

Cavendish Imaging Finchley

Quality Report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?			
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

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

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

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

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

Summary of findings

Overall summary

Cavendish Imaging Finchley is operated by Cavendish Imaging. Cavendish Imaging operates diagnostic imaging services across four other locations. The service at Finchley consists of two diagnostic rooms with one dedicated Cone Beam CT (CBCT) scanner and one CBCT-panoramic (OPG)-cephalometric unit. The centre is on the first floor of a building and the unit is co-located with another healthcare service.

Patients are greeted by the receptionist and wait in a dedicated waiting room before being called through for their scan.

The service provides specialist diagnostic imaging services for adults, and children and young people.

We inspected diagnostic imaging services for Finchley using our comprehensive inspection methodology. We carried an unannounced visit to the service on 4 December 2018.

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.

This was the first inspection of this service. We rated it as Good overall.

We found good practice in relation to diagnostic imaging:

- There were effective systems in place to keep people protected from avoidable harm.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs.
- There was a programme of mandatory training which all staff completed, and systems for checking staff competencies.
- Equipment was maintained and serviced appropriately and the environment was visibly clean.

- Staff were trained and understood what to do if a safeguarding issue was identified.
- Records were up to date and complete and kept protected from unauthorised access.
- Incidents were reported, investigated and learning was implemented.
- The service used evidence based processes and best practice, this followed recognised protocols. Scans were timely, effective and reported on in good time.
- There were effective systems in place to protect patients from harm and a good incident reporting culture. Learning from incident investigations was disseminated to staff.
- The service managed staffing effectively and services always had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- Staff were competent in their field and kept up to date with their professional practice.
- Staff demonstrated a kind and caring approach to their patients and supported their emotional needs.
- The service had supportive and competent managers. Staff understood and were invested in the vision and values of the organisation. The culture was positive and staff demonstrated pride in the work and the service provided.
- Risks were identified, assessed and mitigated. Performance was monitored and performance information was used to make improvements.

Nigel Acheson

Summary of findings

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

**Diagnostic
imaging**

Rating

Good



Summary of each main service

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

Summary of findings

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Good 

Cavendish Imaging Finchley

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Cavendish Imaging Finchley

Cavendish Imaging Finchley is operated by Cavendish Imaging Ltd. The service opened in January 2017 and was registered by the CQC in December 2016. Cavendish Imaging Finchley is a single speciality service which accepts patients on referral only basis.

The service specialises in Cone Beam CT, and also offers panoramic orthopantomogram (OPG) and cephalometric x-rays. Dental CBCT is a type of x-ray used to produce three dimensional images of teeth, soft tissues, nerve pathways and bone in a single scan. An orthopantomogram is an X-ray image of the whole mouth, including upper and lower jaw, produced when

the X-ray machine moves around the head to provide an ear-to-ear image. A cephalogram is an X-ray of the skull and soft tissues, used to assess the relative position of teeth, jaws, skull and soft tissue.

Patients are referred by dentists, orthodontists and maxillofacial surgeons, dental implant surgeons, facial plastic and ENT surgeons. The service outsourced a proportion of radiology reporting to another company.

The unit operates an appointment and a walk-in service with no appointment required between 9am and 5pm. The service operates four to eight days a month.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in imaging. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Information about Cavendish Imaging Finchley

The service is registered to provide the following regulated activities:

- Diagnostic and screening

During the inspection, we visited the diagnostic unit on Finchley. This consisted of two diagnostic rooms, a reception/waiting area and toilet facility. The service was located on the first floor of a day surgery centre. This space was rented by Cavendish Imaging from the centre.

We spoke with three staff members including radiographers and managers. We spoke with three patients and reviewed four sets of electronic patient records. There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with CQC.

Activity (22 November 2017 to 22 November 2018):

- The unit provided imaging services for private patients. In addition the service had a contract with a NHS commissioner.

