

InHealth Imaging Department - Schoen Clinic London

Quality Report

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

Ratings

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

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

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

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

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

Letter from the Chief Inspector of Hospitals

InHealth Imaging Department - Schoen Clinic London is operated by InHealth Limited. The service provides diagnostic imaging services to a separately registered private orthopaedic hospital co-located in the same building. Facilities include MRI, X-ray, CT and Ultrasound. The service also performs interventional procedures for CT and Ultrasound. No interventional radiography or nuclear medicine is performed at this service.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 18 July 2019.

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

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

Services we rate

This was the first time we rated this service. We rated it as **Good** overall because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients enough to drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, 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 the patient population, 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.
- 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. Staff 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 and all staff were committed to improving services continually. The service provided mandatory training in key skills to all staff and made sure everyone completed it.

However:

- Not all staff were aware of the content of all policies or guidance.
- Not all staff understood the requirements of the Mental Capacity Act (MCA) 2005. Following inspection, all staff were provided with e-learning on this topic.

- There was no patient information on how to make a complaint available in the department on the day of inspection. Senior staff told us leaflets had been added to the reception area following our inspection.
- There was variable knowledge of the organisation's values, vision and strategy amongst staff at the service.

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

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Our judgements about each of the main services

ServiceRatingSummary of each main serviceDiagnostic
imagingGoodDiagnostic imaging was the sole activity of the service.
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.

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Good

InHealth Imaging Department - Schoen Clinic London

Services we looked at Diagnostic imaging

Background to InHealth Imaging Department - Schoen Clinic London

InHealth Imaging Department - Schoen Clinic London is operated by InHealth Limited. The service opened on 15 August 2018. It is a private service in London, co-located in the same building as a separately registered private hospital, to provide diagnostic imaging to their patients. The service primarily serves patients requiring imaging services for orthopaedic procedures, on a private basis. No NHS patients are treated at the service. Referrals are taken from a wide geographic area, both nationally and abroad.

The service has had a registered manager in post since it opened in August 2018.

Our inspection team

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

Information about InHealth Imaging Department - Schoen Clinic London

The service has no overnight beds and is registered to provide the following regulated activities:

- Diagnostic imaging
- Treatment of disease, disorder or injury

During the inspection, we visited the reception area, waiting area, changing rooms, X-ray room, control room for CT and MRI, patient recovery area, the MRI and CT imaging rooms and ultrasound room. We spoke with seven staff including health care assistants, administration staff, radiographers and senior managers. We spoke with three patients.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

Activity (15 August 2018 to May 2019):

- In the reporting period, there were 5,303 attended appointments recorded at the service. All of these were privately funded.
- Staff in the centre consisted of one head of service (who worked across this site and another site managed by the provider), one imaging service

manager, five senior radiographers, one medical administration lead, one office administrator, one picture archiving and communication system (PACS) administrator and one healthcare assistant. There was access to five radiologists for the purposes of reporting and an additional four radiologists to cover specialities, who were engaged under practising privileges by the provider.

Track record on safety

- No never events, serious injuries or deaths
- Clinical incidents: 34 in total, all 'no harm'.
- Between August 2018 and April 2019, there were four formal complaints

Services accredited by a national body:

- International Organization for Standardization (ISO) 9001: 2015
- ISO 27001: 2013
- Improving Quality in Physiological Services (IQIPS) -Adult and paediatric audiology

Services provided at the department under service level agreement:

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- Housekeeping and soft facilities management
- Facilities management services and planned preventative management service
- Medical equipment provision and maintenance
- Out of hours reporting services

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We have not rated this service before. We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- 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 design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- 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 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 agency and locum staff a full induction.
- 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.
- The service used systems and processes to safely administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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.

Are services effective?

We do not rate effective for this type of service. However, we found the following areas of good practice:

• The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Good

Not sufficient evidence to rate

- Staff gave patients enough food and drink to meet their needs.
- Staff ensured that patients remained comfortable during their examination. The service did not assess pain or administer pain relief.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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.
- Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available six days a week to support timely patient care.
- Staff gave patients advice in relation to their procedure.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However:

- Not all staff were aware of the content of all policies or guidance.
- Not all staff understood the requirements of the Mental Capacity Act (MCA) 2005. Following inspection, all staff were provided with e-learning on this topic.

Are services caring?

We have not rated this service before. We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

We have not rated this service before. We rated it as **Good** because:

• The service planned and provided care in a way that met the needs of patients.

Good

Good

- 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 the co-located hospital.
- People could access the service when they needed it and received the right care promptly.
- 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.

However:

• There was no patient information on how to make a complaint available in the department on the day of inspection. Senior staff told us leaflets had been added to the reception area following our inspection.

Are services well-led?

We have not rated this service before. We rated it as **Good** because:

- 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 service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.
- 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.
- 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.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to

Good

understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

• 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.

However:

• There was variable knowledge of the organisation's values, vision and strategy amongst staff at the service.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Safe	Good	
Effective	Not sufficient evidence to rate	
Caring	Good	
Responsive	Good	
Well-led	Good	

Good

Are diagnostic imaging services safe?

We have not rated this service before. We rated safe as **good.**

Mandatory training

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

- Mandatory training was provided regularly to all staff through a mix of both classroom and online sessions. Staff told us they were given time within their working day to complete this. Mandatory training was monitored at corporate level by InHealth Limited. Staff received email alerts from the company's learning and development team when mandatory training was due.
- Staff training files included a contemporaneous training record. This included details of training undertaken including; fire safety and evacuation, health and safety in healthcare, equality and diversity, infection prevention and control, moving and handling objects and moving and handling people/ patients, safeguarding adults and children, customer care and complaints, basic life support (BLS) and data security awareness. On the day of inspection, we were shown evidence that staff had 100% compliance with all necessary mandatory training modules, apart from safeguarding training, which is discussed in the following section.

