AECC University College

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Inspection report

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out a comprehensive inspection of AECC University College on 5 and 10 May 2022. This service was last inspected in February 2014. At that inspection the service was not rated but was compliant with the relevant regulations.

AECC University College provided diagnostic imaging.

Before the inspection we reviewed information we had about the location, including information we received and available intelligence. The inspection was unannounced.

We rated safe and responsive and well-led as requires improvement and caring as good. We do not rate effective in diagnostic imaging services.

Our overall rating of this location is requires improvement because:

- Staff did not receive all of the training they needed to keep patients safe. Staff did not receive training that would enable them to support people who lacked capacity to make decisions about their care. Chaperones did not receive chaperone training.
- The service did not always control infection risk well. There were no clinical handwashing sinks in the ultrasound rooms. There were no cleaning checklists in the toilets or staff kitchen.
- Managers did not always make sure staff were competent to operate equipment. There was no record of staff competencies so we could not tell if staff had been trained to use equipment.
- The service did not have communication tools to support patients with communication needs. Staff used relatives to interpret on their behalf instead of using trained, impartial, interpreters.
- Leaders did not have all of the skills required to run the service well.

However:

- The service had enough staff to care for patients and keep them safe. Staff mostly had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well.
- Staff provided good care and treatment. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their treatment. They provided emotional support to patients, and carers.
- The service planned care to meet the needs of local people 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.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to AECC University College

AECC University College is an independent diagnostic and screening service based in Bournemouth. The department is a school within a university specialising in health science. The service offers x-ray, ultrasound, and Magnetic resonance imaging (MRI) scanning to private and NHS patients. In addition, they offer free ultrasound services to volunteers to increase the number of patients, students are exposed to as part of their observed learning.

In the last twelve months the service has provided 5220 ultrasound scans, 225 x-rays, and 1236 MRI scans.

The service is registered to provide diagnostic and screening procedures.

All imaging is carried out by qualified practitioners and assistants. Students did not carry out any x-ray or scanning procedures.

The MRI scanner is an open upright scanner which provides scanning to patients, providing an essential service for patients unable to tolerate standard MRI scanners.

The service is provided to the whole population.

How we carried out this inspection

The team who inspected this location comprised of one CQC inspector and one specialist advisor. During the inspection we spoke with ten staff including the management team. We reviewed documents and records kept by the service. We also spoke with three patients.

The inspection team was supported by an inspection manager and the inspection was overseen by Catherine Campbell, head of hospital inspection.

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

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure that staff receive training to support them to assess service users who lack capacity to give consent in accordance with the Mental Capacity Act 2005. Regulation 11(3).
- The service must ensure there are sufficient clinical handwashing facilities to enable staff to provide safe care and treatment and any risks relating to this are actioned through the risk register and relevant governance processes. Regulation 12(2).

Summary of this inspection

- The service must introduce a system to record and store staff competencies. Regulation 18 (2)(a).
- The service must ensure staff undertaking the role of chaperone have received appropriate training to promote patient safety. Regulation 18 (2)(a).
- The service must introduce a range of communication aids to meet accessibility standards, and ensure it has access to an interpretation and sign language service for patients and carers that need it, so they can be assured patients make decisions based on impartial advice and information. The service must ensure relatives are not used for this purpose. Regulation 9 (1)(3).
- The service must ensure oversight of key national policies and guidance and introduce a process to implement these in a timely manner. Regulation 17(1)(2)(a)(b)(f).

Action the service SHOULD take to improve:

- The service should introduce a system which enables oversight of the cleaning schedule.
- The service should provide access to a Freedom to Speak Up Guardian.
- The service should maintain records of emergency evacuation simulations and the associated learning.
- The service should introduce a process to ensure all policies are dated and include a review date so staff are assured they are using the most up-to-date version. Regulation 17(1).
- The service should consider making learning from incidents an agenda item for all staff meetings so improvements can be made.
- The service should consider how it links with the wider MDT meetings.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Requires Improvement	Inspected but not rated	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Inspected but not rated	Good	Requires Improvement	Requires Improvement	Requires Improvement

Requires Improvement

Diagnostic and screening services

Safe	Requires Improvement
Effective	Inspected but not rated
Caring	Good
Responsive	Requires Improvement
Well-led	Requires Improvement

Are Diagnostic and screening services safe?