Track record on safety:

- There were no never events, serious incidents/injuries or Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reportable incident in the last 12 months.
- There were no hospital-acquired infections In the last 12 months.
- July 2016: accredited ISO 27001: an information security standard.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **good** because:

- There was an open incident reporting culture within the unit and an embedded process for staff to learn from incidents.
- All staff demonstrated an understanding of the duty of candour and the principles behind this.
- Staff were knowledgeable about safeguarding processes and what constitutes abuse.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs. They were supported by a programme of mandatory training in key safety areas.
- Equipment was serviced and processes were in place to ensure all items were well maintained.
- All areas of the unit were clean and tidy. Staff had access to personal protective equipment and hand gel dispensers were available within the unit.

Good



Are services effective?

- Staff delivered care based on a range of best practice guidance. The service's policies and procedures were in line with the Ionising Radiation (Medical Exposure) Regulations 2017.
- There was a program of local audits to monitor and improve patient care. Audit outcomes were in line with expected standards.
- Patients were cared for by appropriately qualified staff who had received an induction to the unit and maintained appropriate registration with professional bodies.
- There was effective multidisciplinary team working throughout the service and with other providers.
- Staff had regular development meetings with their manager, and were encouraged to develop their roles further.
- Information provided by the unit demonstrated 100% of staff had been appraised.

Are services caring?

We rated caring as **good** because:

- Patients were treated with kindness, dignity and respect. This was reflected in feedback we received from patients.

Good



Summary of this inspection

- Patients received information in a way which they understood and felt involved in their care. Patients were always given the opportunity to ask staff questions, and patients felt comfortable doing so.
- Staff provided patients and those close to them with emotional support; staff were supportive of anxious or distressed patients.

Are services responsive?

We rated responsive as **good** because:

- Services were planned and delivered in a way that met the needs of the local population. The service was planned with the needs of patients in mind.
- The unit operated a walk-in service and patients could attend on any week day convenient for them.
- Patients individual needs were met, including consideration of the needs of patients living with dementia and learning disability.
- Staff were encouraged to resolve complaints and concerns locally, although, there had been no formal complaints in the last year.
- Patient complaints and concerns were managed according to the Cavendish Imaging policy.

Good



Are services well-led?

We rated well-led as **good** because:

- The provider had a clear vision and values which were realistic and reflected through team and individual staff member objectives.
- Staff were positive about their local leaders and felt they were well supported.
- There was a clear governance structure, which all members of staff were aware of. There was evidence of information escalated from local governance meetings and information cascaded to all staff.
- The service had undertaken appropriate risk assessments and managers had clear visibility of the risks and were knowledgeable about actions to mitigate risks.
- The diagnostic service had implemented a number of innovative services and developed these to meet patient's needs. Senior staff had contributed to developing and improving Cone Beam CT imaging services.

Good



Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We rated safe as **good**.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Mandatory training records show that all staff (including administrative, management and radiography staff) had completed mandatory training in safeguarding children, safeguarding adults and medical emergencies. All radiography staff had completed infection control training and training in Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).
- Staff told us they accessed their training records via an online training portal. Training undertaken included incident reporting, basic life support, chaperoning, bullying and harassment among others. The radiographer we saw on the day of inspection confirmed they were up to date with training. Data supplied by the service confirmed this.

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.
- We reviewed the safeguarding policy in place and found it to be comprehensive. The policy covered topics dealing with adult and children safeguarding, child

sexual exploitation, female genital mutilation, modern slavery and human trafficking, patients requiring advocacy services and the rights of people subject to Mental Health Act 1983.

- All staff had completed the safeguarding children levels one and two training. The managing director had completed safeguarding children level three training and also acted as the safeguarding lead for the unit. All radiography staff had completed safeguarding adults' level two training.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- Between November 2017 and November 2018 there had been no incidences of health care acquired infection in the service.
- During this inspection we saw that all areas of the service to be visibly clean.
- The service had established systems in place for infection prevention and control, which were accessible to staff. These were based on the Department of Health's code of practice on the prevention and control of infections, and included guidance on hand hygiene and the use of personal protective equipment, (PPE) such as gloves.
- Staff used disposable mouth pieces to cover areas of diagnostic equipment where patients had to bite to take images of the jaw area. Mouthpieces were disposed after each patient use. Staff also cleaned diagnostic equipment following patient use in line with guidelines
- All the patients we spoke with were positive about the cleanliness of the unit and the actions of the staff with regards to infection prevention and control.

