Practice Plus Group Hospitals Limited

Practice Plus Group Diagnostics, Buckinghamshire

Inspection report

Unit 2, The Merlin Centre
Cressex Business Park
High Wycombe
HP12 3QL
Tel:

Date of inspection visit: 20 April 2022
Date of publication: 11/07/2022

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

Summary of findings

Overall summary

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients.
- 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- Quality assurance processes were not in place for all diagnostic equipment.
- Governance processes did not always identify risk.
- Not all products were stored before the expiry date.
- Clinical waste was not always stored securely.
- Cleaning chemicals were not always stored securely.
- Printed documents were not always in date.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good	

Summary of findings

Contents

Summary of this inspection

Background to Practice Plus Group Diagnostics, Buckinghamshire

Practice Plus Group Diagnostics, Buckinghamshire, opened in 2007 and is operated by Practice Plus Group Hospitals Limited. It is an independent diagnostic imaging service based in High Wycombe, Buckinghamshire. The service is based on the ground floor of a building shared with a musculoskeletal service which is owned by the same provider. The service offered appointments for magnetic resonance imaging (MRI), ultrasound scans and X-rays. The service did not conduct scans requiring contrast. The service hosts an echocardiogram service, but another independent diagnostic provider operated this service; therefore, we did not inspect this.

The service primarily served the communities of Buckinghamshire and some of Oxfordshire. Most referrals were for adults, but the service also provided scans for children aged 16 to 17 years old. Referrals were accepted from GPs, the musculoskeletal service in the same building and from a local NHS trust.

Radiographers, sonographers, clinical assistants and administration staff were employed by Practice Plus Group Hospitals Limited. The service had access to a radiologist who worked for the provider nationally. An external third party produced reports for X-ray and MRI scans.

The service had a registered manager who was responsible for the regulated activity;

- Diagnostic and screening services.

The service was last inspected in January 2019. All domains were rated as good, except for effective which we do not rate for this service type.

How we carried out this inspection

The inspection team consisted of a CQC lead inspector, a CQC assistant inspector, and a specialist advisor with expertise in diagnostic imaging. The inspection took place on 20 April 2022.

We spoke with nine members of staff including managers, administrative staff and clinical staff. We spoke with seven patients and reviewed five sets of patient records. We reviewed two personnel files.

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.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good

Our rating of safe stayed the same. We rated it as good.

Mandatory training

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

Staff received training specific to their job role and kept up-to-date with their mandatory training. Records showed staff had completed 92% of all required training, which was above the target of 90%. Staff said they were aware of when training was to be renewed.

The mandatory training was comprehensive and met the needs of patients and staff. All staff were required to complete modules that included: health and safety, infection prevention and control, chaperoning, and equality and diversity. Clinical staff had more training requirements including patient consent and duty of candour. The service provided radiographers with training relating to radiation exposure. This ensured staff could safely perform examinations involving radiation to keep patients safe.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had an up-to-date mandatory and statutory training policy, which outlined all mandatory training modules and the required frequency per job role. A training matrix was used to monitor compliance.

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.

Staff received training specific for their role on how to recognise and report abuse. All staff were required to complete level 1 children and adults safeguarding. All patient facing staff were trained level 2 safeguarding for adults and children. The service assessed safeguarding training requirements against relevant guidance *Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019*. Staff were aware of safeguarding issues and how to escalate concerns.

Good

Diagnostic and screening services

Staff had access to an internal safeguarding lead. The safeguarding lead was trained to level 4 in safeguarding. The lead completed training with staff and gave regular updates on safeguarding topics, such as female genital mutilation (FGM).

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had several policies and standard operating procedures in place, covering adult and children safeguarding. These outlined how to identify people at risk of harm and what steps to take in the event of identifying someone at risk.

Administrative staff and imaging assistants received training to act as chaperones when needed. Staff were aware of their responsibilities when acting as a chaperone.

Safety was promoted through recruitment procedures and employment checks. Staff had Disclosure and Barring Service (DBS) checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical and non-clinical areas were visibly clean and had suitable furnishings which were well-maintained. Daily cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff completed infection prevention control and hand hygiene audits. Audits followed a set schedule that checked compliance against processes that prevented the spread of infections. Records showed high levels of compliance.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service supplied face masks and hand sanitiser dispensers for staff and patients. Staff had easy access to gloves and aprons throughout the clinic. Staff followed the rules for 'bare below the elbows' and hair was tied up, which followed infection control practice.

