

Cheltenham Nuffield Alliance CT Unit

Quality Report

Cheltenham Nuffield Hospital
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Date of inspection visit: 6th January 2020

Date of publication: 09/03/2020

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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.

Summary of findings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Cheltenham Nuffield Alliance CT Unit is operated by Alliance Medical Limited. The service is based within the imaging department of Cheltenham Nuffield hospital. The service provides diagnostic imaging, specifically computed tomography (CT) imaging for adults and children over 12 years old.

The service comprises of a small waiting area and changing rooms, an office for staff (shared with the host site imaging team) and the imaging room which houses the Toshiba Aquinon CT scanner.

The service registered with the CQC in 2010. We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 6th January 2020.

This was the first time this service had been inspected.

We rated the service as good overall.

Our key findings were as follows:

- 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.
- 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 provided good care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders 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.

However:

- Fire equipment, that was maintained by the host site but would be used by the service, had not received annual service.
- There were no posters or leaflets regarding safeguarding or abuse available in waiting areas or sent out to patients prior to or after procedures.
- Out of date policies that were no longer in use were stored in folders in the office area.
- Some corporate and host site policies had not had annual review and as such were out of date.

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.

Summary of findings

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

Professor Edward Baker
Chief Inspector of Hospitals

Overall summary

Cheltenham Nuffield Alliance CT Service is operated by Alliance Medical Limited. The service is based within the imaging department of Cheltenham Nuffield hospital (the host site). The service provides diagnostic imaging, specifically computed tomography (CT) imaging for adults and children over 12 years old. Most patients were referred through the host site and paid privately. The service also provided support to the local NHS trust.

The location comprises of a small waiting area and changing rooms, an office for staff (shared with the host site imaging team) and the imaging room which houses the Computed tomography (CT) scanner.

The service registered with the Care Quality Commission in 2013. We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 6th January 2020.

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 this service had been inspected. We rated the service as good overall.

Our key findings were as follows:

- 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.
- 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 provided good care and treatment.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders 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.

However, we found areas of practice that required improvement:

- Fire equipment, that was maintained by the host site but would be used by the service in the event of a fire, had not received an annual service.
- Not all staff were trained to the required level in safeguarding for children.
- Out of date policies were stored in folders in the office area.
- Some Alliance Medical Limited policies had not had annual review and were out of date.

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.

Summary of findings

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.

Nigel Acheson

Deputy Chief Inspector of Hospitals (South Region)

Summary of findings

Our judgements about each of the main services

Service

**Diagnostic
imaging**

Rating

Good



Summary of each main service

We rated this service good because it was safe, caring, responsive and well led. We do not rate effective for this type of service.

Summary of findings

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Good



Cheltenham Nuffield Alliance CT

Services we looked at

Diagnostic imaging;

Summary of this inspection

Background to Cheltenham Nuffield Alliance CT Unit

Cheltenham Nuffield Alliance CT is operated by Alliance Medical Limited. The service first opened in July 2013 and is a Computed Tomography (CT) scanning service based within a private hospital in Cheltenham, Gloucestershire. The service primarily serves Cheltenham and the communities surrounding Gloucestershire. Most referrals the service receive are from consultants working within the private hospital where it is based, although they do receive referrals from local GP's and Alliance Medical National Accounts.

The service carries out a range of CT scans and CT colon scans.

The service has had a registered manager in post from 23rd November 2015. The current registered manager has been in post since 2018.

The service was registered to provide diagnostic and screening procedures and had not been previously inspected.

Our inspection team

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

Information about Cheltenham Nuffield Alliance CT Unit

The service was open for diagnostic imaging three days a week from 9am to 5pm.

The service was registered to provide the following regulated activities:

- Diagnostic and screening procedures

During the inspection, we visited the CT scanning area. We spoke with three staff including senior and lead radiographers and the service manager. We spoke with two patients and one relative. During our inspection, we reviewed two sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found the service was meeting all standards of quality and safety it was inspected against.

Activity

- During the reporting period of 1 October 2018 to 1 October 2019, 850 patients were scanned by the service. Nine of those patients were under the age of 18 but over the age of 12.

Track record on safety

- No Never events, serious injuries or deaths
- No clinical incidents reported
- No external reviews and investigations
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (c.diff) or hospital acquired E-Coli.
- No complaints

Services accredited by a national body:

- Imaging Services Accreditation Scheme – Whole organisation (July 2018 – July 2021)
- ISO27001- Whole organisation (June 2018 – June 2021)
- Investors in People- Whole organisation (March 2001 – March 2020)

Services provided at the hospital under service level agreement:

Summary of this inspection

- Clinical and non-clinical waste removal
- Interpreting services
- Grounds Maintenance
- Laundry
- Maintenance of medical equipment
- Medical Physics Expert provision
- Resident Medical Officer provision
- Radiation Protection Advisor provision
- Pharmacist support
- Housekeeping services
- IT services

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and supported staff to complete the training.
- The service provided training in safeguarding children and vulnerable adults. There was additional support from safeguarding leads at the host site and from the safeguarding lead at Alliance

Medical Limited head office.