Requires Improvement

This was the first time we have rated the service. We rated safe as requires improvement.

Mandatory training

The service provided mandatory training in most key skills to all staff and made sure everyone completed it. However, training in the Mental Capacity Act and Deprivation of Liberty Standards was not provided.

Staff received and mostly kept up-to-date with their mandatory training. Completion of mandatory training was between 80% and 86%.

Training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was not provided but otherwise mandatory training was comprehensive and met the needs of patients and staff. This meant there was a risk to patients as staff would not be able to support patients with the principles of the Mental Capacity Act should the need arise. We highlighted this with senior leaders. They took immediate action and provided evidence they had purchased this training from an external training provider.

Staff did not have specific training on mental health, learning disabilities, or autism, but working supportively with patients from these groups was covered in equality and diversity training.

Not all staff in the department were trained to deliver basic life support (BLS). Senior managers told us they planned to roll BLS training to all staff later in the year.

Staff could see when training was due to be completed or updated using their online training account. Managers monitored mandatory training and alerted staff when they needed to update their training.

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.

Requires Improvement

Diagnostic and screening services

All staff received training on how to recognise and report abuse appropriate to their role in line with national guidance. Staff completed level 2 adult and children safeguarding training. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act (2010). Staff knew how to identify adults and children at risk of, or suffering, significant harm and how they would work with other agencies to protect them. No safeguarding referrals had been made in the 12 months prior to inspection.

All staff we spoke with knew who the safeguarding lead for the service was.

Cleanliness, infection control and hygiene

The service did not always control 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 were nine ultrasound rooms, none of which had a sink. This meant staff carrying out ultrasound, and specifically transvaginal ultrasound scanning did not have access to a clinical handwashing facility. When we raised our concerns, senior managers made immediate changes to the layout of the ultrasound department so that transvaginal scans were only conducted in a room with a clinical handwashing facility. The service was due to undergo refurbishment later this year and senior managers confirmed that the refurbished rooms will each contain a clinical handwashing facility.

However, clinical areas were clean and had suitable furnishings which were clean and well-maintained.

There was no evidence of when staff and patient toilets or the staff kitchen had last been cleaned. Cleaning records for the toilets and kitchen were not kept in the department. This meant senior managers could not demonstrate that all areas were cleaned regularly. However, these areas were visibly clean, and we saw housekeeping staff cleaning toilets and touch points.

Staff used lateral flow tests to test for COVID-19 twice a week. They followed policy and self-isolated if they tested positive until tests showed they no longer had the virus and could return to work. Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff wearing PPE to safeguard patients and themselves from possible cross infection. We saw antibacterial hand gel and antiseptic wipes in all of the rooms.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Probes were cleaned using the correct disinfecting procedures.

The service had made effective changes to infection prevention and control in response to the COVID-19 pandemic. Posters at the entrance to buildings requested patients to re-arrange their appointment if they had symptoms of COVID-19. Inside there were instructions for all patients, visitors, and staff to wear a face mask. Everyone had to use an automated temperature scanning monitor prior to entering the building. If a raised temperature was detected the receptionist would receive an alert so they could inform the patient not to enter.

Environment and equipment

The design of the ultrasound rooms did not meet national guidance. However, the design of the rest of the estate, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the ultrasound rooms was not in line with national guidance (NHS Estates, Facilities for diagnostic imaging and interventional radiology). The rooms did not contain sinks.

Requires Improvement

Diagnostic and screening services

All diagnostic services were accessed on the ground floor and therefore, was accessible for patients with reduced mobility.