Staff understood how to protect patients from abuse and the service worked well with other agencies to

do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.

- Staff demonstrated an awareness of safeguarding procedures and how to recognise if someone was at risk or had been exposed to abuse. Staff had access to an up-to-date safeguarding policy and knew how to escalate concerns. There was a named safeguarding lead for InHealth Limited, and also access on site to the head of clinical services/chief nurse of the co-located hospital, who had completed safeguarding children training at level four. Staff told us there was always ready access to a senior member of staff for a second opinion on any potential issues.
- The co-located hospital had recently started to accept some patients aged 16 or 17 years, who may be seen in the imaging department, but each patient was carefully assessed on an individual basis.
- All staff had completed safeguarding children level two training and safeguarding adult level two training, apart from three members of staff. The imaging service manager told us that she was in the process of arranging these remaining staff completed this training. All staff should have completed safeguarding children level two training in order to meet intercollegiate guidance: 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff', March 2014. Following inspection, we were provided with evidence that these three staff had subsequently completed this.

Cleanliness, infection control and hygiene

Safeguarding

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.

- InHealth had infection prevention and control (IPC) policies and procedures which provided staff with guidance on appropriate IPC practice, such as isolation and communicable diseases.
- We observed all areas of the service to be visibly clean. The imaging staff cleaned the imaging rooms at the end of each day. This was recorded on a daily check sheet which was reviewed by the manager each week. The external cleaning company cleaned each area every night, with a monthly environmental audit taking place with senior staff. We saw the results of the environmental audit for the six months prior to our inspection, which showed compliance scores of between 90% and 100%. Appropriate actions had been taken where necessary, such as ensuring sharps bins were wall mounted and sweeping and mopping floors.
- Staff followed manufacturers' instructions and the InHealth IPC guidelines for routine disinfection. This included the cleaning of medical devices between each patient and at the end of each day. On the day of inspection, we saw staff cleaning equipment and machines following each use. We reviewed all machines in use, and saw the machines had been disinfected where appropriate.
- We saw there was access in all areas to hand washing facilities, hand sanitiser and supplies of personal protective equipment (PPE), which included sterile gloves, gowns and aprons. All staff were bare below the elbows and used PPE where necessary.
- Hand hygiene audits were completed to measure staff compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients. Results between January and April 2019 indicated that most staff were fully compliant, but there were some instances where staff were not disinfecting their hands

when exiting the patient area. Staff were reminded to use hand sanitiser more often as a result. On the day of inspection, we observed good hand hygiene practice.

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 layout of the centre was compatible with health building notification (HBN06) guidance. There was a first-floor reception area in the co-located hospital, with a reception desk that was staffed during opening hours. The waiting area provided drinking water, light refreshments and toilet facilities for patients and relatives. We found toilet facilities for patients were clean and well maintained.
- Staff had sufficient space in each room for scans to be carried out safely. There were appropriate diagnostic imaging observation areas. These ensured patients were visible to staff during examinations.
- During MRI scanning all patients had access to an emergency call alarm, ear plugs and ear defenders. There was a microphone that allowed contact between the radiographer and the patient at all times.
- The imaging equipment was owned by the hospital provider, but InHealth imaging department staff were responsible for quality assurance and there was a contract in place with the equipment manufacturer for ongoing maintenance. All equipment conformed to relevant safety standards and was regularly serviced. For example, equipment met the requirements of the Ionising Radiation (Medical Exposure) Regulations 2017 (IRR17) regulation 15. This sets out the general requirements in respect of all equipment, regardless of when it was installed and brought into clinical service. The service had an inventory of equipment in accordance with regulation 15(1)(b) and 15(2). The service also met regulation 15(3) regarding testing of equipment. Equipment was tested before clinical use by the centre's radiographers.
- There were systems in place to ensure repairs to machines or equipment were completed and that repairs were timely. Any issues would be logged in a fault book by the service radiographers, who liaised

directly with the machine manufacturers. This ensured patients would not experience prolonged delays to their care and treatment due to equipment being broken and out of use. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. We saw evidence of monthly quality assurance checks on imaging equipment as appropriate.

- All non-medical electrical equipment was electrical safety tested.
- All relevant MRI equipment was labelled in accordance with recommendations from the Medicines and Healthcare products Regulatory Agency (MHRA). For example, 'MR Safe', 'MR Conditional', 'MR Unsafe'.
- Resuscitation and difficult airway equipment was available, with evidence of daily and weekly checks to demonstrate that equipment was safe and fit for use. The resuscitation trolley was not 'MR safe', and was marked as such. There were procedures in place for removal of a patient that became unwell whilst scanning was taking place.
- Access to the imaging rooms was controlled via locked doors, with pass controlled access being considered. There was signage on all doors explaining the magnet strength and safety rules, or radiation warnings and lights, as appropriate.
- Room temperatures were recorded as part of the daily MRI checks. Staff who told us that where temperatures were not within the required range the scanner would not work and this would be escalated to the imaging service manager and the service company automatically by the MRI scanner. There had been some incidents with the cooling system for the MRI machine reported when the service first opened, but these had been addressed.
- Clinical and domestic waste was handled and disposed of in a way that kept people safe. Waste was labelled appropriately, and staff followed correct procedures to handle and sort different types of waste. Staff used sharps appropriately; the containers were dated and signed when full to ensure timely disposal, not overfilled and temporarily closed when not in use.

