

The Cliffs Chiropractic Clinic





Quality Report

1a Trinity Avenue
Westcliff on Sea
Essex
SS0 7PU
Tel: 01702 430430
Website: www.cliffschiro.co.uk

Date of inspection visit: 26 September 2019
Date of publication: 09/01/2020

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?	Requires improvement	

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.

Summary of findings

Letter from the Chief Inspector of Hospitals

The Cliffs Chiropractic Clinic is operated by Mr Arif Omar Josef Soomro. The service has three clinic rooms. One clinic room also provides X-ray facilities. The diagnostic imaging part of the service operates on Monday, Wednesday and Friday mornings and Wednesday evenings.

The service provides chiropractic and diagnostic imaging services to patients on an outpatient basis. We inspected the diagnostic imaging part of the service only, because the Care Quality Commission does not regulate chiropractic medicine. We have made some reference to the chiropractic element of the service in this report to add context, although this has not affected our ratings. The service only provided x-rays to the chiropractic clinic in which it was based. Interpretations of the x-rays was performed by the chiropractic staff. The service x-rays both adults and children under the age of 18.

We inspected this service using our comprehensive inspection methodology. We carried out the announced inspection on 26 September 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.

We have provided guidance for services that we rate and do not rate.

Services we rate

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

We found good practice in relation to diagnostic imaging:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Patients consistently were risk assessed and had comprehensive records. Records included consent and sections detailing that patients had been informed about their care and investigations.
- Equipment was all safe, serviced, and repaired.
- A thorough audit programme ensured that radiology and x-ray equipment were under regular review, with learning rolled out from these audits to improve the service.
- Patients gave consistently positive feedback about the service and felt cared for, respected and well informed about all aspects of their care.
- The service was planned well to ensure that patients received care when they needed it, and that staffing was planned to meet this need too.
- Patients' individual needs were considered which was evidence throughout the clinic such as provision for those with reduced mobility.
- The service had low complaint numbers and we saw complaints information in the clinic for patients.
- The leadership of the clinic was experienced and well qualified.
- The culture amongst staff was consistently positive.
- Staff were encouraged to input to the service and team meetings showed that all staff were involved in the learning from governance issues such as audit and complaints.

We found areas of practice that require improvement:

Summary of findings

- The safeguarding lead for the service did not have an adequate level of training. This was a lack of robust oversight of the safeguarding requirements, although the safeguarding lead knew how to escalate concerns.
- Policies underpinning the functioning of the clinic, such as the infection control and clinical governance policies, were largely out of date. This meant that the guidance being followed may not have been current or best practice. We escalated this to the clinic lead on our inspection.
- The service did not train its staff in the Mental Capacity Act 2005. This meant that staff were not competent to assess patients' capacity to consent to their treatment and investigations.
- The service did not have a formalised risk register. This meant that known risks to the service which the clinic lead told us about, such as the risk of equipment or electrical failure and inadequate staffing levels in the event of staff sickness, were not logged along with the controls, assurances and mitigating actions to manage those risks.
- The service did not have a forward strategy. This meant that service innovations and improvements were not part of a planned programme and were at risk of not receiving appropriate time and resource management.

Heidi Smoult

Deputy Chief Inspector on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating Summary of each main service

Good



We rated the diagnostic imaging service at The Cliffs Chiropractic Clinic as good overall.

The service provided safe care. Staff were up to date with mandatory and statutory training such as safeguarding training, equipment was regularly maintained and serviced, patients had appropriate risk assessments completed and secured into their patient record, and there were enough experienced staff to meet patient need. However, the service did not have any business continuity plans or emergency planning policies.

The service did not always provide effective care. The policies underpinning the work of the service were largely out of date, and staff were not trained in the Mental Capacity Act 2005 despite assessing patients' capacity to consent. However, staff received regular appraisals and were facilitated to develop, the service had implemented an audit programme and was rolling out learning from audits, and there with robust recording of consent in patient records.

The service was caring by ensuring that patients felt supported, cared for and had their dignity maintained, by making sure that patients had their mental and emotional needs considered and supported along with their physical health, and by ensuring that patients were well informed of all aspects of their care and treatment.

The service provided responsive care by ensuring that patients' individual needs were met such as providing a ramp and grab rails for those with reduced mobility, by planning services to ensure that patients did not have to wait for an appointment or for x-ray results, and by making sure that patients knew how to raise complaints if necessary and consistently providing opportunities for patients to give feedback on their care.

The service was not always well-led. The service did not have a formal risk register or a forward strategy, there was a lack of oversight of outdated policies in the clinic, and there was a lack of understanding from the leadership around the appropriate level of safeguarding training the safeguarding lead required.

Summary of findings

However, we saw that culture amongst staff was positive with staff feeling respected and cared for, information and data was well managed and secure, staff were supported to partake in research and innovation and the service held team meetings to discuss governance such as audits and feedback.

Summary of findings

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Good 

The Cliffs Chiropractic Clinic

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to The Cliffs Chiropractic Clinic

The Cliffs Chiropractic Clinic is operated by Mr Arif Omar Josef Soomro. The service opened in 1994. It is a private clinic in Westcliff on Sea, Essex.

The service has had a registered manager in post since 2014.

The service is registered with the Care Quality Commission to provide diagnostic and screening procedures.