Staff carried out daily safety checks of specialist equipment as required and recorded this using internal processes. We saw evidence that daily checks were carried out on the magnetic resonance imaging (MRI), x-ray, and ultrasound machines. Safety and warning notices were displayed, and equipment was well maintained. We saw records of quality assessment processes to ensure imaging equipment was maintained and working within safe limits of radiation and in line with manufacturer's guidance. We saw evidence of preventative maintenance reports for all equipment. We were told that all imagining equipment was maintained and repaired under service contacts so emergency repairs would be carried out quickly on faulty equipment. Staff understood how to report results which were outside of recommended safe levels.

Staff had access to a medical physics expert for advice if they had any concerns about imaging equipment. This service was provided through the local NHS Trust.

The service had enough suitable equipment to help them to safely care for patients. For example, there was a hoist and wheelchair that could be used to help patients with physical disabilities get in and out of the MRI scanner.

Staff disposed of clinical waste safely.

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

Staff told us they did not carry out urgent scanning, all imaging was pre-planned and through the referral process they were aware of patient risks prior to meeting them.

We saw information sent to patients prior to them having an MRI scan. The information contained safety information including contraindications that excluded some people from having an MRI scan. For example, people with a pacemaker fitted or people with a cochlear implant.

Staff told us if there was a medical emergency they would telephone external emergency services.

We were told simulation exercises of emergency evacuations were carried out but these were not formally recorded. This meant that staff could not demonstrate how they had made changes to the environment based on the risks identified during these exercises.

Patients who were not registered with a GP did not meet the criteria for treatment. This was because there was not anyone to give the results to or who could be asked to make referrals for additional diagnostic tests.

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 gave bank and locum staff a full induction.

Requires Improvement

Diagnostic and screening services

The service substantively employed a team of qualified radiographers and sonographers. In addition, they used locum and bank sonographers, radiographers, and radiology assistants to ensure the service had enough staff to cover periods of high patient demand, staff absence, and to keep patients safe.

Chiropractors who had undertaken a chiropractic radiology reporting course reported on the x-rays. The service used an external company for radiologist reports on MRI scans. The NHS revalidation documents for these radiologists were shared with the provider so they were assured of their credentials.

The service had low vacancy and sickness rates.

Managers made sure all locum and bank staff had a full induction and understood the service.

We reviewed four staff files and saw evidence that recruitment processes followed safer recruitment procedures, for example Disclosure and Barring (DBS) screening, gathering evidence of identity and right to work, and requesting references.

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 staff could access them easily. Paper referrals were scanned into the electronic patient record keeping system so that all records were held as single electronic patient files. For ultrasound and x-ray, the paper referrals were treated as confidential waste immediately following the appointment. For MRI, the paper referrals were kept for 2 years in a locked cabinet and office before being shredded.

Imagining results for private patients were sent to referrers using encrypted emails. NHS patient results could be accessed by referrers using Picture archiving and communication systems (PACS).

The computers used to access patient records were password protected.

Medicines

The service did not use medicines.

The service did not use medicines. No x-rays or scanning using contrast were carried out.

Incidents

The service did not always have systems to manage patient safety incidents well. However, staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

The service did not have a radiation incident policy or formal process for staff to follow. There was a significant events policy but this did not have a date or review date so it was not clear if it was up to date.

Staff knew what incidents to report and how to report them. They told us they raised concerns and reported incidents and near misses in line with the service's policy.

Requires Improvement

Diagnostic and screening services

Staff said they received feedback from investigation of incidents. They told us the service had very few incidents so learning from incidents was not something that was regularly discussed at team meetings. Staff could provide examples when things had changed as a result of incidents. For example, a patient was scanned earlier than advised after having an implant fitted. This led to a change in the standard operating procedure being made to protect future patients.

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. For example, we saw evidence of contact with patients, when things had gone wrong, to give them an explanation and apology.

When incidents were reported managers carried out thorough investigations.

Are Diagnostic and screening services effective?

Inspected but not rated

We do not rate effective in diagnostic imagining services.

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. Staff were not trained to protect the rights of patients subject to the Mental Health Act 1983.

Staff followed policies to plan and deliver high quality care according to best practice and national guidance, for example, from the Royal College of Radiographers. There were local rules (instructions) for staff undertaking imaging procedures. However, the local rules had not been updated to reflect staff changes. Polices and protocols were stored electronically, and staff knew where and how to access them. Staff told us they were notified when policies were updated and were required to re-read them.