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 service ensured that the right person got the right scan at the right time, by following the recommendation from the Society and College of Radiographers to use a 'pause and check' system. This is a system of checks that need to be made when any diagnostic examination is undertaken. Radiographers used a three-point patient identification checking system. In the event of a patient informing staff that the area to be examined was different from that on the referral form, the centre's staff contacted the referrer to clarify the area to be examined and request a new referral if necessary. There was an incident on the day of inspection where a patient's date of birth had been transcribed wrongly on the system at the bookings stage, which was picked up during the three-point check and corrected prior to images being archived onto the picture archiving and communication system (PACS) system. The system in place regarding initial ID checks was reviewed by senior staff as a result, with regular spot checks being conducted to ensure compliance with ID checking requirements.
- All clinical staff were basic life support (BLS) or intermediate life support (ILS) trained. All administration staff were BLS trained. There were emergency alarms available across the imaging department, which we saw were operational. In the case of an emergency situation such as a deteriorating patient, a team from the co-located hospital would attend. This team was made up of individuals trained in advanced life support techniques and included a consultant intensivist. If a patient could not be managed on site (where high dependency care was not offered), the co-located hospital held a service line agreement with another neighbouring hospital to provide any sustained high dependency care. There were emergency alarms available across the department, which we saw were operational. In the case of an emergency situation, the patient would be transferred to the most appropriate neighbouring NHS hospital, using the standard 999 system. We saw evidence of scenario training which had taken place to ready staff for what actions to take if a patient collapsed or felt unwell.

- The service ensured that the 'requesting' of any type of imaging was only made by staff in accordance with the MHRA guidelines. All referrals were made using dedicated referral forms which were specific to the co-located hospital. All referrals came through them, and all forms included patient identification, contact details, clinical history and the type of examination requested, as well as details of the referring clinician.
- Staff assessed patient risk and developed risk management plans in accordance with national guidance. For example, the unit used an MRI patient safety questionnaire. Patients referrals were checked at the point of referral for any potential MRI safety alerts that required further investigation. For example, whether the patient had any implants or devices. Patient with implants or devices would be declined an appointment until it was established with the referrer (the co-located hospital) that these were MRI safe.
- The centre was registered with the Health and Safety Executive (HSE) in accordance with Ionising Radiation Regulations 2017 (IRR17). We viewed records that demonstrated access to a medical physics expert (MPE), and that a radiation protection advisor (RPA) and radiation protection supervisors (RPSs) had been appointed.
- Radiographers understood their responsibility to report any significant unintended or accidental exposure to ionising radiation. The manager knew that if exposure levels were too high, there was a requirement to report this to the CQC and Health and Safety Executive (HSE). There had been one case of accidental exposure at the service, of a cleaner entering a scanner whilst quality assurance was taking place. This was judged to be a low dose exposure, but all cleaning was now completed before scanners were open and after scanners were shut down. We saw evidence that all external staff had now read local radiation instructions and procedures. No cleaner was now allowed to enter the MR/CT room without being escorted by a radiographer.
- The centre had control measures including warning lights and signage to identify areas where radiological exposure was taking place. This was in accordance with the lonising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017) and lonising

Radiation (Medical Exposure) Regulations 2000/2018. This ensured that staff and visitors did not accidentally enter a controlled zone such as X-ray when a procedure was in progress.

- Signs were located throughout the unit in both words and pictures highlighting the contraindications to MRI including patients with heart pacemakers, patients who had a metallic foreign body in their eye, or who had an aneurysm clip in their brain. These patients could not have an MRI scan as the magnetic field may displace the metal. There was also signage informing patients and visitors of the magnet size and informing them that the magnet was constantly on.
- Women had to complete a written self-declaration regarding their pregnancy status. This was also checked verbally by staff before a scan took place.
- There were processes to escalate unexpected or significant findings, both at the examination and upon reporting, which staff described. InHealth had a pathway for unexpected urgent clinical findings. The reporting radiologist for that day was contacted by a member of staff to advise them of the urgent report to ensure it received prompt attention. All images would be sent to the referrer urgently via the image exchange portal. If at time of examination, the radiographers thought the patient needed urgent medical attention, the patient was advised to attend the neighbouring hospital that the co-located hospital held a service line agreement with.
- The service used the World Health Organisation (WHO) surgical safety checklist for radiological interventions, to prevent or avoid serious patient harm. By following the checklist, health care professionals can minimize the most common and avoidable risks endangering the lives and well-being of patients. This was in line with national recommendations. The service audited completion of the WHO checklist and found that three forms in May 2019 had not been fully completed. As a result, senior staff decided to start attaching the form to the referrals the day before they took place. As a result, June and July 2019 showed 100% compliance across the department.

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 agency and locum staff a full induction.

- The imaging service manager and head of service ensured there was an appropriate number of staff and correct skill mix level on each shift. The co-located hospital provided up-to-date theatre lists and consulted with senior staff regarding any changes to this as and when necessary. On average, there was three or four radiographers on each shift (8am to 8pm on weekdays, 9am to 2pm Saturdays), dependent on anticipated demand. Radiographers were on call outside of normal working hours, and were expected to attend the service within one hour if necessary, but we were told this rarely occurred.
- At the time of inspection, the service employed one head of service (who worked across this site and another site managed by the provider), one imaging service manager, five senior radiographers, one medical administration lead, one office administrator, one picture archiving and communication system (PACS) administrator and one healthcare assistant (HCA).
- Since opening in August 2018, one radiographer and two HCAs had left the service. At the time of inspection, there was one remaining vacancy for a senior radiographer.
- Sickness rates since the service opened were low, with only senior staff having any recorded sickness absence at all, of between 1.6% and 3.3%.
- The service used agency locum radiographers where necessary to fill vacant shifts. In the three months prior to inspection, 65 shifts (7.5 hours each) had been covered by agency radiographers. No other bank or agency staff were used. We saw evidence of the arrangements in place for supporting new staff at the service, including agency induction and competency checks.
- There was access to an allocated contact for reporting each day from a pool of radiologists employed under practising privileges by InHealth Limited. The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work with an independent service. One of these

radiologists attended the service each morning in order to run an ultrasound and/or CT guided injection clinic list, and would check any incoming referrals at this time. In addition, the co-located hospital had an on-site consultant intensivist 24 hours a day, seven days a week, who could be sought out for advice.