Diagnostic imaging

- The radiographer we spoke with on inspection identified as the IPC lead of the provider. The IPC lead was responsible for supporting staff, ensuring annual IPC competency assessments and training were carried out and undertaking IPC audits.
- The IPC lead provided an infection control audit from March 2018. It showed staff fulfilled all requirements in line with the infection control policy including removing all jewellery except wedding rings, disinfecting imaging equipment every morning and evening and in-between patients, hand washing in between patients, use of PPE such as gloves, correct waste management and appropriate handling and disposal of sharps.
- Staff had access to hand washing facilities. All staff we observed demonstrated compliance with good hand hygiene technique in washing their hands and using hand gel when appropriate. The service displayed signage prompting people to wash their hands and gave guidance on good hand washing practice.
- Staff were bare below the elbow and had access to a supply of personal protective equipment (PPE), including gloves and aprons. We saw staff using PPE appropriately.
- Waste was handled and disposed of in a way that kept people safe. Waste was labelled appropriately and staff followed correct procedures to handle and sort different types of waste.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- The layout of the unit was compatible with health and building notification (HBN06) guidance.
- The diagnostic unit was located on the first floor of a day surgery unit. Visitors could access the unit via stairs. There was a lift on-site, however, we were told that this was permanently out of order. Patients were told about the accessibility issues when booking their appointment and patients with limited mobility were booked at another location which had an operational lift.
- Patients waited in a small waiting area within the diagnostic unit. There was no overcrowding in this area during our inspection.
- There were systems in place to ensure repairs to machines or equipment, when required, were timely.

This ensured patients would not experience prolonged delays to their treatment due to equipment being broken and out of use. Servicing and maintenance of premises were undertaken by the day surgery unit.

- During our inspection we checked the service dates for equipment. All the equipment we checked was within the service date.
- Failures in equipment and medical devices were reported through the Cavendish Imaging support team. Staff told us there were usually no problems or delays in getting equipment repaired. Equipment breakdown was logged on the incidents log to enable the company in monitoring the reliability of equipment.
- Staff had access to protective equipment to carry out x-rays and scans. There was suitable signage showing the room was a controlled area for radiation. The controlled light sign in front of the rooms turned on automatically when the diagnostic rooms were in operation, as a safety warning.
- To monitor staff exposure to radiation, the radiographer was provided with a radiation dosimeter, which was reviewed and monitored after a 13-week period.
- Diagnostic equipment used in the unit included a dedicated Cone Beam CT (CBCT) scanner and a CBCT-panoramic Orthopantomogram (OPG)-cephalometric unit. This equipment had dose modulation to appropriately manage or limit radiation doses.
- We reviewed the Radiation Protection Adviser (RPA) report in 2017 for each equipment and the radiation output testing results showed all equipment was safe for use. In addition, the reports concluded all equipment was in good working condition.
- Staff informed us the automatic calibration of equipment occurred every morning and we saw that staff completed daily checklists which highlighted equipment had been calibrated.
- Patients attended the diagnostic unit for routine pre-planned non-invasive diagnostic procedures. As a result, the unit was not equipped with resuscitation equipment. Staff informed us, in the unlikely event a patient deteriorated, they had arrangements with a healthcare provider within the same premises to assist. This other provider had emergency drugs and resuscitation equipment.