Staff told us they followed the Royal College of Radiographers standards for the communication of radiological reports and fail-safe alert notifications. For example, they reported and escalated urgent abnormalities using a fail-safe alert as soon after the scan as possible.

The service participated in Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) audits. The service was required to submit data annually. Results were reviewed by an external radiation protection advisor (RPA). The service accessed RPA and medical physicist expert (MPE) services through a service level agreement with the local NHS trust. Staff told us the RPA and MPE were easy to get hold of for support and advice as needed.

However, staff were not trained to protect the rights of patients subject to the Mental Health Act. This was raised with managers who arranged for staff to receive training following our inspection.

Nutrition and hydration

Staff gave patients drinks when needed.

A water cooler was located in the waiting areas and patients could help themselves to this.

Requires Improvement

Diagnostic and screening services

Patient outcomes

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

There were systems and processes to assure the accuracy of reporting of images. For example, quality assurance of magnetic resonance imaging (MRI) images were completed by two radiologists with expertise in interpretation of this method of imaging.

Managers and staff carried out a comprehensive programme of repeated audit to check improvement over time. There was a programme of regular audits that were carried out to monitor the safety and effectiveness of the service, for example, monthly audit of radiologists MRI reports. Audits results were reviewed by the radiation protection adviser and discussed in meetings. Audit outcomes confirmed the service was compliant with Ionising Radiation (Medical Exposure) Regulation standards, such as lowest radiation dose to achieve good imaging.

Managers used information from audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

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 experienced, qualified and mostly had the right skills and knowledge to meet the needs of patients. Clinical staff were registered with the Health and Care Professions Councils and supported to revalidate their registration when required. The service had an induction programme for newly appointed staff. However, the service did not use a system to assess and record the competencies the imaging procedures staff or chaperones were required to undertake.

We could not find evidence that staff had been trained to use the diagnostic imagining equipment. Third year chiropractic students undertook the role of chaperone for patients. However, they did not receive training for this role. This meant the provider could not demonstrate staff and students were competent to perform their roles and keep patients safe from harm. We raised this issue with senior managers, and they gave assurance that a system of assessing and recording staff competencies would be introduced with immediate effect

Managers gave all new staff a full induction tailored to their role before they started work. New staff had an induction period which included time to complete mandatory training. New staff were supported by senior members of the team through their induction period.

Managers encouraged staff to develop through six and 12 monthly appraisals of their work. Staff told us managers helped them identify their training needs and gave them the time and opportunity to develop their skills and knowledge. Staff told us managers were receptive to their requests for funding for specialist training.

Substantive staff said they received regular supervision with their line manager. Bank staff said they did not receive formal supervision, but they could access support from the manager when they needed it. Managers made sure all staff attended team meetings or had access to full notes when they could not attend.

The manager was aware of how to manage poor performance to support staff to improve.

Requires Improvement

Diagnostic and screening services

Multidisciplinary working

Staff supported each other to provide good care.

Staff told us that they sought regular support and advice from each other, but they were not invited to participate in external multidisciplinary meetings (MDTs) to discuss patients and improve their care. This was because the service provided outsourced diagnostic imaging to the local trust.

Staff told us they regularly communicated with doctors from the local NHS Trust for support on an ad hoc basis.

Seven-day services

Key services were available to support timely patient care.

The service did not provide care seven days a week because it did not offer urgent diagnostic services. The service offered appointments between 8.45am and 5.00pm, Monday to Friday.

Health promotion

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

The service had information promoting positive mental health and support in patient areas.

Consent, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS)

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. However, staff were not confident to support patients who lacked capacity or were experiencing mental ill health to make their own decisions.

Staff gained consent from patients for their care and treatment in line with guidance, for example from the Society of Radiographers (SoR). Consent was obtained verbally for ultrasound and X-ray imaging and written consent was obtained for MRI scans. Staff clearly recorded consent in the patients' records.