• All staff we spoke with told us that there were enough staff with the right skills to maintain patient safety and rotas were managed well.

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.

- Patient care records were electronic and were accessible to staff. Patients completed a safety consent checklist form consisting of the patients' answers to safety screening questions and also recorded the patients' consent to care and treatment. This was later scanned onto the electronic system and kept with the patients' electronic records, with the paper copy being securely disposed of.
- Patients' personal data and information were kept secure. Only authorised staff had access to patients' personal information. Staff training on information governance and records management was part of the InHealth mandatory training programme. Any referrals were faxed or printed in the viewing room of the CT/ MRI to protect patient information in the case of an unmanned reception.
- All referrals were received by the co-located hospital, with all ongoing communication with patient's GPs and other agencies dealt with by the medical secretaries of the referring consultants.
- Any images or scanned documentation relating to the patients' scans were transferred from the InHealth IT system onto the co-located hospital's patient information system. This gave the referring consultant access to both the images taken and the radiologist's report. There had been some issues with the interface between the two systems when the service opened, but these had been resolved by the time of inspection. Images were also exported externally via electronic system to a disc, which was given to each patient for their personal use.

Medicines

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

- InHealth had a consultant pharmacist who issued guidance and support at a corporate level and worked collaboratively with the InHealth clinical quality team on all issues related to medicines management. Staff told us they could contact the InHealth pharmacist if they had any concerns regarding medicines patients were taking. Locally, staff had access to the pharmacist and consultant intensivist from the co-located hospital for advice.
- The service used patient group directions (PGDs). PGDs allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription. Medicines covered in the PGDs included contrast agents and sodium chloride. Staff were assessed to ensure they were competent to administer these medicines, with appropriate administration records kept for each patient. These medicines were stored appropriately and in date.
- We checked the medicines fridge (where only glucagon was stored) and we saw records which showed staff had checked the fridge temperature daily. All temperatures recorded were within the expected range.
- We saw allergies were documented on referral forms. Patients were asked about their allergies, as part of the safety questionnaire in line with best practice guidance, prior to medicines or contrast being administered.
- The service did not use controlled drugs.

Incidents

The service managed patient safety incidents well.

Staff recognised and reported incidents and near misses. 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.

- A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. There were no never events reported since the service opened in August 2018.
- In accordance with the Serious Incident Framework, the service reported no serious incidents (SIs) since opening in August 2018. There had been no Ionising Radiation (Medical Exposure) Regulations IR(ME)R)/ Ionising Radiation Regulations (IRR) reportable incidents in this period. One incident had been sent to the radiation protection advisor, who deemed that this incident was not reportable. We viewed evidence of this decision.
- The service had an incident reporting policy and procedure to guide staff in reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, and investigate and record near misses. Staff reported incidents using an electronic reporting system, with the imaging manager ensuring that incidents were reported to both InHealth and the co-located hospital. Staff told us that when they reported an incident, they received feedback. We saw minutes of various meetings, both within InHealth and with the co-located hospital, where incidents and relevant learning points were discussed.
- National patient safety alerts (NPSAs) that were relevant to the centre were communicated by email to all staff. All staff had to accept emails with mandatory information which showed that they had been received.
- Between August 2018 and April 2019, a total of 34 incidents had occurred across the service. The main themes of these incidents were: 'medical devices, equipment or supplies' (11), and 'diagnostic processes/procedures' (eight). All of these were graded as causing 'no harm'.
- The duty of candour is a regulatory duty that related to openness and transparency and requires providers of health and social care services to notify patients (or

other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. Staff we spoke with were aware of the duty of candour. There had been no incidents when statutory duty of candour had to be used since the service had opened.

Are diagnostic imaging services effective?

Not sufficient evidence to rate

We do not rate effective for this type of service.

Evidence-based care and treatment

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

Managers checked to make sure staff followed guidance. However, not all staff were aware of the content of all policies or guidance.

- The service followed guidance and policies developed in line with the Health and Care Professions Council, National Institute for Health and Care Excellence (NICE) guidelines for diagnostic procedures, Public Health England (PHE), Society of Radiographers and the Medicines and Healthcare products Regulatory Agency. For example, the service followed NICE guidelines in relation to minimising the risk of contrast induced acute kidney failure by ensuring blood test results were available within the desired range before proceeding with the scan.
- National Dose Reference Levels (NDRL) were based upon PHE 'HPA-CRCE-034: Doses to patients from radiographic and fluoroscopic X-ray imaging procedures in the UK (2010 review)'.
- InHealth had processes for regularly reviewing and updating guidelines and distributing updates and new guidance across the organisation. Staff said updates were shared via email and newsletters, as well as in team meetings. All staff were aware of where to find the policies and Standard Operating Procedures (SOPs) for all relevant procedures. All guidelines we reviewed were up to date. Most staff had signed to say

they had read them, apart from two. However, we found knowledge of the policy content to be variable amongst staff, with not all policies being fully understood by all staff.

- The service based its policies and procedures on the lonising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017) and Ionising Radiation (Medical Exposure) Regulations 2000/2018. The local rules were up to date and reflected both equipment usage and the services localised practice. The local rules were on display.
- The service had local rules based upon 'Safety in magnetic resonance imaging,' (2013), guidelines. We found the local rules provided clear guidance on areas relating to MRI hazards and safety and the responsibilities of MRI staff to ensure work was carried out in accordance with the local rules.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

- Patients were provided with instructions about fasting before their scans, if appropriate. Patients with diabetes would be flagged at the referral stage. Staff told us they would monitor these patients to ensure they maintained a normal blood glucose level if they needed to be nil by mouth prior to their scan.
- Patients had access to drinking water and a tea/coffee making machine whilst awaiting their examination. There was also fresh fruit, biscuits and cereal bars available in the main waiting area.