Assessing and responding to patient risk

Diagnostic imaging

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff assessed patient risk and developed risk management plans in accordance with national guidance. Risks were managed positively and updated appropriately where there was a change in the patient's condition.
- There was a comprehensive risk assessment in place in line with the application of the Ionising Radiations Regulations 2017 to work with dental and medical x-ray equipment. The risk assessment covered protection measures for staff involved in radiography and people outside the radiography room, dose assessment and investigations, pregnant employees and young workers; and maintenance, quality assurance and testing.
- The provider's referral form included prompts to ensure the referrer had discussed pregnancy risks with the patient, and identified any special needs (such as mobility, cognition or translation services).
- All patients told us they were given information, were risk assessed and had signed a form to accept they had understood any risks associated with the scan they were having.
- There were processes to ensure the correct person got the correct radiological scan at the right time.
- We also saw staff using the Society of Radiographer's "paused and checked" system. Pause and check consisted of a system of three-point demographic checks to correctly identify the patient, as well as checking with the site or side of the patients body that was to have images taken and the existence of any previous imaging the patient had received.
- All clinical staff were basic life support (BLS) and automated external defibrillator (AED) trained. All administration staff were BLS trained.
- There were exposure protocols and diagnostic reference levels in place. These were available in both diagnostic rooms and displayed on walls. Diagnostic reference levels and paediatric diagnostic reference levels were in place for each machine.
- The service had up to date Local Rules that described the safe operation of each specific item of equipment, who may operate the equipment and the name of the radiation protection supervisor. The service's managing director was the radiation protection supervisor (RPS),

and they had received their last update training in May 2018. Their role was to ensure the service's compliance with the Ionising Radiations Regulations 2017 (IRR2017) to support safe working practices.

- The unit had access to a radiation protection advisor (RPA) and a RPA check on diagnostic equipment had been conducted in the month prior to our inspection. There was an appointed medical physics expert.

Radiographer staffing

- There were 2.0 whole time equivalent (WTE) radiographers employed by the service and one radiographer was on shift each day. Information provided by the provider indicated the average time a radiographer spent with each patient was 15 minutes for CBCT scans. This meant the one radiographer could see up to 30 patients a day. The unit operated a walk in service. Staff felt there were adequate staffing numbers for the unit.
- The service aimed to have at least two radiographers trained at this location. They stated that one radiographer was currently on long-term leave.
- A full time compliance manager provided administrative support.
- Business continuity plans were in place to guide the service when responding to changing circumstances. For example, sickness, absenteeism and workforce changes. Shifts were usually covered by the unit's own staff. This ensured staff continuity and familiarity with the unit.

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Patient records were stored on an electronic record system. We looked at a random sample of four electronic patient records. All records had details of patients and the healthcare professional referring them. The records reflected staff verified the pregnancy status of patients. The records also included an event log, which reflected details of events following the referral including booking, scan, upload and examination. The records reflected the dates of each event and details of staff making the notes.
- Senior staff informed us images were kept for one year on the system and archived for ten years.

Diagnostic imaging

- Once taken, patient images were uploaded on the service's password protected online portal, which the referrer could access. Alternatively, they were sent by secured post.
- There was a records management policy in place and staff observed confidentiality by ensuring they logged out of the electronic system once they had finished updating patient records.

Medicines

- Staff did not store or administer medicines from this service.

Incidents

- The service managed patient safety incidents well. Staff recognised incidents 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.
- During the period November 2017 to November 2018 there had been no serious incidents requiring investigation, as defined by the NHS Commission Board Serious Incident Framework 2013. Serious incidents are events in healthcare where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive investigation.
- There had been no 'never events' in the previous 12 months prior to this 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.
- There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. The 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.
- An incident reporting policy was in place and staff reported incidents via an email sent to the compliance manager. Staff we spoke with knew how to report an incident and used the Good Observation and Learning

Form (GOLF). Staff reported GOLF under four headings, prompting them to include the details of the person reporting, describe the issue, state immediate actions taken and provide optional suggestions to prevent the issue re-occurring. Senior staff informed us staff dealt with any immediate risks to patients and the compliance manager reviewed the incidents for lessons learned.

- The incidents data we received were not broken down for each location. These incidents included, for example, delays in emailing information to patients, sharing images with the wrong business partner and not securing premises at night. The incidents were categorised for type, such as administrative procedures, radiographer procedures or website functionality, and then risk rated. We saw evidence from minutes of meetings that incidents and trends were discussed at the weekly meetings to promote improvement.

Are diagnostic imaging services effective?