However, staff did not receive training in the MCA and DoLS. Although staff told us they understood the relevant consent and decision-making requirements of legislation, including the Children Acts 1989 and 2004, they did not feel confident to support patients who lacked capacity to make decisions about their care and treatment in line with the Mental Health Act 1983, or Mental Capacity Act 2005.

Staff used SoR three points of ID pause and check to ensure the right person received the correct treatment.

There were no patients subject to a DoLS at the time of inspection.

Are Diagnostic and screening services caring?

Good

This was the first time we have rated the service. We rated caring as good.

Requires Improvement

Diagnostic and screening services

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. We saw staff giving patients gowns and ensuring they were able to lock changing room doors to maintain their privacy and dignity.

Patients told us staff treated them well and with kindness. They told us staff always introduced themselves and said the staff were 'very kind'. One patient who left an online review said staff were "always mindful of my care and comfort throughout the whole procedure".

Staff followed policy to keep patient care and treatment confidential. Staff completed the three-point pause and check which involved asking the patient their name, date of birth, and address, in an area they could not be overheard.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude. For example, staff told us about the care and support they had provided for bariatric patients and patients with a learning disability.

One patient who left an online review said "I had a very positive experience in the open MRI, I am extremely claustrophobic, and the staff made me very comfortable and nothing was too much trouble. I'm extremely grateful for their patience". Another said, "I was nervous but they talked me through the whole process".

Emotional support

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

Staff told us about when they had given patients and those close to them help, emotional support and advice when they needed it. For example, a patient with a learning disability was given two appointments for magnetic resonance imaging (MRI). The first was to become familiar with the scanner, the scan room and staff to minimise their distressing thoughts about the procedure. At the second appointment, the scan went ahead with the radiographer in the room throughout the procedure offering reassurances to the patient.

Staff told us they supported patients who became distressed and would keep them in the treatment room until they felt well enough to leave, to help them maintain their privacy and dignity.

Staff said they understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. One carer who completed a feedback form wrote "Amazing service, made my friend feel relaxed and informed. A brilliant service for nervous patients, the radiographer put the patient at ease".

Staff did not give patients imaging results. They advised them to contact the GP for test results.

Understanding and involvement of patients and those close to them

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

Requires Improvement

Diagnostic and screening services

Staff made sure patients and those close to them understood their care and treatment. Patients booked for MRI scans were sent information leaflets written in plain English prior to their scan date so they had time to understand what the procedure involved. Patients were invited to contact the service with additional information requests.

Staff told us they allowed patients to communicate in their preferred way. They spoke with patients, families and carers in a way they could understand. However, the service did not have communication aids to assist patients who had additional communication needs.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback forms were available outside treatment rooms and in reception.

Patients gave positive feedback about the service. In the 12 months before our inspection 22 patients and carers had given feedback using feedback forms. The feedback rated staff friendliness as excellent (by 21 people) or good (by one person). The overall feedback of the service was rated as excellent (by 21 people) or good (by one person). Everyone who gave feedback said they would recommend the service to others.

Are Diagnostic and screening services responsive?

Requires Improvement

This was the first time we have rated the service. We rated responsive as requires improvement.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population.

The facilities and premises were mostly appropriate for the services being delivered. Diagnostic imaging was provided on ground level, there was parking for people with disabilities and a toilet with wheelchair access. In the 12 months before our inspection the service treated 6,681 patients. Of these, 45 were children or young people. However, the service did not have a separate waiting room for this patient group.

The service had a rehabilitation centre where it worked in partnership with a local NHS trust and a local hospice charity to deliver musculoskeletal and lymphoedema services to local people.

Meeting people's individual needs

The service did not always take 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 understood the policy on meeting the information and communication needs of patients with a disability or sensory loss however, this was not always applied. There was an induction loop in the main clinic reception. Three mobile induction loops had been ordered but were not available at the time of inspection. The service was not compliant with the Accessible Information Standards (2017). There were no communication aids for the blind or partially sighted, learning disabled, profoundly deaf or people with dementia.