- All areas we visited were visibly clean and tidy. Staff had access to personal protective equipment and hand gel.
- Equipment was regularly checked and maintained in line with manufacturer guidance.
- Staff could access patient records which were safely stored and kept confidential.

However:

Not all staff had completed level 3 safeguarding children training in line with current safeguarding intercollegiate guidance for clinical staff.

Good



Are services effective?

We do not rate effective for this service. However, we found that:

- Staff delivered care based on national guidance.
- Staff worked effectively as part of a multidisciplinary team with the host site staff and with local NHS trusts.
- Patients were cared for by staff with the relevant qualifications and training.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Are services caring?

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

Good



Summary of this inspection

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

Are services responsive?

We rated it as **Good** because:

- 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.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. There was no waiting list at the time of our inspection and there had been no cancellations in the past 12 months.
- Records showed that diagnostic reports were completed within 2-3 days following scanning.
- It was easy for people to give feedback and raise concerns about care received.

Good



Are services well-led?

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.
- 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.

Good



Summary of this inspection

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

However;

- Paper versions of policies kept in the office were out of date and there was no system in place to ensure current versions were available to staff.
- Some Alliance Medical Limited policies had not received their annual reviews.





Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We rated Safe as **good**.

Mandatory training

- **The service provided mandatory training and updates in key skills to all staff and made sure it was completed.** The mandatory training and updates were made up of 13 modules and included infection prevention control and data protection. All staff, including bank staff, were expected to complete these mandatory training modules as part of their induction. Most training was completed online through an electronic learning tracking system. The system sent reminder emails to staff when refresher training was due and training compliance was tracked by the service manager weekly. Bank staff training was not checked by the service manager but instead by a different manager employed by Alliance Medical Limited. The manager of the service could see training compliance data for bank staff through the online training system and dashboard. Training compliance data was reviewed at corporate level and used to benchmark this service against other services provided by Alliance Medical Limited. The training compliance data at the time of this inspection showed all staff at the service were 100% compliant with mandatory training modules.

Safeguarding

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

apply it, but not all staff were trained to the required level. The service had policies and processes for safeguarding vulnerable adults and children.

- Data provided by the service from their electronic learning system showed 100% of staff had completed safeguarding adults' level 2 training and 100% had completed safeguarding children level 2. However, the 'safeguarding children and young people: roles and competencies for healthcare staff Fourth edition: January 2019 intercollegiate guidance document' states all clinical staff working with children, young people and their parents/ carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child, require level 3 safeguarding children training. Training data for this service showed that the service provided safeguarding children level 3 training but only 33% of staff had completed the training. This was not in line with the guidance. There was potential for safeguarding concerns to be overlooked or missed. The manager said the service saw very few children and the manager and safeguarding lead had received the level 3 training.
- Staff were knowledgeable about processes available to protect people from abuse. They had good links with, and access to safeguarding leads from both the host site and through Alliance Medical Limited. No safeguarding referrals had been made to the local authority in the 12 months leading up to our inspection, although staff were able to describe how they would report any issues.
- Processes were in place when reporting images and during examinations for staff to escalate any identified suspected physical abuse (previously non-accidental injury). Staff said they had good links with the local authority safeguarding children's team and showed us

Diagnostic imaging

how they would report any concerns. They showed us the process and said that there was a safeguarding lead available at the host site at all times which they could access in such situations for additional support.

- The safeguarding lead for the service was based at Alliance Medical Limited's head office.
- There were safeguarding policies for adults and children which directed staff to reporting process and gave details for local authorities and police. There were requirements within both policies for staff to comply with disclosure and barring service (DBS) checks as part of recruitment and throughout employment to reduce risks to patients. All staff had undergone DBS checking and the human resources department for Alliance Medical Limited made sure these were compliant throughout each staff member's employment through annual review as required in employments contracts.

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.** There was a sink in the scan room and personal protective equipment (gloves and aprons) available for staff to use.
- Staff used hand washing facilities as required and the service audited compliance with this. Staff audited each other and this was overseen by the service manager. The audits were completed monthly and data showed that staff performed consistently well and were compliant with hand hygiene requirements. The mean compliance data between October 2018 and October 2019 showed 98% staff compliance with hand hygiene. There were hand gel dispensers available in the waiting and changing areas, throughout the host site and within the scanning room and office. During the inspection we observed staff using the hand gel dispensers and completing effective hand washing using aseptic techniques.
- All staff wore short sleeved uniforms, were bare below the elbow and wore no visible jewellery. Handwashing signs were displayed throughout the service and host site to encourage patients and staff to wash their hands.
- There were daily checklists to ensure equipment was cleaned each day. The checklists were kept in a folder in the office area. However, these were not always

completed. We found four gaps in the records between 02 December 2019 and 02 January 2020. There could be an impact on patient safety if equipment is not cleaned regularly. Staff showed us records showing that the scan room was also cleaned by the host site housekeeping team every day, though they identified that this did not include the scanners. The service had a process in place for an annual deep clean which was arranged and completed by an external agency.