We do not rate effective

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff assessed patients' needs and planned and delivered patient care in line with evidence-based, guidance, standards and best practice.
- Staff had access to policies and guidelines via an online portal. Paper copies of local protocols were in line with national guidance and readily available to staff. All protocols and guidelines reviewed were in date and were easily accessible via an online portal
- Policies and procedures were developed in conjunction with statutory guidelines and best practice such as the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017).
- The local rules were up to date and reflected the equipment staff and practices at this location. The provider's policies and procedures were subject to review by the Radiation Protection Advisor and the Medical Physics Expert, in line with IR(ME)R 2017 requirements.

Diagnostic imaging

- The service followed national guidance on diagnostic reference levels (DRLs) when taking 2D X-ray images. There were no DRLs for CBCT, however, the service had developed local DRLs. These were set in line with common practice and the manufacturer's guidelines, as recommended by the radiation protection advisor and medical physics expert. The service audited these levels to check they maintained high-quality standards.
- There was a programme of local audits in place to monitor patient outcomes in relation to radiation safety and imaging examination.

Nutrition and hydration

- Patients had access to water and hot drinks whilst awaiting their scan. During our inspection we saw patients helping themselves to hot and cold drinks in the main reception area.

Pain relief

- The service did not provide pain relief to patients as it was not required for the imaging undertaken.
- Staff informed us they ensured patients were comfortable throughout the procedure. We saw patients were assured that they would not feel any pain as a result of the procedure.

Patient outcomes

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff compared and audited key elements of the referral and scanning pathway and these were benchmarked with other Cavendish Imaging locations.
- Audits of the quality of the images were undertaken at a corporate level. Any issues were fed back to local services for quality assurance purposes and learning and improvement.
- The six-monthly radiation safety audit across all locations, showed 99% of 2D orthopantomogram (OPG), and cephalometric scans were graded as QC1 (no errors of exposure, positioning or processing, against a target of not less than 70%. Audit results showed reasons for any radiographs that were rated QC2

(acceptable, but some errors) or QC3 (where theradiograph was diagnostically unusable), and these mostly related to positioning. For CBCT, 98% of scans were graded QC1, against a target of not less than 95%.

Competent staff

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- All staff received a local and corporate induction and underwent an initial competency assessment which covered key areas applicable across all roles including equipment, and clinical competency skills relevant to their job role and experience.
- All staff were required to complete the provider mandatory training programme as well as role specific training to support ongoing competency and professional development. We viewed staff CPD records and found these included case studies, reflections on practice, self-directed learning, and skills training.
- All radiographers were registered with the Health and Care Professions Council (HCPC) and met HCPC regulatory standards to ensure the delivery of safe and effective services to patients. Radiographers also had to provide evidence of continuous professional development (CPD) at their appraisals.
- Staff had regular one to one meetings with their manager and an annual appraisal to set professional development goals. Records we checked confirmed that staff appraisals were up to date.

Multidisciplinary working

- Radiography staff confirmed they had good working relationship with their managers as well as administrative staff.
- The service offered Core Training Programmes in CBCT radiography for dental staff who referred or reported on CBCT scans. This was in line with government guidance and European Congress of Dentomaxillofacial Radiology requirements, and promoted safe practices in patient referrals.
- The service provided training to all referrers on the software to view the CBCT scans. reporting and further use of 3D images to enhance the usability and the scope of use of images already taken to avoid further radiation to the patient.

Diagnostic imaging

- The service introduced an online training portal for staff to provide mandatory knowledge. Staff were encouraged and involved in main professional events (e.g. UKRC, BAO) and regulatory and professional bodies (e.g. BDA, HCPC, CQC).

Seven-day services

- The unit operated a walk-in service, which opened from 9am to 5pm on Mondays and Wednesdays.