The service offers diagnostic imaging to support its main function of chiropractic medicine. We did not inspect the chiropractic medicine side of the service as the Care Quality Commission does not regulate chiropractic medicine.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and one other CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

How we carried out this inspection

We inspected the diagnostic imaging part of the service as this is the part of the service that is registered with us. This was the first time we have inspected this service, and we inspected the service on 26 September 2019 using our comprehensive inspection methodology.

Information about The Cliffs Chiropractic Clinic

The diagnostic imaging service is provided within a private chiropractic clinic. The clinic consists of three treatment rooms in a purposefully adapted house, an open plan reception and waiting area with changing room cubicles. The service has an x-ray facility with computed radiography (CR), which is the digital replacement of conventional x-ray film. X-rays are taken in a dual use treatment room.

During the inspection, we visited the Cliffs Chiropractic Clinic. We spoke with five staff including the service lead who is the registered manager of the service, the lead

radiographer who is the nominated individual of the service, a chiropractor, and two reception staff. We spoke with four patients. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the Care Quality Commission at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC since July 2014.

The diagnostic imaging part of the service is staffed by two part time radiographers. The service did not use controlled drugs and therefore did not require an accountable officer for controlled drugs (CDs).

Summary of this inspection

Track record on safety

- Zero never events
- Zero clinical incidents
- Zero deaths
- Zero serious injuries
- Zero incidences of hospital acquired
Meticillin-resistant Staphylococcus aureus (MRSA),

- Zero incidences of hospital acquired
Meticillin-sensitive staphylococcus aureus (MSSA)
- Zero incidences of hospital acquired Clostridium
difficile (c.diff)
- Zero incidences of hospital acquired E-Coli

The diagnostic imaging part of the service had not received any complaints in the 12 months leading up to our inspection.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good



- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff had access to a mandatory training online programme and were supported and encouraged to complete their training by the clinic lead. Staff were up to date with their training.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff were up to date with safeguarding training and knew how to escalate any concerns they may have.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Equipment was well maintained regularly by a medical physics expert who the service held a contract with. We saw records of examinations of equipment and logs of service.
- 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 on all x-ray request forms. These included risks of pregnancy, and checklists which ensured that the correct anatomy and x-ray type was being requested. These checks were repeated by the radiographers before the procedures took place.
- 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.
- The service planned its staffing numbers and clinic numbers based on activity over the years. The number of radiographers was enough for the clinic to run safely and without causing a waiting list. Radiographers were qualified and registered, and checks were conducted at their annual appraisals.
- 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 records included appropriate risk assessments, with clear and legible information and records were all stored safely and securely.

However:

Summary of this inspection

- The service did not have any emergency planning or business continuity plans.

Are services effective?

Are services effective?

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- The service ensured that care and investigations were undertaken effectively and safely and utilised a radiation consultancy service to perform checks of this.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service had a series of audits ongoing on a rolling basis to check the efficiency and safety of the x-ray investigations and demonstrated how practice had been improved because of these audits.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff all received regular appraisals and were supported in their development by the clinic lead.
- Consent was consistently discussed with and gained from patients, with recording of consent in patients' notes.

However:

- We reviewed eight policies that underpinned the clinic's activities. Four of these policies were out of date which we escalated to the clinic lead.
- Staff were not trained in the Mental Capacity Act 2005 and could not accurately assess patients' capacity to consent to investigations.

Are services caring?

Good



- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff understood how to respect patient's privacy and dignity. For example, staff provided optional gowns for patients and were available to chaperone patients if required.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Summary of this inspection

- Staff were aware of patient's emotional needs. Patients gave us examples of how staff had supported them in different ways emotionally such as, giving x-ray results that were worse than expected.
- Staff ensured patients and those close to them understood their care and treatment.
- All patients we spoke with told us that they had their x-ray results discussed with them in depth and were made to fully understand their treatment

Are services responsive?

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 other services and providers.
- The service accounted for the needs of patients. For example, with the provision of hand rails in the toilets and individually allocated changing rooms for the duration of a patients' time in clinic.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and treat and discharge patients were in line with national standards.
- The service set up its clinics in such a way that patients did not have to wait long to receive care. There was no waiting list and patients usually received their assessments, x-ray investigations and results in one appointment.
- It was easy for people to give feedback and raise concerns about care received.
- The service provided clear ways for patients to complain about the service as well as provide feedback. The service had not received any complaints from patients in the last 12 months prior to our inspection.

Are services well-led?

Requires improvement



- Leaders had the skills and abilities to run the service. However, they did not understand and manage the priorities and issues the service faced appropriately.
- The service did not hold a risk register to record, log and manage known risks to the service such as equipment failure.
- There was no process for the escalation of governance matters and the policy underpinning clinical governance was lacking in process and accountability detail.
- There was a lack of oversight relating to policy management.

Summary of this inspection

- There was a lack of understanding around the required level of safeguarding training for the safeguarding lead.
- The service did not have a current vision or strategy for the service.

However:

- Leaders 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 clinic lead and lead radiographer were experienced professionals who were liked by their colleagues and we saw that they encouraged staff to develop.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The clinic lead advocated the holistic health of all people, including patients and staff. Staff felt supported and cared for as well as patients.
- 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.
- Information and data were consistently recorded and analysed, and all information was stored securely whether paper based or electronic.
- Leaders operated some effective governance processes throughout the service. 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 gained some oversight of the clinic. This included regular auditing, improvements from those audits, and team meetings.