- Staff followed national guidance for the insertion of cannulas when administering a contrast agent. A contrast agent is a substance used to increase the contrast of structures or fluids within the body in medical imaging. Staff were attentive when monitoring patients following the procedure. They recorded timings for cannula insertion and removal.
- There was an infection prevention control lead for Alliance Medical Limited who was based at the head office and the service had regular access and contact with them. The service also had access to the infection prevention control lead responsible for the host site. There were service level agreements that encouraged infection prevention and control peer review and audits of the service by the host site.
- The service was compliant with Alliance Medical limited policy for annual deep cleaning of the service. The most recent Infection Prevention control audit (2018-2019) showed the service scored 98% which was better than the corporate benchmark of 90%
- Sharps bins were correctly assembled, labelled with a date and location, and were signed by a member of staff. We observed the sharps bin in the scan room and saw the bin was not overfilled, and the lid was closed.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use the equipment Staff managed clinical waste well.

- Equipment was maintained and serviced in line with manufacturer guidance. Records showed servicing and maintenance was up to date for all equipment. Staff cleaned all equipment after every use and there were arrangements for cleaning to be provided daily by the host site housekeeping service. Audits were complete by the host site and by the registered manager of the service.

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- Staff received initial training from the manufacturer on the use of the scanning equipment. This training included a sign off process to show competence. Staff were trained to cascade this training to new members of staff who joined the service. Staff had access to competency assessment documents to enable compliance to be evidenced for new starters or bank staff.
- There was a service level agreement in place with the host site for the management of clinical waste. There were facilities available to separate waste into clinical and non-clinical waste. The service held correct licensing for the removal of waste produced following CT scans.
- The service had arrangements to manage and control access to areas where there was ionising and non-ionising radiation. These areas were clearly signposted and there were warning lights and signs displayed. Access to these areas was restricted by locked doors with keypad entry. These codes were changed in the event of a member of staff leaving the service.
- Staff wore film badges to monitor exposure to radioactivity and these were checked every 3 months in line with Ionising radiation regulations, to ensure staff were not personally exposed to high levels of radiation. All checks for the past 12 months have been in line with accepted levels.
- Resuscitation equipment, including resuscitation masks were available for adults and children. The resuscitation trolley belonged to and was maintained by the host site. Records we viewed showed the resuscitation trolleys had been checked regularly by host site staff in accordance with their policy. We checked five consumables kept in the resuscitation trolley and found them to be in date.
- The service shared waiting area facilities and an office area (used for administrative tasks) with the host site. There was a service level agreement with regard to fire safety. Staff had completed fire safety training and could explain the fire evacuation procedure. Staff showed us the location of the fire extinguishers, which were provided and maintained by the host site. However, these had not had their most recent annual service checks. This could mean that staff may not be able to respond effectively to a fire emergency if one arose. We

made the service's manager aware of this during our inspection and it was escalated to the host site who provided assurance that the checks would be completed.

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.

- Risk assessments were completed for all people who used the service. These were reviewed several times and checked by other staff members to ensure patient safety. Patients completed initial risk assessment forms during referral consultation appointments. These were complete over the telephone and covered areas such as health conditions such as diabetes that may impact how appointments would be made. These were then checked when patients were booked in for their appointment to make sure any changes were documented and reviewed. This ensured there were additional systems to identify any risks and ensure that patients were safe.
- There were processes to ensure the right person received the right procedure/scan at the right time. The service used the Society and College of Radiographers (SCoR) "Paused and checked" guidance system to reduce the risk of errors. We observed this being completed during our inspection and saw documentation showing that it had been consistently completed prior to our inspection.
- There were procedures for staff to follow if a patient's health deteriorated during their visit to the service. There were local protocols and posters to provide staff with guidance in the event of a medical emergency. A red emergency button could be used to request urgent support from all staff including the host site staff. Staff knew the emergency procedure well. One member of staff told us how they followed the procedure in response to a deteriorating patient and had worked alongside the host site staff as part of the service level agreement. There was also a resident medical officer (RMO) available at the host site in the event of a deteriorating patient.
- The lead radiographer for the service was a radiation protection supervisor for the service. There was also a

Diagnostic imaging

radiation protection advisor available at the host site for advice. The medical physics expert was available by telephone for providing radiation advice as required to staff. The support was provided by a local hospital.

- There were posters and leaflets available that detailed the risks of radiation exposure and the service followed local rules for staff and patients who were pregnant. This detailed different stages when pregnant women could be scanned and included additional completion of risk assessments for pregnant women.
- Staff ensured patients who were administered contrast media were safe by using a contrast media and drug safety checklist. We observed contrast being used for one of the scans completed during our inspection. A contrast prescription was drawn up by the host site who also checked that it was safe to use contrast media by completing renal function testing. Outcomes of these tests were made available to the radiographers at the service via the contrast prescription.