Health promotion

- Information leaflets were provided in the unit for patients on what the scan would entail and what was expected of them prior to a scan. The unit also provided information to patients on self-care following a scan.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff we spoke with were aware of the need for consent and gave patients the option of withdrawing consent and stopping their scan at any time.
- Staff were aware of children's consent procedures and the service had a consent policy in place. Young people (aged 16 or 17) were presumed to have sufficient capacity to decide on their own medical treatment, and provide consent to treatment, unless there was significant evidence to suggest otherwise. Staff were able to tell us about Gillick competence, this is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Compassionate care

- During this inspection we saw all staff treating patients with dignity, kindness, compassion, courtesy and respect. Staff introduced themselves prior to the start of a patient's treatment, interacted well with patients and included patients in general conversation.
- In the interactions we saw during this inspection and feedback provided by patients we spoke with staff demonstrated a kind and caring attitude to patients. Staff explained their role and explained to patients what would happen next.
- During this inspection we spoke with three patients about various aspects of the care they received at Cavendish Imaging Finchley. Without exception, feedback was consistently positive about staff and the care they delivered.
- Senior staff informed us they operated a "Give the Love" philosophy which considered the needs of every patient as if they are their loved one and tried to see the patient journey through their eyes. Staff told us this involved going the extra mile. Staff gave us examples of this which included staying late for patients who were running late or providing additional assistance to referrers to help them upload new imaging software.
- Patients were encouraged to complete feedback questionnaires; this was dropped in a feedback box in the waiting area. The service also monitored feedback from patients. Senior staff informed us patients received a request for feedback via email following each visit.
- A feedback action plan was in place to monitor actions following bi-annual feedback reviews. One of the actions implemented in October 2018 included a systematic way to email patient information leaflets with all booking confirmations.

Understanding and involvement of patients and those close to them

- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff communicated with patients in a manner that would ensure they understood the reasons for attending the unit. All patients were welcomed into the reception area and reassured about their procedure.

Are diagnostic imaging services caring?

Good 

We rated caring as **good**.

Diagnostic imaging

- Staff recognised when patients or relatives and carers needed additional support to help them understand and be involved in their care and treatment. Staff enabled them to access this, including access to interpreting and translation services.
- Patients and relatives and carers could ask question about their scan. A range of CBCT related leaflets were available to patients in the unit.
- The service allowed for a parent or family member or carer to remain with the patient for their scan if this was necessary.

Emotional support

- Staff provided emotional support to patients to minimise their distress.
- Staff supported people through their scans, ensuring they were well informed and knew what to expect.
- Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calm and reassuring attitude so as not to increase anxiety in nervous patients.
- Staff provided reassurance throughout the scanning process, they updated the patient on the progress of the scan and how long they had before their treatment was complete. All patients we spoke with told us staff had been supportive.
- We spoke with the radiographer and felt that recognising and providing emotional support to patients was an integral part of the work they did. Staff recognised that scan-related anxiety could result in possible delays with the patient's treatment.

Are diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

Service planning and delivery to meet the needs of local people

- The service was planned and designed to meet the needs of the patients. Information about the needs of

the local population and the planning and delivery of services was agreed collaboratively with clinical commissioning groups (CCG). The service provided imaging for low risk patients only.

- The diagnostic service was located on the first floor of a day surgery unit. Patients and visitors to the service could access via a staircase. Patients with limited mobility were booked at another Cavendish Imaging location which had lift access. The unit operated a walk-in service between 9am and 5pm on Mondays and Wednesdays.
- There was a clear referral criteria in place for each diagnostic imaging procedure conducted on the unit including Cephalometry, Cone Beam CT (CBCT), Orthopantomogram (OPG) and Orthopaedic examination.
- The service provided a quotation for visit and payment details in a confirmation email prior to each patient's attendance. The service was registered with most UK insurers. Our review of electronic patient records included confirmation emails sent to patients and this confirmed the price for the procedure.
- The provider's website provided useful information about the service and the referral process.

Meeting people's individual needs

- The service took account of patients' individual needs.
- Visitors had access to a water dispenser in the waiting areas. They also had access to magazines.
- Staff explained the referrer would inform them if translation services were required and they would organise this in advance. They stated that in most cases, patients were accompanied by a relative who could translate for them.
- Senior staff informed us the referral form also highlighted if a patient had any complex needs such as mental capacity issues or learning disability so that they could prepare in advance for the patient.
- Visitors had access to CBCT information leaflets in the reception area. The leaflet explained what a CBCT scan involved, provided radiation dose information, what happens step by step and information about cost.