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	Requires improvement	Good
Overall	Good	N/A	Good	Good	Requires improvement	Good

Diagnostic imaging

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

Are diagnostic imaging services safe?

Good 

Mandatory training

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

Staff had access to an e-learning training package that provided mandatory training. Modules included health and safety, safeguarding, general data protection regulations (GDPR) and radiation protection. On inspection, we saw that the lead radiographer was up to date with training. The second radiographer was employed at an acute hospital and assurances were gained by the clinic lead of their compliance to their mandatory training at their annual appraisal. We saw scanned copies of the radiographer's training certificates.

Not all staff held basic life support (BLS) training. Chiropractic staff would provide basic life support to patients if required. Radiographers did not operate clinics without at least one chiropractor present. The clinical team were trained in cardiopulmonary resuscitation (CPR) and refreshed their training every three years.

Staff were trained in current ionising radiation medical exposure regulations (IRMER) guidance, and we saw recent training certificates for both staff.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Radiology staff received training specific for their role on how to recognise and report abuse.

We saw safeguarding adults and children level two training certificates for both radiographers which were both in date. This is in line with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document (January 2019) levels of competency of clinical staff in contact with children.

The lead radiographer told us how they would raise a safeguarding concern, and who to escalate to raise this with the local authority.

The safeguarding lead for the service was the clinic lead. However, they held safeguarding training at level two. This was escalated to the clinic lead to check the requirements of their safeguarding training as the safeguarding lead.

The service used the society of radiographers "Pause and Check". Pause and check initiative reminded radiology staff to check they have the correct patient, they are performing an x-ray on the correct part of the body and all the user settings were correct for the investigation.

The service did see patients under the age of 18 although there was not a separate safeguarding children policy. There was a safeguarding adult's policy in place which was in date.

The service had not had to raise any safeguarding concerns to either the local authority or the Care Quality Commission in the 12-month period leading up to our inspection.

Cleanliness, infection control and hygiene

Diagnostic imaging

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.

Staff followed infection control principles including the use of personal protective equipment (PPE). Reviews were conducted of personal protective equipment (PPE) annually. We saw the last review took place in April 2019 which showed that all PPE was adequate for the service. Radiographers were bare below the elbow.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

The infection control lead for the service was the clinic lead.

An infection control guideline was in place for the service although this had not been reviewed since 2011. This was escalated to the clinic lead who told us they would review and update all the clinic policies and guidelines.

An external cleaner was employed and cleaned the x-ray room. The service carried out its own audits to assess the cleanliness of the clinic. Audits showed that the service was assured with the standard of cleaning performed, although the audits did not determine a target or show how compliance was achieved.

Radiographers wiped clean equipment after each patient contact.

We saw anti-bacterial soap and alcohol hand sanitiser in multiple areas of the clinic. Staff had access to handwashing facilities. However, the service did not conduct hand hygiene audits, so we were not assured that staff cleaned their hands in a timely and safe manner.

The service had zero cases of health care acquired infections (HCAI) in the reporting period prior to our inspection. These are infections that occur in a healthcare setting (such as a hospital) that a patient didn't have before they came in.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.

The design of the environment followed national guidance. Radiation protection assessments and medical physics assessments of the equipment and environment were based around ionising radiation medical exposure regulations (IRMER) and the Health and Safety Executive (HSE) guidelines. The assessments results deemed the environment and equipment to be safe.

The service was provided in a private chiropractic clinic. The clinic had three treatment rooms with two toilets, an open plan reception and waiting area and four changing room cubicles. The room was lockable and had appropriate signage when in use for radiographic investigation therefore preventing unauthorised access.

The service had appropriate fire exit signs and two points of entry and exit to the building.

There was an automated external defibrillator (AED) in the reception area for use by the public as well as the clinic. Batteries were monitored via a flashing light by front of house team and were replaced when the light no longer flashed. The last battery change was in March 2019. The two radiographers were not trained in the use of the AED, although other clinic staff were trained and would be present if the AED was required.

The x-ray machine was column based with horizontal and vertical movement. The walls and ceiling had a barium sulphate concrete shield which prevented the walls from absorbing unsafe levels of radiation.

The service had a contract with an external radiation consultancy who provided medical physics engineers who attend the service every three years. We saw the most recent assessment of the service from February 2018, which showed a 'pass' outcome. This meant that the x-ray machinery operated satisfactorily, was fit for purpose to be used clinically. The report stated that "the room provides adequate protections for persons outside of the room".

In response to the last assessment in February 2018, the service had implemented changes, such as, conducting an audit of physically measuring the size of patients to improve correct dosing levels. This audit was underway and was due to complete in October 2019. The service was also reviewing dose reference levels every three years as a recommendation from the last visit.

Diagnostic imaging

Radiographers wore dose, or radiation monitoring badges. These badges monitored the amount of radiation the wearer was exposed to, to ensure they were not subjected to unsafe radiation doses. We checked the dose badge of the lead radiographer at the time of our inspection and found no reading. We checked records of dose badge levels which were completed three monthly and saw no doses of radiation detected.