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.**
- Actual staffing levels compared well with the required and planned staffing levels. Rotas showed that there was always the correct amount of staff on shift for the past 12 months. The service had a protocol to ensure the service operated safely with the appropriate number and skill mix of staff to provide safe care.
- The service used a staffing calculator, designed by Alliance Medical Limited and used by the manager to ensure the correct staffing levels were set and achieved at the service. The service was provided predominantly by a lead radiographer and a senior radiographer. The service manager was also a senior radiographer and supported staffing levels in a clinical capacity as required.
- There were no staff vacancies within the service and the staff who were in post had worked for the service for several years.
- The service had access to but did not use agency staff and the use of bank staff was minimal. If a member of

staff was unable to work due to sickness, cover was provided by the service manager, staff from another Alliance Medical Limited site or bank staff of Alliance Medical Limited who were familiar with the site and policies.

- The service did not employ any administrative, medical or nursing staff. Staff at the service always had access to the host site's medical and nursing teams and registered medical officer. The host site's radiologists provided support, as required, to the Alliance Medical Limited staff both remotely and when on site. The host site reception and administration team also provided support with uploading images to the host site system for review.

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. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system and used it to view and update patient records.**
- Staff entered patient information directly onto the electronic recording system and scanned in copies of paper records as soon as they were completed. Staff destroyed scanned documents once they were entered onto the electronic system to ensure patient confidentiality. The electronic recording system was secure and only accessible by staff with their own secure log in and passwords.
- Staff received training on information governance when they joined the service and as part of their mandatory updates.
- The service used the radiology information system (RIS) to share images safely and securely with the host site, NHS trust and primary care colleagues. These systems were password protected and each staff member had their own log in details to protect patient data.
- Staff kept detailed records regarding patient care. This included, but was not limited to, cannula insertion times and removal details. Staff documented if patients had stayed following their scan and how long the patient had stayed for.
- Patient information was recorded by staff on two electronic systems. One which was used by Alliance

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Medical Limited and the other which was the system used by the host site. Any patients referred from outside of the host site were only recorded on the Alliance system. However, patients referred from within the host site would have their data recorded on both systems.

- Any additional information or comments from radiographers were recorded on the patient records and shared with the relevant referring practitioner. Staff who completed the scan also updated the electronic records. The host site reception team then submitted the scan images for reporting.

Medicines

- The service used systems and processes to safely prescribe, administer, record and store medicines.**
- Contrast media products were stored in secure cupboards within the clinical areas which were only accessible by staff. The service kept records of how long contrast media products had been stored. A system had been designed by staff at the service to record clearly the product number and when it was put in the cupboard. Staff told us this ensured expired bottles of contrast were not used.
- Staff worked closely with the host site pharmacy team who were based in the same building and very close to the scanning room. The lead radiographer had recently started some ongoing additional work with the pharmacist to look at prescribing procedures at the host site.

Incidents

- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.**
- Staff told us of their responsibilities to report and record safety incidents and near misses. They said all incidents were recorded and monitored at corporate level to identify where the incidents were occurring. Staff said there was a positive culture for incident reporting at Alliance Medical Limited and that the root cause analysis (RCA) process was detailed. Staff also referred to how learning from incidents was shared with all Alliance Medical limited sites through a monthly newsletter which encouraged incident reporting.

- The service used a traffic light system to rate incidents and identify whether an RCA was required. The policies for incident reporting and investigation gave clear timeframes for RCA's to be completed in. The service had reported no incidents in the reporting period October 2018 to October 2019.
- The service had a duty of candour policy which gave examples and guidance to staff on what would trigger the duty of candour. The duty of candour is a regulatory duty that requires health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents. The duty is in relation to services being open and transparent. Staff were aware of their roles and responsibilities regarding this. The service had not had to give any apologies in the past 12 months.

Are diagnostic imaging services effective?

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.**
- The service had guidelines and policies available on the electronic system. Policies were developed in line with best practice guidance. For example, the service adhered to the Ionising Radiation (Medical Exposure) Regulations 2018 (IR(ME)R). The staff took time to discuss the risks of exposure and to justify the benefits outweighing those risks with patients.
- The service adhered to the National Institute for Health and Care excellence guidelines (NICE) for diagnostic procedures. Staff showed us that they checked all patients having contrast media administered had undergone a blood test before the scan. They told us how they checked blood results were in line with set criteria before proceeding with the scan.
- The service manager kept staff up to date with any policy changes. Staff received emails from Alliance Medical Limited and updates of any changes through the monthly newsletter. Records showed that staff had signed to confirm they had read and were up to date with policies.

Diagnostic imaging

- However, staff stored folders in the office area that contained paper copies of the service's policies. There was no process to ensure that the most recent versions were in these folders. The policies that we checked (including patient registration error procedure, procedure for manual entering of patient data on to the scanner) were out of date. There is a risk staff may follow an out of date process if they looked in these folders instead of on the electronic system. This could mean that patient treatment and experience may not be in line with up to date guidance and best practice. We raised this with the manager on site and some information in the folders was updated while we were there. The manager said this would be followed up with a checklist and would be maintained more effectively in the future.
- Some Alliance Medical Limited policies, including Infection prevention control, had not received their annual review as per the service's policy.

