop further in their careers.

Senior leaders recognised the importance of training the future workforce and told us that they had started accommodating student placements for a university and this had proved successful so far with positive feedback.