Pain relief

Staff ensured that patients remained comfortable during their examination. The service did not assess pain or administer pain relief.

• Pain assessments were not undertaken by the imaging service directly. The service did not provide pain relief to patients. Patients managed their own pain and we were told patients with a booking would receive a letter prior to the procedure advising them to continue with their usual medications. For inpatients from the co-located hospital, the staff arranged with ward staff

for the patient to have their medication at a time appropriate to the procedure. On the day of inspection, we saw staff asking patients if they were comfortable throughout procedures.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make

improvements and achieved good outcomes for patients.

- At the time of inspection, InHealth were working towards accreditation with the project against the Quality Standard for Imaging (QSI) standards (formerly Imaging Services Accreditation Scheme - ISAS) using the 'traffic light' ready tool and gap analysis to prepare for inspection. The director of clinical quality was leading on the accreditation preparation. Members of the provider's governance team were part of the QSI/ ISAS London Region Network Group, aimed at sharing best practice and guidance for services working towards accreditation. The provider aimed to be accredited across diagnostic and imaging services by 2020.
- The service had a clinical audit schedule, including audits of individual areas such as patient experience, infection prevention control, environment and equipment. The service was in the process of setting up a reporting audit on image quality via a third-party provider within InHealth. We saw evidence that the system had been set up to enable this, with quarterly audits planned on 10% of monthly reports.
- The service already conducted quality audits on all X-rays undertaken at the time of inspection. Between April and June 2019, results indicating perfect image quality varied between 87% and 90%. In relation to exposure, results for the same period indicated that between 73% and 87% were completely correctly exposed (although all images met the minimum standard for quality). In addition, 100% of X-rays in May 2019 covered the area of interest, with 95% achieving an adequate centring point. The imaging service manager collated these results and shared them with both InHealth and departmental staff for quality assurance purposes and to drive learning and improvement.

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. There was an induction and probation period for clinical staff during which clinical competencies were assessed.

- There were arrangements in place for supporting new staff at the service, including an induction and probation period during which clinical competencies were assessed. Staff were required to complete a competency checklist within the first three months of employment, and did not work until the required competencies had been met. This ensured all staff were competent to perform their required role. We viewed induction records for clinical staff, which included competency checklists. Staff that we spoke to were satisfied with the induction process and how it prepared them for their role.
- New staff were provided with a site orientation and walk-through of the centre's fire safety and evacuation procedure. Staff were signposted to the procedure for calling for help in an emergency, including fire or cardiac arrest. The local rules were shared with the staff member and they were required to sign to confirm they had read and were aware of these.
- Staff told us InHealth had a comprehensive internal training programme aimed at developing modality specific competence following qualification as a radiographer. Within MRI, this was led by the provider's MRI clinical lead and supported by external experts in physics and patient experience. All radiographers undertaking MRIs had been trained in cannulation. Radiation protection training was given by the provider's radiation protection advisor, with support from the radiation protection supervisors at location level.
- Staff attended relevant courses to enhance professional development and this was supported by the organisation and local managers. InHealth offered access to both internal and externally funded training programmes and apprenticeships to support staff in developing skills and competencies relevant to their career. We saw examples of how staff were supported to develop and progress, with one member of staff

Competent staff

having been recently promoted to the role of lead radiographer, and another member of administrative staff undergoing training to become a healthcare assistant.

- Radiographers' performance was monitored through peer review, with radiologists feeding back any performance issues with scanning to enhance learning or highlight areas of improvement in individual radiographers' performance.
- All radiographers were registered with the Health and Care Professions Council (HCPC) and met HCPC regulatory standards to ensure the delivery of safe and effective services to patients. Radiographers also had to provide InHealth with evidence of continuous professional development (CPD) at their appraisals.
- We saw evidence of formal staff appraisals and meetings at regular intervals. We saw evidence of the planned appraisal cycle.

Multidisciplinary working

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

- Staff told us there was good teamwork between various professionals within the service. On the day of inspection, we observed good working relationships between all grades of staff and professional disciplines.
- Multidisciplinary team (MDT) meetings took place regularly in the co-located hospital, with radiologists from InHealth and the head of service or imaging manager attending these. This enabled discussion of patients with other health professionals from the co-located hospital. Senior staff assured us that the opinion of InHealth staff mattered.
- From data provided, we noted some concerns relating to interactions between consultants at the co-located hospital and InHealth radiographers. Senior staff told us that there had been some historic challenges in terms of the IT systems and problems viewing images. As a result, the IT systems had been integrated so that the co-located hospital could access reports directly. The manager of the imaging service attended the

hospital's weekly operational meeting in order to proactively identify and discuss any potential issues. We were informed that the working relationship had now greatly improved.

Seven-day services

Key services were available six days a week to support timely patient care.

• The service was operational from 8am to 8pm, Monday to Friday. In addition, the service had recently started opening 9am until 2pm on Saturday, in line with patient demand. An on-call service operated out of hours, with access to emergency CTs and X-rays, with staff attending within one hour if required.

Health promotion

Staff gave patients advice in relation to their procedure.

- There was patient information on diagnostic imaging procedures available on the InHealth website and in the waiting area and reception of the department.
- Patients were provided with information on what actions they needed to take prior to their scan. For example, whether they should eat or drink anything, including amounts of fluid intake and the timescales for eating or drinking, or what to wear.

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. However, not all staff understood the requirements of the Mental Capacity Act (MCA) 2005.