Requires Improvement

Diagnostic and screening services

The service did not have a system to enable patients, loved ones and carers to get help from independent interpreters or signers when needed. Staff told us they would use either relative, a student or member of staff, or an online multilingual neural machine translation service to translate words or text from one language into another, when they provided services to patients whom English was not their first language. The standard operating procedure for screening non-English speaking patients put the responsibility for deciding if the patient had been translated to correctly onto the radiographer or sonographer. This meant that the service could not always be assured that information had been translated impartially and patients always understood the procedure they were consenting to. This was not in line with nationally accepted good practice.

Apart from pregnancy information leaflets, the service information leaflets were not available in languages other than English.

However, the service had an MRI safe wheelchair and hoist to help people with restricted mobility into the scanner. The scanner was an open upright scanner, suitable for bariatric and claustrophobic patients.

Patients with a learning disability were given extra time at appointments. Throughout the pandemic they were able to bring a carer to appointments. Anxious patients were given the opportunity to visit the unit prior to their appointment and have carer remain in the MRI room to give ongoing support if necessary.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed. Booking staff told us patients were given a choice of appointment times.

Managers worked to keep the number of cancelled appointments to a minimum.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. In the 12 months before our inspection 88 MRI patients and 67 x-ray and ultrasound patients had their appointment cancelled. This was because of a problem with equipment, staff sickness, or bad weather. We were shown evidence that all these patients were given a new appointment within six weeks of their original scan date.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. They supported patients to make a complaint if required.

Managers investigated complaints and identified themes. In the 12 months before our inspection the service had received two complaints. Both of these complaints were about dissatisfaction with the image quality of an MRI scan.

Requires Improvement

Diagnostic and screening services

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.

Are Diagnostic and screening services well-led?

Requires Improvement

This was the first time we have rated the service. We rated well-led as requires improvement.

Leadership

Leaders did not always have the skills and abilities to run the service, or understand and manage the priorities and issues the service faced. However, 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.

Leaders did not always have the skills, knowledge, and experience to run the service. They did not know about some key issues, for example, that they needed to provide impartial translation services for people whose first language is not English, and clinical handwashing facilities for staff when they have touched patients, The leadership team were not up to date with legal requirements for staff training under Consent, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). It was therefore not clear how national guidance and policy was identified and translated into practice in this service, or who had responsibility for oversight of this.

However, Staff told us leaders were visible and approachable.

Leaders had both clinical knowledge and leadership experience. They told us about their short- and longer-term plans for the service. They had plans to refurbish the ultrasound rooms so that they improved access to patients for left-handed staff and provided all staff with clinical handwashing facilities.

Staff told us they had visible and supportive managers who had an open-door policy. They told us managers checked in with them frequently, showed concern for their wellbeing, and made themselves available for support and advice when needed.

Staff told us they were supported to develop their skills and take on more senior roles. We heard how some members of staff who started as bank workers had been supported to develop their skills to become substantive staff or had further development opportunities to become senior members of the team.

Vision and Strategy

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

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care, which was aligned to local plans in the wider

health and social care economy. Progress against delivery of the strategy and local plans was monitored and reviewed. Staff knew and understood what the vision, values and strategy were, and their role in achieving them. The vision and strategy were strongly linked to sustainability and health of the local population as well as the wider health economy. The service was involved with the NHS and a number of local charities to deliver health and wellbeing advice and information to the local population

Services had been planned to meet the needs of the relevant population. In partnership with the local clinical commissioning group the service had expanded the amount of diagnostic imagining, specifically ultrasound, that it completed on behalf of the NHS. Initially this had been to help the NHS during the pandemic but became integral to the service delivery.

Staff told us about the values and vision for the service. They told us discussion around the values was always included at staff days to look at how they could be demonstrated through action.