Access and flow

- People could access the service when they needed it. Waiting times from referral to treatment were in line with good practice.

Diagnostic imaging

- The service accepted referrals from General Dental Practitioners (GDPs) and other specialists by email and online. There were referral criteria in place for patients. The referral form outlined the referrer details, patient details, mode of payment, examination required, region of interest and delivery options for the image taken.
- The service provided a walk in service during the week. Senior staff informed us they found that it was sometimes difficult for some people to attend during the week (for instance school children) and they provided Saturday appointments at another location as an option to meet the need for such patients.
- Data provided by the service showed there had been no unplanned transfer of a patient to another location in the last 12 months. There had been no cancelled appointments in the last 12 months.
- Occasions where patients “Did not attend” (DNA) their appointments rarely occurred, as the service operated a walk-in service.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Staff were encouraged to resolve complaints and concerns locally. Cavendish Imaging had a complaints handling policy and all staff completed a mandatory training course on customer care and complaints.
- Patients had access to leaflets providing information about how to give feedback or raise concerns. This included a children’s complaints guide, where paediatric patients could raise concerns on a child friendly form. The service also monitored feedback from referrers.
- There had been no complaints or compliments received between November 2017 and November 2018.
- There was a complaint management policy in place. The complaints policy differentiated between formal and informal complaints, with defined timescales for the provider to acknowledge and respond to formal complaints. The policy included reference to being open and transparent with people when things went wrong, and complying with the duty of candour.

Are diagnostic imaging services well-led?

Good 

We rated well-led as **good**.

Leadership

- Managers in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The leadership team and management were experienced in their professional fields and were recruited for the position in alignment with overall business plan. As a small service, leadership interacted both formally and informally on a regular basis on the subjects of latest best practice, governance, legislation and management techniques, contributing to the objectives of personal professional development.
- A managing director and a clinical director led Cavendish Imaging across five locations including Finchley. A full time compliance manager was also employed to focus on governance to enhance all stakeholders' involvement and consolidate systems across the company.
- The managing director was a medical physicist and acted as the location’s radiation protection supervisor (RPS). The clinical director was a dental surgeon by training.
- Staff we spoke with told us the managing director was visible and approachable and they could contact them at any time by phone or email when they were not on-site. Staff said both the managing and clinical directors were approachable, supportive, and effective in their roles. All the staff we spoke with were positive about the management of the service.

Vision and strategy

- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff and patients.
- The provider outlined their aims and objectives in their statement of purpose. The provider aimed to provide high quality specialist imaging services to all patients. Their key objective was to put state-of-the-art imaging equipment to the service of the patient and referrer, and provide a smooth service for both the patient and the referrer.

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- Staff in the service understood the part they played in achieving the aims of the service and how their actions reflected the organisations vision.

Culture

- Staff we spoke with were very positive and happy in their role and stated the service was a good place to work.
- Most staff we spoke with told us they felt supported, respected and valued on a local and corporate level. Staff said they were actively encouraged to make suggestions about changes and improvements to the services provided.
- Staff demonstrated pride in their work and the service they delivered to patients and their service partners. Staff told us they had sufficient time to support patients.
- Staff told us there was a 'no blame' culture in regards to incidents and they always received feedback from incidents.
- There was good communication in the service from managers. Staff stated they were kept informed by various means, such as team meetings and emails.
- The service had a whistleblowing policy and staff confirmed they could raise concerns with management. Staff recognised their responsibility in relation to the Duty of Candour.
- Staff told us there were good opportunities for continuing professional development (CPD) and personal development in the organisation. They also stated they were supported to pursue development opportunities which were relevant to the service.

Governance

- There was a robust corporate and local governance framework in place which oversaw service delivery and quality of care. This included a framework of governance meetings which fed information from the unit to the overall Cavendish Imaging board.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service held weekly staff meetings. These were documented and available on an online portal for all staff to read and review.