Nutrition and hydration

- **There were arrangements to provide access to food and drink.** The service provided tea/coffee and biscuits to patients while they waited following their scans. Hot and cold drinks and snacks were available near the host site reception and there was a canteen at the host site for relatives and carers.
- The service adopted a flexible approach when patients were living with a diagnosis of diabetes. At the initial booking telephone call, staff would work with the patient to identify the optimum time for their scan to identify if they needed to fast before.

Pain relief

- Staff did not routinely record patients pain levels. We observed staff asking if patients were comfortable throughout their scans but this was not recorded anywhere. However, if patients were in pain, staff had access to medical and nursing staff based at the host site along with the host site's resident medical officer who could support the patient and prescribe pain relief if appropriate. There was also a pharmacy on site to provide the pain medication if required.
- Staff told us that any patients who were not referred through the host site were advised to bring their own pain relief along to their appointment. Patients we spoke with during this inspection did not require any pain relief.

Patient outcomes

- **Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**
- The service completed audits, such as image quality outcomes and report accuracy outcomes to monitor patient outcomes. The service used this information to benchmark against other Alliance Medical Limited sites.
- Staff completed peer reviews of images obtained by their colleagues. Radiologists based at the host site also reviewed and provided feedback on image quality most months. Staff had developed effective communication pathways with the host site's radiology team and were confident and comfortable approaching radiologists for feedback or to discuss results or interpretations of images.

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.**
- It was the responsibility of the service manager to ensure all staff received their annual appraisal. All staff had received this at the time of the inspection. Staff said they were encouraged to update knowledge and develop through training and development available within Alliance Medical Limited. Staff said they had regular supervision and were confident they could work through any challenges or difficulties with the service manager.
- The service manager said the head office human resources team made sure staff were recruited in accordance with organisational policy. All new staff had the appropriate qualifications for their role and were provided with a comprehensive induction to ensure they were trained to the standard required to work for Alliance Medical Limited.
- Induction included a corporate induction and local level induction designed to enable staff to become familiar with the organisation and the service they would work in. The local induction at the site included competency sign off for the equipment and orientation of the host site. Staff told us they had completed both inductions when they started and had supported new starters and bank staff to completed local level induction.

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- In line with the registration requirements of the Health and Care Professions Council (HCPC), radiographers completed continuous practice development to evidence their progression and competence when they renewed their membership every two years. All radiographers were registered with the HCPC and had renewed their membership at the last renewal cycle. Renewal status was also monitored by the registered manager through appraisal.

Multidisciplinary working

- **Radiographers worked together as a team to benefit patients. They supported each other to provide good care.**
- Staff told us they had worked together for several years and supported each other when there were changes in the organisation and professional guidance.
- Staff worked together to develop good working relationships with staff at the host site and staff at the local NHS trust. We saw examples of this with staff from the host site imaging service who spoke of great communication channels between themselves and the Alliance Medical Limited staff. Staff told us that they also attended the host site imaging team's weekly team meetings to aid in communication, feedback and to make the patient experience as smooth as possible.
- Staff said they were supported well by the host site radiologists and told us about open communication systems that encouraged discussion and feedback both ways. Staff were able to access previous images for patients who were referred via the host site. This also helped them to make sure that, where possible, images were taken in a way that would enable comparisons to be considered if needed.

Seven-day services

- The service operated Monday to Wednesday 9am to 5pm. The service did not provide an out of hours service for CT but operated a flexible work pattern that enabled most imaging to be completed as and when it was needed. Any urgent scans that could not be completed were referred to the local NHS hospital if required.

Consent and Mental Capacity Act

- **Staff supported patients to make informed decisions about their care and treatment. They**

followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

- Staff showed good understanding of the requirements of legislation such as the Mental Capacity Act, 2005. They received training on the legislation to support them to understand the principles of the Act and what their responsibilities were.
- Consent was gained through use of risk assessment forms where patients signed to indicate their consent for treatment once they had read through paperwork with staff. Patients were sent information before their scan and had a telephone call with staff to discuss their procedure. This was aimed to support them to have the information required to make an informed decision prior to attending for their appointment. It also allowed patients the time for a cooling off period. There was a corporate consent policy that staff followed when gaining consent of children. Staff told us clearly about Gillick competence and explained that there was additional support at the host site and in the community teams for children if needed. Staff were able to refer for this additional support and showed us the contact information they would use to do so.
- Staff said they could request support from the host site medical staff if a patient lacked capacity to consent. All patients were telephoned before their appointment. Staff said helped them to establish any communication difficulties and if patients had difficulty understanding the information about their procedure. Staff said the telephone call also helped them to consider if a patient could keep in mind the information they were provided to make an informed decision on whether to proceed. Staff told us that if they had any concerns about a patient's ability to consent following the call they would discuss with the referring practitioner in the first instance. Staff would then consider how they could support the patient. Staff told us about local advocacy services that patients could access for support. Advocacy is providing support or taking action to help say what they want, secure their rights, represent their interests and obtain services they need.