- We saw evidence that systems were in place to obtain consent from patients before carrying out procedures and treatments. We observed staff gaining consent from patients before procedures took place. Staff we spoke with understood the need for consent and gave patients the option of withdrawing consent and stopping their scan at any time. The service used consent forms that all patients were required to sign at the time of booking in at the service.
- Where a patient lacked the mental capacity to give consent, guidance was available to staff through the InHealth corporate consent policy. Although staff had

signed to confirm that they had read and understood this policy, not all staff understood the requirements of the Mental Capacity Act (MCA) 2005. They could not describe what to do if they thought a patient lacked capacity, or how they would assess this. We saw that InHealth had purchased an e-learning programme relating to MCA, but that staff in the service had not yet completed this. Following the inspection, we were provided with evidence that demonstrated all staff had completed this e-learning programme. Senior staff assured us that mental capacity would also be discussed in future monthly team meetings.

Are diagnostic imaging services caring?



We have not rated this service before. We rated caring 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 interactions between staff and three patients prior to, during and following procedures. Staff introduced themselves prior to the start of a patient's treatment, explained their role and what would happen next. Staff had a caring, compassionate and sensitive manner. All three patients we spoke with were consistently positive about the care they received, telling us staff were "friendly" and "helpful".
- Staff ensured that patients' privacy and dignity was maintained during their time in the service and during any scanning. Patients that chose to wear a gown during their scan stayed in the respective changing rooms, which were located close to the appropriate scanning rooms, whilst waiting for their scan.
- There was a chaperone policy in date and patients were informed that 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 an examination or procedure. All staff we spoke with understood their responsibilities in relation to chaperoning and offering this service to patients.

- Patient feedback, including compliments, was collected in a log and shared with all staff during operational and staff meetings. We saw 11 examples of positive feedback from April and May 2019 that described staff as 'professional', 'supportive' and ''pleasant'.
- Following a scan, patients were invited to complete a paper-based feedback questionnaire. The results were collated and shared with the team daily, and with the co-located hospital during the weekly joint operational meeting. In May 2019, 95% of respondents (amounting to 13.2% of total patients seen) said they would recommend the service and 89.2% said it 'completely' met their expectations (will the remaining patients who answered saying it 'mostly' met their expectations). In June 2019, 100% of respondents (amounting to 3% of total patients seen) said they would recommend the service and 95% said it 'completely' met their expectations (will the remaining 5% of patients saying it 'mostly' met their expectations). In July 2019, 100% of respondents (amounting to 4.3% of total patients seen) said they would recommend the service and 87% said it 'completely' met their expectations (will the remaining 13% of patients saying it 'mostly' met their expectations).

Emotional support

Staff provided emotional support to patients to minimise their distress.

- Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calm and reassuring attitude to alleviate any anxiety or nervousness patients experienced.
- Staff provided reassurance throughout the examination process, they updated patients on the progress of their examination. An alarm was available within the MRI scanner to enable patients to speak to the radiographer at any time. Patients were advised that if they wanted to stop their scan, staff would assist them. Staff told us patients that stopped their scan due to anxiety or claustrophobia could discuss

choices for an alternative appointment, such as having a friend or family member to act as support or staff would discuss coping mechanisms to enable the patient to complete their scan, such as having their own music playing or choosing a radio station to listen to. All three patients we spoke with told us staff had been supportive.

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.

- On the day of inspection, we observed that staff communicated with patients and their relatives in a way they understood. All patients were welcomed into the reception area and reassured about their procedure. 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.
- Patients and relatives were given clear information verbally and in written form before the appointment. Both InHealth and the co-located hospital had various leaflets covering a range of topics relating to the various scans provided by the service. Further information was available to patients and relatives on the InHealth website. Patients were provided with aftercare advice following a scan.

Are diagnostic imaging services responsive?

We have not rated this service before. We rated responsive as **good.**

Service delivery to meet the needs of patients

The service planned and provided care in a way that met the needs of patients.

• The service had been adapted to meet the needs of their patient population. For example, the main entrance provided step-free access and waiting rooms had high back chairs.

- All scanning undertaken was elective. Patients were offered scans at a time which suited them. The service had recently started opening 9am until 2pm on Saturdays in line with demand.
- The service would utilise the co-located hospital's international patient liaison service, which facilitated the patient journey for patients that did not permanently reside in the United Kingdom. These patients were able to access translation services, assistance with transport, accommodation, chaperoning and other bespoke services as per their individual needs.

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 the co-located hospital.

- All staff had completed the equality and diversity course as part of their mandatory training. Staff had an understanding of the cultural, social and religious needs of the patient and demonstrated this in their work.
- 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 could be made for patients with complex needs (although the co-located hospital did not routinely treat this patient group). Nervous, anxious or phobic patients could have a preliminary look around the department prior to their appointment to familiarise themselves with the environment and decrease anxiety.
- Translation services could be accessed if required. There was an onsite Arabic translator to cater for patients from the Middle East, as well access to interpretation services for other languages.
- Patients with reduced mobility could access the department as there was a lift and the corridors were wide enough to accommodate wheelchairs.
- Chaperones were readily available.

Access and flow

Good

People could access the service when they needed it and received the right care promptly.