The x-ray machine supplier performed annual servicing and repaired any faults. The x-ray equipment was last serviced approximately six months prior to our inspection. We reviewed service records and saw annual service records for the past 16 years. The last annual service of the x-ray equipment and processor was undertaken March 2019.

The control booth had the following posters displayed for staff to refer to; a 'pause and check' poster displayed, prompts relating to pregnant patients, details of local rules such as which staff could use the x-ray machine, contact details for the radiation protection advisor, procedures to follow in the event of breakdown or excess dose incidents, and the national diagnostic reference levels (DRL's).

The service had a health and safety policy statement in place which was reviewed annually. We saw evidence of annual reviews. The policy statement set out responsibilities around health and safety risk assessments.

We observed a radiological risk assessment of the dual-purpose treatment room/x-ray room was completed in January 2019. The risk assessment included a full assessment with noted control measures and actions to be taken and included the date actions had been 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.

The service ensured that the two radiographers were up to date in their knowledge of current ionising radiation

medical exposure regulations (IRMER) guidance, and we saw recent training certificates for both staff. This meant that staff could assess radiology referrals and see that they were in accordance with IRMER guidelines.

Staff completed risk assessments for each patient on assessment and at each appointment and updated them when necessary. For example, women were risk assessed for pregnancy status.

Images taken by radiographers were interpreted by the referring clinicians. Chiropractors had responsibility for interpreting x-rays and had a process to escalate unexpected or significant findings.

The service used a questionnaire from a higher education institute which considered a patients' fear, anxiety, catastrophizing and depression. This alerted radiography staff to further consider patients' needs and what support they may require when undergoing x-rays.

The service held a contract with a company to provide a medical physics expert and a radiation protection advisor. Medical physicists manage the technological components of radiology. A radiation protection adviser has the necessary experience and expertise to advise on organisations' uses of ionising radiation. We saw records of this.

The clinic lead was the service radiation protection supervisor (RPS) and we saw documentation of their current RPS competence.

The service had zero unplanned/urgent patient transfers. The clinic lead told us that in the event of a medical emergency the patient would be sent to hospital via the regional ambulance service.

Female patients completed an 'x-ray questionnaire for female patients' with the radiographer. This determined any possibility of a woman being pregnant, menstrual cycle information, and menopause information where appropriate.

Radiographers double checked patients' names, dates of birth and female x-ray questions where relevant before conducting x-ray procedures.

The service had a sign that was manually placed on the door of the x-ray room when x-rays were being taken. The sign advised everyone that x-rays were taking place at that time and that there was no access to that room.

Diagnostic imaging

The clinic had an automatic external defibrillator (AED) located in reception. Radiology staff were not trained in the use of the AED, but their colleagues were trained in its use and were present to use the AED if required.

The service had a checking protocol which we saw in the dual treatment room where the x-ray machine was. This protocol included checking patient's details and if female, their pregnancy status. We found two versions of this document with the most recent being updated four years ago. We escalated this to the lead radiographer who told us they would review the policy and remove any out of date versions.

Radiographers staffing

The service had enough staff with the right qualifications, skills, 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. However, the service did not require staff to have basic life support training.

The number of radiographers matched the planned numbers. The service did not use a staffing tool but monitored the demand and capacity of the clinic to determine how many staff were required to safely run the service. The service did not have waiting times, did not have to put on additional clinics or use agency staff whilst two part time radiographers performed x-rays.

The service planned its staff in alignment with how many patients were booked to use the service. Two part time radiographers were employed for the service, one was a senior radiographer and led the audit work and the running of the radiographic facility of the service. The service lead told us that two part time radiographers allowed enough flexibility to cover illness and holidays.

Clinic lists were reviewed each week and in the event of the service being busier than usual radiography staff would be requested to work additional hours. This occurrence rarely happened due to the appointments being planned around the set clinic times.

The service had no current vacancies at the time of our inspection.

The service had no sickness rates in the three months reporting period prior to our inspection.

The service had no bank, agency or locum usage at the time of our inspection. The service did not use any bank or agency staff.

The service did not require the two radiographers to have basic life support training. In the event of a patient requiring basic life support, the radiographers would summon the chiropractor, who were up to date with their cardiopulmonary resuscitation training. Radiographers never operated the service without the presence of at least one chiropractor, and the chiropractic treatment rooms were the immediate two rooms from the x-ray room. This meant that patients could be safely supported if they required basic life support.

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 notes were comprehensive, and all staff could access them easily. Patient records were paper based. We checked five patient records and saw that radiology request forms were all completed fully, including, records of consent, pregnancy status, and the clinical indication for x-ray.

Staff documented exposure doses used for each patient and made a backup of each image. X-ray images were saved to the picture archiving and communication system (PACS) system.

Request forms had a section that included the indication for the x-ray, and the type of x-ray required for each patient

Records were stored securely. Completed radiology request forms were stored in patient records within a locked cupboard. The service kept records of returning patients behind the reception desk in locked cabinets.

Medicines

The service did not prescribe or handle any medicines or controlled drugs, with no contrast dyes used by the radiographers. This meant that the service did not require an accountable controlled drug officer and did not require any pharmacy support.