Staff cleaned equipment after patient contact. They cleaned and stored equipment such as probes used for internal ultrasound investigations in line with guidance from the British Medical Ultrasound Society (BMUS). This reduced the risk of cross infection between patients.

There had been no reported incidences of healthcare acquired infections at the service in the 12 months prior to the inspection.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff were trained to use diagnostic equipment.

The service had systems for the safe disposal of clinical waste, although these were not always followed. Clinical waste was segregated for disposal according to current guidance. There was a large locked clinical waste bin stored in a secure area. However, we saw one bag of clinical waste placed on top of the locked clinical waste storage bin. This had been removed and stored safely when we returned to area. Clinical waste not stored or disposed of safely place staff and patients at risk of harm.

The service did not always store cleaning materials securely in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). Cleaning chemicals were stored in a room which had a door lock fitted. However, during inspection we saw the room was left unsecured. This meant there was a risk of unauthorised access to substances hazardous to health.

Equipment was safely stored although there was not a safe system of stock rotation to ensure products were used in date order. We found four bottles of ultrasound gel and two packets of spill wipes out-of-date in the stock room. These products may not be as effective if used after the manufacturer's expiry date. We told staff about the items, and they were disposed of.

The service had enough suitable equipment to help them to safely care for patients. The service had one X-ray machine, four ultrasound scanners and two MRI scanners. One of the MRI scanners was in a mobile unit that was shared with other services. The MRI equipment was clearly labelled in line with recommendations from Medicines & Healthcare products Regulatory Agency (MHRA).

There were records of yearly servicing for all scanners. This was carried out by the manufacturer and their certificates confirmed that the equipment was safe to use. There were contingency plans if equipment was faulty or not operational.

The room where radiation exposure took place was clearly marked with warning signs and lights. Clear signage was in place to warn patients of areas where radiation exposure took place, therefore limiting risk of accidental exposure.

Staff wore dose badges which monitored their exposure to radiation. During our inspection, we observed staff wearing these badges.

Portable appliances had electrical safety checks. We saw electrical appliances labelled as safe to use and review dates were visible.

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 responded promptly to any sudden deterioration in a patient's health. They were trained in basic life support and had access to first aid equipment. Staff told us that should a medical emergency happen they would dial 999 for help. Records showed that staff had followed this process.

Staff knew the actions to take should a life-threatening indicator show on a scan. They followed policy to raise this with the referrer. The service contracted a third party to report on X-ray and MRI scans. Routine scans had to be returned to the service within 48 hours and urgent scans had to be returned within four hours. Administration staff were employed over the weekend to provide cover in processing urgent scans.

Processes were in place to ensure the correct patient received the correct X-ray. The service followed the Society of Radiographers (SoR) 'Pause and Check' technique to check on patient identity and referral before performing a procedure.

Good

Diagnostic and screening services

Staff had access to support and advice regarding the use of radiation. The service had a radiation protection supervisor who was appointed by the provider to oversee work and make sure local rules are followed. There was also a radiation protection advisor (RPA) who was accessible to give staff advice on the safe use of radiation. The RPA worked at a local NHS trust but was available for staff to contact when needed.

Staff assessed patients to ensure scans could be conducted safely. They checked a patient's child-bearing status prior to an X-ray being conducted. Sonographers used non-latex probe covers when a patient was assessed to have a latex allergy.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough clinical and support staff to keep patients safe. The unit was staffed with radiographers, sonographers, imaging assistants and administration staff. There were vacancies for one radiographer, and they wanted to increase the number of sonographers. The manager adjusted the number of scans performed according to the number of clinical staff available.

The service used bank and agency staff when necessary to maintain staffing levels in both clinical and non-clinical areas. The service said staff were provided with information so they could work safely. Records showed that competency assessments had taken place before they were able to work without supervision.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. The provider had introduced fully electronic patient records. We reviewed five sets of patient records which all contained comprehensive and organised information for the scan being performed.