- Between opening on 15 August 2018 and May 2019, there had been a total of 5,303 scans or consultations performed at the service. Of these, 32 were solely administrative appointments (not direct patient contact), 265 were CT scans, 938 were fluoroscopy appointments and 182 were ultrasounds. The bulk of the scans were either X-rays (1,630) or MRI scans (2,256).
- Patients were referred to the service via the bookings department or medical secretary from the co-located hospital. A referral form would then be sent to the secure printer within the viewing room of the CT/MRI. This would be checked by one of the clinical radiologists provided by InHealth and then scanned onto the electronic system, populating the appropriate work list for the modality required. Most of the imaging procedures were scheduled in the diary in advance in this manner.
- Capacity and demand were assessed regularly so that sufficient imaging appointments were available at short notice. The teams within the radiology department would either call a non-urgent patient to request them to reschedule their appointment, or advise them of a delay, to accommodate the urgent scan, or schedule the patient into a later slot in the day to accommodate for the urgent request. A walk-in service could be offered for plain films, with the duty radiologist for the day vetting the referral.
- Waiting times in the department were usually short. The service measured the difference between the booked appointment time and actual start time. In June 2019, 91% of patients were seen within five minutes of their booked slot, and 97% of patients were seen within 30 minutes. In May 2019, 87% of patients were seen within five minutes of their booked slot, and 97% of patients were seen within 30 minutes. In April 2019, 89% of patients were seen within five minutes of their booked slot, and 97% of patients were seen within 30 minutes.
- The service ensured that diagnostic reports were produced and shared in a timely fashion. From August 2018 to April 2019, 93% of patients had their scans reported within 48 hours, against a target of 95%

(agreed with the co-located hospital). Senior staff told us that most scans were available within an hour, and that any delays were investigated as a matter of course.

 Since opening on 15 August 2018, two procedures/ examinations had been cancelled for a non-clinical reason, and a further six procedures/examinations had been delayed for a non-clinical reason. These were all due to a machine breakdown or other equipment failure. Senior staff told us that these patients would either be rebooked in the next available appointment slot once the machine was fixed, or they could go to the neighbouring hospital that the co-located hospital held a service level agreement with.

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.

- Imaging department staff dealt with informal complaints in the first instance, with attempts made to resolve the complaint locally. In the case of a formal complaint, the service had a policy for handling complaints and concerns. The policy stated complaints would be acknowledged within three working days and a full response would be made within 20 working days of receipt. Where this timeframe was not possible, then a letter would be sent to the complainant to inform them of the revised schedule. At the time of inspection, the service was 100% compliant with providing a response within the 20 working day timeframe.
- There was access to the Independent Sector Complaints Adjudication Service (ISCAS) for patients whose complaints could not be resolved by the service.
- Between opening on 15 August 2018 and April 2019, the service had received four formal complaints. These related to issues with booking appointments, not being able to view images on the CD provided to the patient and issues with the MRI scanner being noisy. We saw that changes had been made as a result of these complaints.

- Complaints were recorded on both the InHealth IT system and the IT system of the co-located hospital to enable close oversight. There were weekly InHealth meetings which reviewed all formal complaints at a provider level and shared learning to local teams, as well as weekly operational meetings with the co-located hospital where complaints were discussed. We saw evidence of these discussions in minutes of these meetings.
- Although patients we spoke to said they would know how to make a complaint, there were no details of how to do so available in the department. Staff told us that they would direct patients to the website.
 Following inspection, senior staff told us that patient information leaflets on the complaints procedure had been made available in the reception area of the department.

Are diagnostic imaging services well-led?

Good

We have not rated this service before. We rated well-led 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 service had a management structure consisting of one head of service (who was currently the registered manager who worked across two InHealth locations) and one imaging service manager. The senior radiographers reported to a lead superintendent radiographer, who reported to the imaging service manager. The administrative staff reported to a medical administration lead, who also reported to the imaging service manager. A regional operations manager and the director of clinical quality from InHealth supported the local management team.
- There were clear lines of management responsibility and accountability within service and organisation.

Staff had a good awareness of who their line managers were, and how to escalate any concerns. Staff told us they felt well supported by their managers, who were approachable and open to new ideas and suggestions for improvement to the service. In the June 2019 staff survey, 100% of respondents felt that their manager was an effective leader of their team.

• Senior staff told us that they were in the process of preparing the imaging service manager to become the registered manager of the location. Staff had access to leadership and development programmes to help develop their skills in this area.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. However, there was variable knowledge of the values, vision and strategy amongst staff at the service.

- InHealth's mission statement was to 'make healthcare better', supported shared values which described how they aimed to behave towards patients, customers and colleagues. There were four values: 'care', 'trust', 'passion' and 'fresh thinking'. We saw the values and mission statement displayed throughout the service on posters.
- All staff were introduced to the InHealth values when first employed during the corporate induction. The provider informed us that both the interview and appraisal processes were also aligned to the values, with assessment questions and personal professional development objectives linked to the company's objectives.
- InHealth provided the scan to report service for the co-located hospital, and had done so since the centre opened in August 2018. InHealth worked with the co-located hospital to develop the imaging service, and had taken on more staff and extended opening hours in line with growing patient demand.
- On the day of inspection, there was variable knowledge of the values and vision of the service amongst staff. As a result, senior staff told us they planned to incorporate the InHealth values and vision

into the monthly departmental meetings going forward, with an emphasis on how staff could put these into practice in their day-to-day interactions with both patients and colleagues.

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 told us they had sufficient time to support patients. Staff told us they felt supported, respected and valued at both a local and corporate level. We observed good team working amongst staff of all levels, with collaborative ways of working embedded across the service.
- Equality and diversity were promoted within the service and were part of mandatory training. Staff told us there was a 'no blame' culture, with honesty and openness encouraged so learning from mistakes could take place. A freedom to speak up policy, duty of candour policy and appointment of three freedom to speak up guardians supported staff to be open and honest, with clear lines of escalation for any concerns.
- Staff were happy with access to continuing professional development and training within the organisation. We saw examples of staff within the service who had been promoted or encouraged to take on appropriate developmental tasks. In the June 2019 staff survey, all respondents reported they had chances to learn and grow in the last year, with someone regularly talking to them about their progress and development.

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 service had clear and effective systems of governance and management. InHealth operated a

clinical governance framework which aimed to assure the quality of services provided. Quality monitoring was the responsibility of the registered manager and was supported by the central clinical quality team and governance committee structure, which was led by the director of clinical quality. This included quarterly risk and governance committee meetings, clinical quality sub-committee meetings, a medicines management group, radiation protection group, radiology reporting group and weekly meetings for review of incidents and complaints. All of these meetings had a standard agenda and were recorded with an action log. This ensured that actions to improve services were recorded and monitored to completion.