Culture

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

Staff told us they felt supported, respected, valued and were positive and proud to work in the organisation. The culture was centred on the needs and experience of people who used services. Actions taken to address behaviour and performance was consistent with the vison and values, regardless of seniority.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. Learning and action was taken because of concerns raised. The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents. We saw advice for staff wanting to use the whistle blowing policy on notice boards in offices. However, the service did not have a Freedom to Speak Up Guardian (FTSU). All providers who deliver services for the NHS should either have a FTSU or have access to one. This was to ensure all staff delivering NHS services were able to quickly raise serious concerns about patient safety. Senior leaders told us they did not have knowledge of FTSU, but since the inspection they had followed this up with the local NHS Trust with the aim of providing staff with access to a designated FTSU Guardian.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. These meetings took place twice yearly. There was a strong emphasis on the safety and well-being of staff. Equality and diversity were promoted within and beyond the organisation, in its work with community groups and the local trust.

There were cooperative, supportive and appreciative relationships among staff. Staff told us they worked collaboratively, shared responsibility and resolved conflicts quickly and constructively.

Governance

Leaders mostly 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.

Requires Improvement

Diagnostic and screening services

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed and improved. All levels of governance and management functioned effectively and interacted with each other.

Staff at all levels told us they were clear about their roles and understood what they were accountable for, and to whom. Arrangements with partners and third-party providers were mostly governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care. However, there was a lack of oversight of some fundamental areas that should have been considered under partnership working arrangements, for example accessibility standards and access to a FTSU Guardian for staff.

We saw evidence that governance meetings were held monthly, concerns were escalated up to wider organisational governance meeting and to the board when required.

Arrangements with partners and third-party providers was managed at executive and board level.

Management of risk, issues and performance

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

The organisation had assurance systems and performance issues were escalated through clear structures and processes. There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. Leaders monitored risks, quality, operational and financial processes and had systems to identify where action should be taken.

We saw action plans that demonstrated what action was taken when required following audits and service level inspections. For example, planning repairs to equipment, and requesting service logs from maintenance engineers.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. We saw the risk register for this service. This showed that potential as well as actual risks to the service were considered and mitigated. We saw risk assessments for the different imagining areas. For example, the x-ray room had a risk assessment that included specific mitigating actions for pregnant staff to follow. However, the lack of clinical handwashing facilities, interpretation services and accessibility standards were not included on the risk register.

Potential risks were considered when planning services, for example, seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. Impact on quality and sustainability was assessed and monitored. There were no examples of where financial pressures had compromised care.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Information was used to measure improvement, not just assurance. Quality and sustainability both received coverage in relevant meetings at all levels.

Requires Improvement

Diagnostic and screening services

Staff had sufficient access to information and challenged it when necessary. There were clear service performance measures, which were reported on and monitored. There were effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate. When issues were identified, information technology systems were used effectively to monitor and improve the quality of care.

There were arrangements to ensure data or notifications were submitted to external bodies as required. There were also arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards.

Engagement

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

People's views and experiences were gathered and acted on to shape and improve the services and culture. This included people in a range of equality groups, people who used services, and those close to them. Staff and students were also actively engaged, including those with a protected characteristic, so their views were reflected in the planning and delivery of services and in shaping the culture.

There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. There was transparency and openness with all stakeholders about performance. This was managed at an executive rather than service level.

Public engagement was central to the strategic aim to create an inclusive and sustainable environment in which staff and members of the wider community were supported and the service being delivered, along with the estate, were fit for the future. For example, to provide a space where the next generation could learn about the health of the planet. A local primary school with limited outside areas had been offered the use of the outdoor wooded areas as a forest school. Leaders understood if primary school children became involved with a health education body, they would develop knowledge and understanding of health services which in turn may help shape their future aspirations around health and learning.

The service worked in collaboration with the local NHS trust to deliver musculoskeletal services on site and had just begun working in collaboration with a local hospice charity to deliver lymphoedema services to the local population.

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.

Leaders and staff aspired to continuous learning, improvement and innovation. This included participation in research projects.

The service had a plan for students to help members of the local community set up and use mobile phone health apps.

Requires Improvement

Diagnostic and screening services

Staff regularly took time out to work together to resolve problems and to review individual and team objectives, and to consider processes and performance which lead to improvements and innovation. There were systems to support improvement and innovation work and for sharing the results of improvement work.