When patient information was transferred to another service, there were no delays in staff accessing their records. The service used integrated electronic record systems to share information with referrers and an external partner who was contracted to report on X-ray images.

Records were stored securely. Staff used password protected systems to keep patient records safe. We saw staff locking software when leaving computers unattended.

Medicines

The service did not use or store any medicines.

Incidents

The service managed patient safety incidents well. 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.

Good

Diagnostic and screening services

Staff raised concerns and reported incidents and near misses in line with provider policy. They followed clear guidelines and could describe the process for reporting incidents. Records showed that the cause of incidents was investigated, and action taken to prevent similar incidents occurring.

Staff understood the duty of candour. They had access to an up-to-date duty of candour and openness policy, which followed professional and statutory duty of candour requirements. Staff knew when duty of candour applied to an incident.

Staff met to discuss the feedback and look at improvements to patient care. Records for staff and clinical meetings showed that incidents along with any improvements and learnings were being shared with staff.

Staff were aware of the reporting responsibilities to external organisations. The service had not reported any IR(ME)R reportable incidents to the Care Quality Commission (CQC). There were three incidents of unintended radiation exposure that did not meet the level required for notification.

Are Diagnostic and screening services effective?

Inspected but not rated

We do not rate effective for this type of service.

Evidence-based care and treatment

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

Staff followed policies to plan and deliver high quality care according to best practice and national guidance. The service regularly reviewed policies and standard operating procedures with all policies date controlled. These complied with Ionising Radiation (Medical Exposure) Regulations 2017, the Royal College of Radiologists and the National Institute of Health and Care Excellence (NICE).

Staff performed clinical audits to monitor compliance. They followed an audit schedule that reviewed documentation, staff and the physical environment. The service had an external annual audit by a Medical Physics Expert of their X-ray equipment and procedures.

Nutrition and hydration

The service gave patients advice on nutrition and hydration.

Patients received information on nutrition and hydration. Some ultrasound scans required patients to have a full bladder, or fast, before a scan which enabled scan images to be captured. Patients received information before attending an appointment on what was required.

The service had vending machines and a water dispenser in the waiting area.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain. However, pain relief was not given on site.

Good

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.

Managers and staff carried out a comprehensive programme of repeat audits to check improvement over time. An annual local audit plan was in place and used to drive service improvements. Some of the areas audited included radiation protection supervisor (RPS) reports, IR(ME)R procedures, clinical practice, records, infection prevention control and information governance.

Managers shared and made sure staff understood information from the audits. Records of staff meetings showed that audit results were regularly discussed, and any required improvements were agreed.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers monitored staff's registration on the Health and Care Professionals Council (HCPC) register. Training records showed staff were qualified and had training specific to the scanners used at the service.

Managers gave all new staff a full induction tailored to their role before they started work. Permanent staff completed a 12 week induction process that covered training, communication, policies and procedures, governance and development. Managers completed a separate temporary induction process for agency staff.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had completed an annual appraisal, and these were reviewed after six months. We reviewed two staff appraisals which included performance review and setting objectives for staff development. Staff also had monthly supervision meetings to support development and performance.

Performance of clinical staff was monitored through peer review and quality audit. Any issues were discussed in a supportive environment. Radiologists external to the service fed back any performance issues regarding X-rays and MRI to enhance learning or highlight areas of improvement in individual radiographers' performance.

Multidisciplinary working

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

Staff worked across healthcare disciplines and with other agencies when required to care for patients. Staff told us that they had a good working relationship with an NHS trust where they supported diagnostic imaging lists. The service contracted a third party to report on X-ray images. Staff told us that they had good working relationship with both.

We observed imaging staff working well as a team and demonstrating their knowledge of each other's roles.

Seven-day services

Key services were available to support timely patient care.

The service offered appointments from 8am to 7pm, seven days a week.

Good

Diagnostic and screening services

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff received and kept up-to-date with training in the Mental Capacity Act. The Deprivation of Liberty Safeguards did not apply to this service.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Detailed information was sent to patients before their scan. Staff checked their understanding of the procedure before asking for their consent. This was recorded in all the patient records we reviewed. Where a patient was undergoing a scan requiring an internal probe, staff obtained written consent.