- In addition, senior staff from the service attended the weekly operational meeting with the co-located hospital, which ensured that all learning and developments were shared between the two services. Staff had a good understanding of incidents, risk and local performance. We saw departmental meeting minutes which demonstrated discussion of incidents and learning.
- There was access to an allocated contact for reporting each day from a pool of radiologists employed under practising privileges by InHealth Limited. The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work with an independent service. There was a practising privileges team who managed the governance around these individuals according to the provider's policy, with a structured approval and review process in place. There was an InHealth responsible officer (RO) was responsible for carrying out the medical appraisal and revalidation processes for radiologists who no longer held a substantive NHS post.
- Medical physics expert (MPE) advice and radiation protection advisor (RPA) support was provided by service level agreement (SLA) from individuals who also worked for an external NHS trusts. The department had access to the MPE and RPA via telephone or email, they could access their named individual or suitable alternative anytime within normal working hours. The department had two local radiation protection supervisors (RPS) who were provided with appropriate level of training for the role.

- Radiation incidents reportable under IR(ME)R would be notified to us by the registered manager for the service. In addition, all radiation incidents were reported to the RPA and were subject to full internal investigation. Learnings were shared with staff via departmental meetings.
- We saw evidence that the registered manager or local radiation protection supervisors attended the central InHealth radiation protection committee meetings which was further attended by all InHealth MPE's, RPAs, registered managers and RPS's. These meetings discussed governance issues, incidents, learnings, training, risks and other issues. Feedback from these meetings were provided to local staff via local staff meetings. Local RPS's were expected to provide in house training and updates to staff in relation to IR(ME)R and radiation protection.

Managing risks, issues and performance

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

- Performance was monitored on a local level. Progress in delivering services was monitored through key performance indicators (KPIs), agreed with the co-located hospital. The service manager told us that the service was not directly comparable to other InHealth locations.
- We saw the service's risk register, which was up to date and referenced ongoing risks. Risks were categorised into nine subgroups, including: finance, health and safety, legal, operations, performance and quality. The risks were graded with level of risk and reviewed regularly, with appropriate actions taken to mitigate against them. The local risk register was shared with InHealth by the head of service, to ensure oversight of any issues. A quarterly report on new and updated risks was sent to the quarterly risk and governance committee, where it was reviewed for comments and actions identified. Staff were able to tell us about current risks on the register, such as problems with the MRI machine and potential delays to treatment following imaging issues. The risk register was stored centrally on a shared drive that all staff could access.

- An annual audit program ensured performance was monitored and managed consistently. Staff participated in local audits, with the resulting information shared amongst staff to promote improvement. We saw appropriate action plans from audit results, and evidence that improvements had been made. At the time of inspection, InHealth were working towards accreditation with the Quality Standard for Imaging (QSI) standards (formerly ISAS).
- There was a comprehensive business continuity plan detailing mitigation plans in the event of unexpected staff shortages or equipment breakdown.

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 at the centre had access to the InHealth intranet where they could access policies and procedures, as well as access to the co-located hospital system. Staff told us there were sufficient numbers of computers in the centre. Staff had individual logins to access the computer systems as and when they needed to.
- All staff we spoke with demonstrated they could locate and access relevant information and records easily, enabling them to carry out their roles. Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.
- Information from examinations could be reviewed remotely by referrers to give timely advice and interpretation of results to determine appropriate patient care. Historic issues with this had been resolved, with support from both InHealth and the co-located hospital.
- InHealth Limited 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

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.

- Patient views about care and treatment were captured using a patient feedback survey. We saw evidence that informal comments were collated and fed back to staff in addition to this. As a result of patient suggestions, waiting areas had been improved, with magazines, a television and a coffee machine added.
- Staff attended monthly departmental meetings, designed to foster staff engagement, share information and drive forward improvement. We viewed minutes of staff meetings where staff were able to raise issues and discuss suggestions for improvement as needed. In addition, staff told us they received email updates and a monthly newsletter from InHealth, which shared any new developments from a provider wide level. Developments from the co-located hospital were shared with staff in meetings and via email. InHealth staff were also invited to social events thrown by the co-located hospital.
- InHealth awarded staff with 'excellence in everything' awards to celebrate achievement. There were opportunities for staff to visit other centres for the purposes of knowledge sharing and socialisation.

 Staff were encouraged to provide feedback to the business through an annual staff survey. We saw the results from June 2019, which indicated that all staff felt InHealth was focused on improving patient care and that patient safety was a priority. Most staff (83%) would recommend InHealth's services to one of their friends or family if they needed care or treatment. There was some majority of negative feedback around equipment and the IT system, as well as InHealth as a provider being slow to respond to some issues. As a result, the department had been allocated dedicated in house IT support and onboarding processes had been improved. Senior staff confirmed an action plan would be developed to act on the results of the survey.

Learning, continuous improvement and innovation

Although staff told us they were committed to continually learning and improving services, there was not much evidence of innovation in practice.

- InHealth were working towards gaining accreditation with the Quality Standard for Imaging (QSI) standards (formerly ISAS). The director of clinical quality was leading the work to prepare the service for the inspection, with the aim to be accredited by 2020.
- Although senior staff told us there was a commitment to continual improvement of services, we could not see any evidence of innovation in practice. There was no formal access to quality improvement methodology, or training for staff to encourage innovative practice. Only 50% of staff in the June 2019 staff survey felt that InHealth encouraged innovative ideas to improve efficiency and patient care.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should consider how to improve staff knowledge of policies and guidance.
- The provider should provide continuing guidance to staff on issues relating to mental capacity.
- The provider should consider how to improve staff knowledge of the organisation's vision, values and strategy.