Incidents

Diagnostic imaging

The service knew how to manage patient safety incidents. Staff understood how to recognise incidents and near misses, and how to report them appropriately. Managers knew how to investigate incidents and share lessons learned with the whole team and the wider service. Staff understood that when things went wrong, they should apologise and give patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The service used a patient incident reporting and learning system, which was an electronic incident reporting system, to log, investigate and manage incidents. The lead radiographer stated that they had never had to report an incident. They gave examples of incidents they would report if they occurred, such as a patient fall or an excessive radiation dose.

The service had an injury log book to document any patient injury incidents, which was stored in a health and safety executive (HSE) file, there had been no patient injuries reported in the 12-month period prior to our inspection.

The service had reported zero never events or serious incidents in the reporting period leading up to our inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.

The service reported zero ionising radiation medical exposure regulations (IRMER) reportable incidents in the 12-month period prior to our inspection.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The lead radiographer was able to explain the duty of candour and understood when it was required. Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been zero duty of candour notifications in the 12-month period prior to our inspection.

The service had no policy in place to manage business continuity, for example, in the event of a major incident.

Are diagnostic imaging services effective?

We do not currently rate diagnostic imaging services for effective, however we found:

Evidence-based care and treatment

The service did not check that the guidance and policies that care and treatment were based on were current or in line with best practice.

Staff followed out of date policies to plan and deliver care. Most of these policies had not been reviewed for several years. This was escalated to the service lead who told us they would undertake a review of all policies and guidance.

The service kept an audit plan for the year. This identified which audits needed conducting and at what frequency. For example, collimation audits were scheduled to be conducted every three months. Collimation is one of the aspects of optimising the radiographic imaging technique. It prevents unnecessary exposure of anatomy outside the area of interest, and it also improves image quality by producing less scatter radiation from these areas.

The service conducted patient reported outcome measure surveys by providing patients with questionnaires, which were consistently positive.

The amount of radiation patients were exposed to was logged and audited. This was to ensure the service adopted and used diagnostic reference levels which help ensure the right level of radiation for the safest and best possible x-rays. These were audited every six months. We saw discussion documented around these audits with amendments to practice where the audit had shown an excess of exposure.

We reviewed the last radiation exposure audit undertaken in April 2019 and saw that the exposure index

Diagnostic imaging

was at optimal levels. We saw an audit from October 2018 which showed that the exposure index level was not always optimal. The audit had an associated action plan which led to improvements in the April 2019 audit.

The service maintained and audited x-ray log books. This log contained information of each x-ray undertaken including x-ray performed, level of exposure, and patient details such as patient weight and a measurement of the area x-rayed.

We saw marker audits which were performed annually. Markers are used in x-rays to identify anatomy, including left and right sides of the body. We saw improvements from error rates between each annual audit after action plans were implemented. Errors included the wrong placement of markers.

Many of the policies that underpinned the clinic were outdated by several years. This was highlighted to the clinic lead. This meant that there was a risk the care being provided, according to these policies, may not be based on current guidelines. For example, the infection control policy had not been reviewed since 2011 although more recent guidance is available from varying sources.

Nutrition and hydration

The service did not provide nutrition to patients. Hot drinks were offered to patients upon arrival at the clinic and a water machine was available too.

Pain relief

The service did not provide any medicines or pain relief, however staff were responsive to patients' pain during the taking of x-rays.

Staff offered repositioning advice to patients receiving x-rays to alleviate any discomfort during the investigation.

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 had a policy for patient reported outcome measures, however this had not been reviewed since June 2011. This was escalated to the clinic lead.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service regularly carried out quality assurance audits on x-rays to improve the exposure standards and utilised this audit in service accountability with the radiation protection advisor.

Managers used information from the audits to improve care and treatment. The service used the Bournemouth questionnaire and the patient global impression of change (PGIC) forms for individual patient feedback and outcome measures. The Bournemouth questionnaire is a comprehensive multi-dimensional core outcome tool which assessed patients' outcome of care in a routine clinical setting. The PGIC evaluated all aspects of patient health and assessed if there has been an improvement or decline in the patient's clinical status.

The service undertook clinical priority assessment criteria (CPAC) audits which reviewed waiting times. We saw that waiting times in clinic were not excessive and varied between six and 20 minutes.

Competent staff

The service did not always make sure staff were competent for their roles.

Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were not trained in the Mental Capacity Act 2005.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Radiographers were required to remain members of the health and care professions council (HCPC). We reviewed current checks for the two radiographers with the HCPC and saw they were in date.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates were 100%. This meant that all staff had received their annual appraisal within the year of our inspection.

The clinic lead gained assurance of staff competencies and registrations at each annual appraisal. The service lead told us that the radiographer who is also employed at another organisation produces their mandatory training compliance, clinical competence checks and professional insurance documents on an annual basis.

Diagnostic imaging

Managers made sure staff attended monthly team meetings or had access to full notes when they could not attend. The lead radiographer was able to show us minutes of team meetings and discuss more recent meetings with us.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Radiography staff were supported to complete relevant courses to their roles. For example, both radiographers had completed a course in updated ionising radiation (medical exposure) regulations (IRMER) regulations.

Radiographers maintained their own CPD, by reading journals, attending courses, and the lead radiographer also took part in external research.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The clinic lead supported the radiographers by paying 50% of course costs for external learning.