- There were quarterly governance meetings. We reviewed minutes of the last four meetings and saw that it followed set agenda. Issues discussed included staffing, equipment and training, incidents and risks.
- The provider disseminated information to staff during weekly meetings and via an online portal. These included minutes of meetings, policies, changes in legislation and learning from incidents.

Managing risks, issues and performance

- Cavendish Imaging had completed a risk assessment for Finchley, which covered hazards and precautions in relation to a range of factors, including abuse, infection control, electrical and fire safety and substances hazardous to health. Where relevant, the service had received evidence of assurance from the landlord of the day surgery unit, for example, regular fire inspection and maintenances of facilities.
- There was risk management policy in place and it outlined the use of audits, incident reporting, risk registers, benchmarking and staff awareness as assurance of safety and quality service provision.
- The provider had systems to monitor performance, including incidents, patient feedback, audits and staff appraisals. These systems highlighted areas of good practice and opportunities for learning.
- There was a business continuity policy, which highlighted key hazards and mitigations, contact details and relevant staff and an emergency response checklist.

Managing Information

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service uploaded diagnostic images on a secured electronic portal and the referrer could access this with a password. Images for NHS patients were uploaded to a national electronic portal, used widely in the NHS to support secure transfer of images.
- The service maintained accreditation in the ISO27001 Information Security Management Standard, which involved the annual audit of their systems by an external UK Accreditation Service notified body.
- The service had implemented systems to ensure they were compliant with provisions of the General Data

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Protection Regulation (GDPR). Staff considered Caldicott principles when making decisions on how data protection and sharing systems were designed and operated.

- The service had invested in an online training portal for staff. Relevant information regarding the service such as policies and team meetings were uploaded on an online portal to keep track of staff awareness.

- In addition to investing in secure information sharing systems, the service facilitated the transfer of information for a second opinion where requested by patients. This included modifying data to the format required at no additional cost to the patient.

- The service employed an application specialist and cross-trained staff to support patients in relation to the images produced. They provided this additional service so that patients could receive treatment from the clinician of their choice and commence care without undue delay.

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Staff told us there were sufficient numbers of computers in the unit. This enabled staff to access the computer system when they needed to.
- All staff we spoke with demonstrated they could locate and access relevant information and records easily, this enabled them to carry out their day to day roles. Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.
- Relevant information regarding such as policies and team meetings were uploaded on an online portal to keep track of staff awareness.
- The service uploaded diagnostic images on a secured electronic portal and the referrer could access this with a password. Images for NHS patients were uploaded to a national electronic portal, used widely in the NHS to support secure transfer of images.
- The service maintained accreditation in the ISO27001 Information Security Management Standard, which involved the annual audit of their systems by an external UK Accreditation Service notified body.

- Senior staff informed us they were GDPR compliant and took into consideration Caldicott principles when making decisions on how data protection and sharing systems were designed and operated.

Engagement

- The service engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions implemented from the feedback received.
- The service held weekly staff meetings and updated staff about the organisational priorities. Minutes of meetings as well as other relevant information were available on an online portal for staff to review.
- The provider employed a referrer liaison lead, to engage with referrers, address any issues they might raise and improve the service accordingly.
- The provider offered one to one sessions with referrers, which included training that could form part of their continuing professional development (CPD). The provider obtained feedback on the training provided via an evaluation form.

Learning, continuous improvement and innovation

- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.
- All staff were aware of communicating with deaf patients.
- The clinical director contributed to the national guidance for use of Cone Beam CT scanners in dentistry. Radiographers on the unit had been trained to work with specialist CBCT equipment.
- The provider offered training to referring dentist on the referral criteria, regulations, reporting and imaging software. This was to support improved understanding of CBCT, practices and communication, and to minimise radiation exposure to patients.
- The provider had developed an online training portal for staff to access a range of courses including those required for mandatory training.
- Staff were all involved in the main professional events (e.g. UKRC, BAO) and regulatory and professional bodies (e.g. BDA, HCPC, CQC).

Outstanding practice and areas for improvement

Outstanding practice

The provider engaged in a range of charitable activities, which supported not only the local population but also international patients from deprived backgrounds.

The service invested in innovative information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.