Are diagnostic imaging services caring?

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Good 

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.**
- There were areas for patients to change in private. Patients were provided with secure lockers to keep their possessions in during their procedure and were given gowns to wear to help maintain their privacy and dignity while having a scan.
- We spoke with two patients and observed the care of four patients during this inspection and feedback was positive. One patient told us they had attended the service several times and said, "The experience and approach was positive which has helped me to be positive". Another patient said, "I have always been given regular updates and the staff are always very attentive and responsive".
- All patients had the opportunity to complete a patient satisfaction survey. Staff told us some patients did not want to provide their email for the survey and so staff adapted this process to ensure that paper copies of the survey form were made available to patients at their appointment, in the waiting area or were sent in the post after their scan was completed. The results from the survey between October 2018 and October 2019 were displayed in the patient waiting area. The results were positive with 100% of patients saying they would recommend the service to family and friends, and 100% were either satisfied or very satisfied with their overall experience at the service. The information provided did not detail how many surveys had been completed.
- Staff were attentive to patient comfort throughout the scanning process. We observed three scans with patient permission and heard staff frequently reassure the patients and gave encouragement throughout the process. When staff were not in the scanning room with the patient they made effective use of an intercom system to give additional reassurance and direction to the patient.
- The service had a chaperone policy and there were arrangements for patients to request a chaperone if required. There were posters detailing this in the waiting

areas and changing rooms. A chaperone is a person who serves as a witness for both clinical staff and the patient to safeguard both parties during a medical procedure or examination. We observed staff explaining this role to a patient who said later that they had felt more confident because they had a chaperone. Staff were aware of their roles and responsibilities with regard to this task.

Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress.**
- Staff focused on patient wellbeing and experience. They gave time to provide emotional support to patients and their relatives/carers. Staff remembered patients who had visited previously and showed empathy for those who required support when attending a scan. They spoke clearly to reassure patients. This helped to create a positive environment both in the scan room and the waiting area.
- Staff gave consistent encouragement to all patients and approached their work with positivity. Staff sensitively used humour to reassure patients who felt uncomfortable or embarrassed.
- All patients received a telephone call prior to their appointment and staff discussed different ways they could provide support during the call. Staff provided additional support to patients who suffered from anxiety or claustrophobia. Staff gave examples of providing an individualised approach, one example being a patient who was very anxious about having a scan. Staff worked with the patient before their scan so that they had built a rapport with the patient. This meant that the service could respond quickly when the patient felt able to have their scan. Staff had spent additional time on the telephone to the patient and invited them into the service to get to know where they would have their scan. Staff made effective use of the services ability to be flexible with appointment to adapt to the patient's needs.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in their decisions and their care and treatment.**

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- We observed staff communicate with patients and their relatives in a way they understood. Staff were able to tell if patients and their relatives were upset or nervous and provided additional support throughout the process, to make the experience easier.
- Staff provided all patients with clear written information about their procedure and what they could do to prepare themselves for it. This was in the form of a leaflet that was sent to patients as part of a pre-scan information pack. These leaflets were also displayed in the waiting areas.
- Staff took time to explain to patients what they should expect after the scan. We observed patients being told what would happen with their images and when and how they would receive their results. Staff stayed with patients after their scan to answer any questions and provide advice.

Are diagnostic imaging services responsive?

Good 

We rated responsive 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 provide care.**
- The Alliance Medical Limited website was easy to navigate and provided useful information about the service and the pathway patients follow from referral to results. However, it was not possible to change the language or select an easy read format.
- The service was based in an area that was easy to access and navigate to from major road routes. There were good bus links to and from the site and the nearest train station was only a short distance away. The host site car park was available to all patients and was easy to access. Car parking was free and there were plenty of parking spaces.
- Patients were greeted at the host site's reception and directed to the service which was on the ground floor. The entrance to the host site and access to the service was suitable for wheelchairs. The environment was

clean and uncluttered. There was a positive atmosphere in the waiting areas and staff were approachable and friendly. Magazines and patient information leaflets were available as well as posters displaying helpful information about the service. The environment was not designed to meet the needs of children and there was no separate waiting area for children.

- Although the service was scheduled to open only three days a week, the staff were flexible and worked with patients to provide scanning appointments at times that were suitable to the patient's needs. Staff said they provided some CT scans on a Thursday or at weekends on occasion if there was a requirement.
- Staff clearly explained to patients when and how they would receive the scan results.
- There was a water dispenser in the main waiting area provided by the host site. There was a hot drinks machine near the entrance to the host site which was only a short walk from the service's waiting area.
- There was clear and visible signage throughout the host site and though the area where the service operated. There were no stairs or lifts to navigate on route to the service and there were accessible toilets available for people with physical disabilities.