Managers made sure staff received any specialist training for their role. The service offered relevant training with highlighted areas of focus. For example, in the previous year, training and assessment was given to all team members on the latest general data protection regulations (GDPR), with staff passing to the standard required.

Multidisciplinary working

Radiographers worked together with other professionals in the clinic as a team to benefit patients. They supported each other to provide good care.

Patient outcome measures, which were questionnaires that allow a service to see how effective their care is for patients, were discussed and necessary joint working could be initiated between the chiropractors, radiographers and the masseuse. Radiographers did not receive direct referrals from external professionals such as GPs and hospital consultants.

Referrals for x-rays came from the internal chiropractic staff. Any external multidisciplinary working took place between external agencies and the chiropractors. Therefore, radiography staff did not conduct external multidisciplinary working.

Seven-day services

The service was not available seven days a week.

The radiology service operated Monday, Wednesday and Friday mornings and Wednesday evenings.

The service did not offer a walk-in service for x-rays.

Health promotion

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

The service had relevant information promoting healthy lifestyles. There was a focus on treating patients holistically, with a view to improving physical, nutritional and emotional and spiritual wellbeing. Staff utilised their professional knowledge and provided self-help tools and resource material to patients.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. However, they did not follow national guidance to assess patients' capacity to consent.

Staff did not gain consent from patients for their care and treatment in line with legislation and guidance. Staff assessed patients' capacity to consent to investigations, however they did not receive training on the Mental Capacity Act 2005. Therefore, we were not assured that staff were competent to make these assessments.

Radiology request forms included a section on consent for patients to discuss with the radiographer and sign themselves. In the event of patients under 16 years, parental consent was gained.

Staff clearly recorded consent in the patients' records. We checked five patient records and say consent recorded in each record.

Staff made sure patients consented to treatment based on all the information available. The consent form signed by patients included a statement that staff had explained the reasons for the x-ray. There was an additional section for female patients to confirm they were not pregnant and that the risks of x-rays in pregnancy had been explained.

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The service had a consent policy in place which included a section on understanding and gaining consent in adolescents. However, the policy had not been reviewed since February 2012. This was escalated to the clinic lead.

Are diagnostic imaging services caring?

Good 

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Dressing gowns were optional for patients and were provided to patients for the duration of their appointment if they chose to wear one.

Patient relatives or reception staff could act as chaperones if required for x-ray investigations. Chaperones stood behind the screen to protect them from unnecessary radiation exposure.

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

Patients were shown to changing cubicles. The four cubicles each had magnetic coloured fobs that attached to the wall next to each cubicle. Patients were given these magnets upon arrival and attached them to their cubicle. This meant that for the duration of the appointment, the cubicle was allocated to a patient, and if the magnet was attached to the cubicle others could see that.

Patients said staff treated them well and with kindness. All the patients we spoke with told us that staff were kind to them. One patient told us "I can't fault them, they're lovely to me".

Staff followed an outdated policy to keep patient care and treatment confidential. The service had a confidentiality policy in place although this had not been reviewed since 2011. This was escalated to the clinic lead.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. One patient told us that they had been supported by staff to understand how personal stress had impacted on their physical health, and how they could use this knowledge to further better their health.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The service had a clinic dog in attendance on certain days. During our inspection we saw patients happily interacting with the clinic dog. The clinic lead told us that the clinic dog provided a calming experience to anxious patients.

Staff supported patients suffering with stress during their appointments and advised patients on strategies to assist with mental health issues.

Understanding and involvement of patients and those close to them

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

All patients we spoke with confirmed that they were given the opportunity to feed back about their care at their appointments. Patients consistently gave positive feedback about the service.

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

The chiropractic clinic feedback questionnaires incorporated the diagnostic imaging service, but it was not possible to separate the results from the clinic for the service. We reviewed the most recent results which had 169 responses, with overwhelmingly positive results although we could not determine which responses were related to diagnostic imaging.

When x-ray investigations were complete, radiographers showed patients back to the changing rooms to get dressed and informed them of what to expect next. For example, if they needed to book their next appointment with reception.

One patient told us how the service had communicated radiology results to them that were worse than they had

Diagnostic imaging

hoped for, along with advice and support on how to manage their condition and associated symptoms. The patient felt this was handled sensitively and felt supported.

All patients we spoke with told us they had their radiology results explained to them in depth and understood how this informed their treatment.

Are diagnostic imaging services responsive?

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.

Managers planned and organised services, so they met the changing needs of the local population. The service had adapted over the years to the growing needs of the patients using the clinic. This meant that the demand of new and follow up patients on the service determined the days and times that the radiology service was available.

The service did not provide any NHS funded treatments.

The radiology part of the service provided an evening clinic on Wednesdays. This meant that patients requiring x-rays outside of working hours were accommodated.

The service could x-ray children under the age of 16, with approximately one in every 50 patients being under 16 years old.

The service had a private car park for patients to use.

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.

The service had grab rails in the toilets and a ramped entry for patients with mobility difficulties and those with pushchairs.

Patient orientation videos were used to inform patients of what to expect on their first and second visits.

The waiting area and reception was open plan with magazines and children's literature.

Radiographers could remove the backs of wheelchairs for patients with mobility difficulties.