Meeting people's individual needs

- **The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**
- Staff supported patients with communication difficulties. Staff provided additional time for appointments and worked with family members to support communication. Staff gave an example of a patient who used the service and had a diagnosis of Asperger's syndrome. Staff said they had spent time meeting with the patient and speaking with the patient's loved ones to understand the best ways to communicate.
- The service was not wholly compliant with the accessible information standard. Staff did not receive training to develop skills and tools for communicating with patients who had communication difficulties. Staff did not have access to tools that may support someone with communication difficulties but said they would often know in advance if a patient needed support and could request support from the host site staff. There

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were information leaflets available and these were available in large print but were not available in an easy read format. This may mean that patients individual needs may not always be known or communicated to staff.

- Staff said that patients were screened following referral to identify any additional requirements of adaptation they may require. Staff advised they could request assistance from host site staff if a patient required additional physical support, such as hoisting, but they were trained to support this as well.
- The service had access to a telephone translation service to support patients whose first language was not English. Staff could request interpreting services if required but these needed to be booked in advance. Staff needed to identify these needs when reviewing each referral to ensure a scan appointment was booked when a translator was available.

Access and flow

- **People could access the service when they needed it and received the right care promptly. There were no waiting times for the service and cancellations were rare.**
- Patients we spoke with said their appointments were always on time and there were plenty of staff to provide reassurance and support.
- There were no cancellations in the reporting period October 2018 to October 2019. Staff said the service had low 'did not attend' rates. They said this was due to the flexibility the service offered because appointments were arranged at times to suit the patient.
- Staff said they had enough time for each appointment which helped to ensure they were always on time. Appointments were booked for one hour each. Staff said the long slots meant they were able to provide personalised support within the appointment time without other appointments being affected.
- Patients referred to the service by the host site were booked in accordance with patient convenience and radiologist availability. Staff were careful to book appointments on days when staff were available to report on the images, to avoid any delays. Data from the two months prior to this inspection showed the turnaround time from scanning to reporting was approximately two days. This was within the service's key performance indicator of one week.

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.**
- Staff said they had all completed conflict resolution training. Staff worked to resolve all patient queries or complaints as they arose. There were patient information leaflets available in the waiting areas detailing complaints procedure and how to raise a concern or complaint. Staff advised these leaflets were also available in the information packs that were sent out to patients before their scan and given to them as part of their post scan care.
- The service manager, who was also the registered manager, was responsible for overseeing the management of complaints. Staff advised that any complaints raised by patients who had been referred by the host site would be investigated by both the host site complaints team and Alliance Medical Limited team. There had been no complaints in the last 12 months for us to review.
- Learning from complaints across all Alliance Medical Limited sites was shared with staff through the monthly newsletter and at monthly team meetings.

Are diagnostic imaging services well-led?

Good 

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.**
- Staff were positive about how the service was managed. They said the service manager was supportive and approachable. Staff said they were pleased the service manager had stayed in post as there had been lots of leadership changes over the last few years. Staff said the service had been more effective because there was stability in the leadership.

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- Staff said the service manager was visible and worked with them as part of the team despite managing another service provided by Alliance Medical Limited as well as the Cheltenham location.
- The service manager said that they had worked for Alliance Medical Limited for over five years and had experienced how staff were supported to develop their skills. All staff gave examples of how they were supported to attend additional training and were supported to take on senior and leadership roles. However, staff said senior managers from Alliance Medical Limited were not visible but told us they still felt information was shared with them from a corporate level.

Vision and strategy

- **The service had a vision for what it wanted to achieve.**
- The service aimed to provide high standard diagnostic imaging that met the needs of patients as well as practitioners referring to the service. They sought feedback from patients, referring practitioners and radiologists.
- The service followed Alliance Medical Limited's corporate values. These included excellence, efficiency, collaboration and learning. Staff understood the organisation's values and vision and told us they felt committed to them.
- The appraisal process was aligned to the values of the organisation and the manager drew upon these to guide the appraisal process.

Culture

- **Staff told us they felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development.**
- Staff told us there was a supportive and open culture within the service. They felt encouraged to challenge and share their views and ideas at local level.
- Staff gave examples of where they had raised concerns and said they were listened to and well supported by managers and senior leaders.
- Staff told us there were effective systems in place to enable them to take their annual leave when they wanted to. Staff felt supported by the service manager who also covered staff annual leave as they also worked in a clinical capacity.

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.**
- There was an established governance structure within Alliance Medical Limited which included directors and board. Regular meetings were held at all levels and information flowed from staff to corporate leaders. Staff received feedback from corporate leaders through the monthly newsletter and team meetings. Staff said they were kept up to date with changes.
- There were local governance processes such as team meetings, incident reviews and analysis of performance that were shared at corporate level by the service manager at monthly meetings. All staff were kept up to date with what was happening within the Alliance Medical Limited as information from corporate meeting was shared with staff at local level team meetings each month. Team meeting minutes were recorded and accessible for staff. We reviewed four records of team meetings minutes which showed all staff attended these meetings every month. There was a fixed agenda template and standing items included security, information governance and quality and risk.
- There were radiation protection committee meetings which were held annually. Issues were fed back through clinical governance meetings.
- Monthly operational board meetings were held at Alliance Medical Limited head office. We reviewed two sets of minutes from these meetings which consistently looked at quality and performance across the organisation.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**
- There were systems and processes to minimise risks. Alliance Medical Limited maintained a corporate risk register which was discussed at senior management

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meetings attended by the service manager each month. Areas of learning were identified, and concerns were shared with staff through team meetings and as part of a newsletter emailed to staff each month. The service manager kept a record of risks to the service and used a risk assessment system to identify and manage risks. The manager also told us of the process to escalate risks to the corporate risk register.