Radiographer used grab rails and stools to help obese patients manoeuvre into position for their x-rays.

The dual use room where x-rays were undertaken had equipment available to steady patients who were moving in and out of position for an x-ray, such as a step with a high handle.

For patients who required additional support such as those living with dementia, family members or friends could stand behind the screen with the radiographer and remain with the patient during x-rays. The service had a lead apron available for family members or friends who needed to stand with the patient for x-rays. Lead aprons protected the wearer from unnecessary radiation exposure.

Staff were not trained in dementia awareness.

The service did not provide a translation service. The clinic lead told us that patients who spoke another language were usually accompanied by a friend or family member to translate for them.

The service had air conditioning, mood lighting and calming music to assist in creating a calming environment for patients.

The service had separate male and female toilets for patients.

Access and flow

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

The radiology service of the clinic accepted referrals from the chiropractors who completed a request form at the patient's initial assessment appointment. If the assessment appointment was on a day that the radiologists were on site, the patient was x-rayed in the same clinic visit. If their assessment was at a different time to the radiologists being present, then the x-ray was booked to suit both the patient and the radiographers.

Most patients had their x-rays on the same day as their assessments, or at the very latest within a week of their initial assessment.

Diagnostic imaging

Patients generally stayed with the same clinician for continuity of care, and appointments were block booked.

If the service was running late, patients were informed by reception staff on arrival. Patients we spoke to told us that they had never waited more than 15 minutes after their arrival. Patients were reminded of their appointments the day before by a text message.

Patient questionnaires showed that most patients waited approximately six to 20 minutes upon their arrival.

In most cases, contact between the patient and the service was initially by telephone. The patient would be informed of what to expect on their initial visit, such as approximate time in clinic, the possibility of diagnostic imaging, and the need for physical examination and to undress or wear a gown. The prices of procedures and payment arrangements were made in advance of the clinic appointment.

Diary slots were assigned daily for new patients. Patient were asked their preference for appointment days and times. If patients presented as a priority, such as pregnant patients, patients in distress or patients with loss of motor control or sensory function, were prioritised.

The service had no patients on a waiting list at the time of our inspection.

There had been zero cancellations for appointments for non-clinical reasons in the 12 months period leading up to our inspection.

There had been zero delayed appointments for non-clinical reasons in the 12 months period leading up to our inspection.

Referring clinicians had immediate access to images via the picture archiving and communication system (PACS) system, and interpreted x-rays themselves.

A letter of discharge was sent to the patient's referring clinician and a copy was given to the patient. This included any radiological findings.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

The diagnostic imaging service had not received any complaints in the 12-month period prior to our inspection and there had been no complaints referred to the independent sector complaints adjudication service.

Patients, relatives and carers knew how to complain or raise concerns. All patients we spoke with told us that they knew how to complain and that their feedback was requested regularly throughout the course of their treatment.

The service clearly displayed information about how to raise a concern in patient areas. A patient feedback document and the formal complaints procedure were available for patients in the reception area. This documentation outlined how to make compliments and complaints as well as what patients could expect from the service. Points of contact for complainants were made clear in the documentation, including how to escalate complaints to a relevant professional body.

Staff understood the policy on complaints and knew how to handle them. Staff told us the complaints process which was for patients to be contacted on the day their complaint was received with a view to offering a resolution. If a complaint was not resolved, an invitation was made to the complainant to attend the clinic for a meeting to further look at the complaint, with a follow up letter sent to the complainant within two working days.

The service had two staff members to manage complaints. One was the service lead and the second was a member of the reception staff. This was useful if a complaint related to the clinic lead.

The diagnostic imaging service of the clinic had not received any complaints in the 12-month period leading up to our inspection

We were assured that complaints were discussed as a means of service improvement, as staff told us that complaints relating to non-registered parts of the service had been discussed and shared with them.

The service had a complaints policy in place, however, there was no review date, so we were not assured when it was last reviewed.

Are diagnostic imaging services well-led?

Diagnostic imaging

Requires improvement 

Leadership

Leaders had the skills and abilities to run the service. However, they did not understand and manage the priorities and issues the service faced appropriately.

Leaders 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 clinic lead was the registered manager for the service. The registered manager was supported by the lead radiographer. The service was supported by another registered radiographer, and five receptionists.

The clinic lead was an experienced leader who had oversight of some aspects of the service and ensured that staff were informed of some aspects of the business such as ionising radiation medical exposure regulations (IRMER) regulation updates, general data protection regulations (GDPR) updates, and the impact of the Health and Safety Executive (HSE) inspection plans on the service. However, the clinic lead did not manage the updating of clinic policies and guidelines, nor did they ensure the safeguarding lead had the appropriate level of training.

Staff were encouraged and supported to pursue independent learning. The lead radiographer told us that they were undertaking some radiological research and the clinic lead was supportive of this. The service lead also supplemented the cost of external learning that the radiographers wished to complete.

The clinic lead was available by telephone and personal messaging by their staff out of hours. Staff told us that the clinic lead was visible and approachable for any support required or concerns they wanted to raise.

Vision and strategy

The service did not have a vision for what it wanted to achieve or a strategy. However, the service did have expected behaviours of staff in a policy.

A clinic policy was in place determining the values and behaviours expected of clinic staff.

Staff were confident in the function and purpose of the service.

The service lead told us that the direction of the clinic was shared transparently with all staff, although there was no formal strategy in place.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff we spoke with told us they felt like they worked as a family with their colleagues.

Staff spoke highly of each other. One member of staff told us they felt confident in the service lead and found them approachable. Another member of staff told us they felt empowered to make changes and raise suggestions.

Governance

Leaders operated some effective governance processes throughout the service. 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 clinic lead and the lead radiographer were the leads for governance and quality monitoring.

There was a clinical governance policy in place which was in date. However, the policy was lacking in detail and did not include processes of escalation or processes for the management and governance oversight of the service.

Monthly team meetings occurred which included training, clinic procedures and processes, and team morale. Minutes showed that discussions took place relating to service improvement and innovation. We saw that IRMER related audits were shared and discussed at team meetings.

Team meeting minutes were recorded and kept for reference. We requested meeting minutes and the service sent us minutes from November 2018 and March 2019. Agenda items and discussions were held around audit reviews, appraisals, business planning, staff training, and general data protection regulations (GDPR).

Diagnostic imaging

There was a lack of oversight of policy management and review dates. Many of the policies we checked had not been reviewed in several years and this was highlighted to the clinic lead. This meant that there was a risk that the service was not operating in line with most current guidelines.

There was a lack of understanding about the level of safeguarding training required for the safeguarding lead. The lead was trained to level two, we escalated this to the clinic lead to review the training requirements as this level of training was not sufficient for the role.

Managing risks, issues and performance

Leaders and teams used systems that did not always manage performance effectively. They had not identified and escalated relevant risks and issues and identified actions to reduce their impact.

We saw team meeting minutes from November 2015 to March 2019 where topics such as seasonal health promotion initiatives for patients, reminders around staff training completion, staff engagement into planning rotas at seasonal times, and staff engagement and input requested in relation to making the clinic more environmentally sustainable were all discussed. However, we were not assured that the service had robust risk and performance management as we did not see evidence of this in meeting minutes.

The service did not have a risk register. The clinic lead was able to tell us about risks to the service such as potential unexpected staffing issues, where off duty staff would be contacted, or patients would be cancelled and rebooked into the next available clinic. Another risk described by the service lead was equipment failure, when this occurred patients would be rebooked to the next available clinic or sent to another site for their x-rays. However, there was no formal log of these risks or any mitigating actions.

The service lead and lead radiographer met weekly for up to 10 minutes to discuss the service capacity, staffing, and any incidents or events that had occurred that week or that were anticipated in the week ahead. However, these meetings were not minuted.

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.

The clinic had an in-date registration with the information Commissioner's Office (ICO). This meant that the clinic was accountable to the ICO who uphold information rights in the public's interest, promote openness by public bodies and data privacy for individuals.

The service provided electronic access to diagnostic results via the picture archiving and communication system (PACS). Images were backed up on to compact disc and stored securely in patients notes in a locked cupboard.

The PACS system was username and password protected. All computers in the service were protected with secure username and passwords.

Patients referred by a GP or hospital consultant had clinic correspondence sent to them directly. All correspondence was documented in patient files. Unless the patient confirmed they did not want to share their information.

Details of all x-rays were entered into a log that included the name of the radiographer who undertook the x-ray.

The service staff received training on general data protection regulations (GDPR). These regulations are set out to give individuals greater control over their personal data that's held by organisations and businesses.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

Staff of the service had access to the clinic at reduced or no cost to allow for optimal health.

Staff meetings often included wellbeing sessions which included activities, such as meditation or yoga as well as general advice for mental and physical wellbeing.

The service had consulted with patients to see if they preferred to be in their own clothes for treatment or utilise the service's gowns. The results led to a change in how the clinic accommodated patient preference to wear gowns or loose clothing when they attended the clinic.

Diagnostic imaging

The service provided dedicated patient parking in response to feedback from patient engagement. The car park was secured from a local charity and the service raised funds for the charity.

Learning, continuous improvement and innovation

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

The lead radiographer was actively involved in research outside of their role in the service and was encouraged to do so by the clinic lead with a view to improving their radiological practice at the clinic.

The service had been requested twice to contribute to a parliamentary review in 2015 and 2019, to share best practice with the private health care sector, among policy makers and business leaders.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that if staff are assessing patients' capacity to consent, they are trained in the Mental Capacity Act 2005.
- The provider must ensure that policies and guidelines relating to confidentiality, infection prevention and control, patient reported outcome measures, consent, patient protocols, and clinical governance are in date, version controlled and reflect current practice and guidelines.
- The provider must ensure that the practice of safeguarding children is underpinned by an appropriate level of training and an appropriate policy or guideline that reflects the current

guidelines as stated in the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document (January 2019).

Action the provider **SHOULD** take to improve

- The provider should ensure that they complete regular hand hygiene audits.
- The provider should ensure that they have access to translation services to ensure that non-English speaking patients can always access responsive care.
- The provider should ensure that it has a risk register in place to determine and manage risks to the service.
- The provider should ensure it has a vision and strategy document to determine the vision, values and direction of the service going forward.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Regulation

Diagnostic and screening procedures

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity

Regulation

Diagnostic and screening procedures

Regulation 17 HSCA (RA) Regulations 2014 Good governance