- The service had a business continuity policy which ensured that the service could continue to run safely in the event of a major incident. Staff were able to access this on the electronic record system and showed us the flow chart that would support them to escalate incidents effectively. Staff were aware of their roles and responsibilities to minimise impact on patients and their relatives.
- The service had provision of backup generators which were used in the event of a power cut. These were provided by the host site as part of service level agreement and the host site checked these monthly.
- Performance was monitored at a local level and performance dashboards enabled the manager to benchmark the service against other services in the Alliance Medical Limited.
- All staff were Health and Care Professions Council (HCPC) registered and met the standards to ensure delivery of safe and effective services to patients. The service manager advised all staff's professional registration was checked annually at their appraisal and followed up when renewal of registration was required.

Managing information

- **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.**
- There were enough computers available for staff to be able to access the electronic system when they needed to. We saw all IT systems were protected by passwords which ensured that only authorised staff had access to patient information.
- Staff worked on two software systems, one was specific to Alliance Medical Limited and the other was specific to the host site. This was part of the service level agreement with the host site. Staff explained that most of their work was through the host site and using the

system enabled them to share information with the referring clinician. Staff told us this sped up the patient experience through more effective information sharing and communication.

- Information was shared between the service and the host site. Staff had access to Alliance Medical Limited policies and resources through the electronic data recording system. Staff were able to access up to date patient records electronically. Some patient records were filled in on paper forms and were then scanned onto the electronic database. This enabled staff to complete their roles and to ensure patient safety. Staff we spoke with were familiar with the local rules and were able to show us how they could access these.
- Staff were aware of the requirements for managing a patient's personal information and had received training in accordance with relevant regulations and legislation. All patient records were electronic, and these were kept secure by passwords. Staff were careful to ensure that the computer system was locked whenever they left the desk or the office. There were processes in place to notify the information commissioner's office (ICO) and individuals affected in the event of any personal data breach.

Engagement

- **Leaders and staff actively and openly engaged with patients and staff. They collaborated with partner organisations to help improve services for patients.**
- Staff encouraged patients to give feedback. We observed staff explaining to patients how feedback was used by the service to improve patient experiences in the future. We saw a patient questionnaire that was made available to all patients in the waiting area. It provided space for comments and suggestions but also included some open-ended questions. Staff told us that questionnaires were also sent out to patients in an email after their scan had been completed.
- The service had regular engagement with the host site and local commissioners which helped them to understand what services were required and how services could be improved. There were good relationships with staff at the host site and senior staff from local NHS trusts. Staff told us about support they had provided to local NHS trusts in the reporting period

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October 2018 and October 2019. They said there were good communication channels which encouraged a supportive culture to be adopted from staff at the service.

- All staff received Alliance Medical Limited's monthly newsletter "risky business" by email. The newsletter provided information to staff regarding any developments at other sites provided by the Alliance medical group, learning and performance information and risks identified across the Alliance medical group.
- Staff told us they have a daily huddle in the mornings where they could raise concerns, discuss the work booked in for the day and discuss work that has been completed. Some staff at the service found this was helpful to keep up to date and have protected time for these conversations. However, some staff said the huddles felt a bit 'over the top' at times as they were a small team and saw each other every day.
- Staff were involved in an employee forum and were encouraged to take time to contribute to this and share ideas or challenges they had faced with the wider organisation to develop the service.

- The service received annual feedback from staff through a staff survey and through the appraisal process. Staff told us they felt supported and encouraged to give feedback and to be part of employee working groups that helped to develop the service and Alliance Medical Limited.

Learning, continuous improvement and innovation

- **All staff were committed to continually learning.**
- Staff maximised the use of quiet periods in the service when demand for appointments was reduced. They worked with host site staff and utilised resources to update their knowledge. Staff also used this time to contact patients and completed additional cleaning of the scan equipment.
- Staff encouraged suggestions from patients, visitors and other stakeholders. There were posters in the waiting areas that encouraged people to give feedback and to tell someone if they had any concerns. There were prompts on the paper feedback form for people to provide suggestions. Pens were available in the waiting areas to complete these forms.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should make sure all staff are trained to the required level for safeguarding children.
- The service should consider how they could improve their compliance with the accessible information standard.
- The service should ensure all policies are up to date and are reviewed in line with corporate policy and indicated review dates. There should be processes to ensure this is done.
- The provider should ensure that staff have access to up to date policies and the provider should have a process to ensure that staff access up to date, accessible information to inform and guide their practice
- The provider should have a process to assure themselves that fire safety equipment used by the service has received annual checks and is in safe working order.