Are Diagnostic and screening services caring?

Good

Our rating of caring stayed the same. We rated it as good.

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 and those close to them in a respectful and considerate way. We observed staff treating all patients in a friendly and courteous manner.

Patients said staff treated them well and with kindness. We spoke with seven patients who all spoke positively about how staff treated them.

Staff followed policy to keep patient care and treatment confidential. Conversations in treatment areas and scanning rooms could not be overheard in other areas of the building. Computer screens containing confidential information were positioned so that unauthorised people were unable to see them.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff told us if a patient had autism or a learning disability, they would be alerted during the booking process and were able to offer quieter appointment times to make it a more comfortable environment for the patient.

Patient information notices showed information about chaperones. Patients were offered the choice of who chaperoned them.

Emotional support

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

Good

Diagnostic and screening services

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw staff talking in a calm and reassuring way with patients and gave them as much time as they needed to discuss their concerns. Patients told us that staff were supportive, kind and helpful when they became nervous.

The service displayed posters in clinical areas that gave patients practical advice on what to do should they feel claustrophobic in the MRI scanner.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff told us they could access translation services, and this was assessed on booking appointments.

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.

Staff made sure patients and those close to them understood their care and treatment. Information was sent to patients following an appointment booking. This covered the facts about the scan, any risks, and post scan advice. We saw staff checking the patients understanding of this during their appointment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. They had developed cue cards as a communication aid for patients with hearing loss. The cues covered the process and safety of the scans and included time for the patient to raise any questions they may have.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. They were able to provide feedback electronically or on printed forms. We reviewed patient feedback results from quarter four 2020 to quarter one 2022. From over 11,000 responses, 96% of patients had a positive experience from the service and 95% of patients had high or complete confidence and trust in the healthcare professional they saw.

Are Diagnostic and screening services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

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

Facilities and premises were appropriate for the services being delivered. All patient areas were located on the ground floor. There was free parking adjacent to the service including spaces for disabled badge holders, and there was wheelchair access throughout patient areas. The reception desk was low to enable staff to greet patients in wheelchairs.

Managers ensured that patients who did not attend appointments were contacted. Staff monitored patients that did not attend an appointment. They would contact the patient to offer another appointment, if the patient did not attend the second appointment, they would contact the referrer.

The service relieved pressure on other healthcare providers. They had an agreement with an NHS organisation to take scan lists three days a week to relieve pressure on those services.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff received training in equality and diversity. Records showed that 97% of staff were up-to-date with the required training. The provider showed us their plan for their staff to complete specific training in learning disability and autism from July 2022.

The service had information leaflets available in languages spoken by the patients and local community. We saw that the service had translated pre-appointment scan information leaflets into other languages to meet the needs of the local population.

Managers made sure staff and patients could get help from interpreters or signers when needed. Staff assessed interpretation needs during the appointment booking process and were able to book support in advance of the patient attending an appointment. This included booking of British Sign Language interpreters.

The service had a weight limit of 137kg for the MRI scanner and 203kg for the ultrasound benches.

Access and flow

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

The service could offer appointments in the evenings and weekends. Staff told us they were able to offer appointments that were flexible and able to accommodate the needs of patients who were unable to attend during the working day. Bookings were prioritised based on clinical assessment and urgency of the scan.

Managers monitored waiting times and made sure patients could access services when needed. They monitored waiting lists for the different types of scans and had action plans in place to reduce waiting times. The waiting time for an X-ray scan had reduced from 5 weeks in October 2021 to 1.5 weeks in February and March 2022, due to new efficiencies in X-ray equipment. Ultrasound waits ranged between 4 to 6 weeks between October 2021 and March 2022. During the same period MRI scan waits ranged between 7 to 9 weeks. We were told that there were plans to recruit more permanent sonographers to meet ultrasound demands, and they had arranged for the Mobile MRI scanner to be available 4 days a week.

The service had booking criteria to ensure appropriate bookings were made. They did not accept referrals for patients under the age of 16 years old. Exclusions for MRI scans included contrast studies, breast, or cardiac scans. They did not accept Ultrasound referrals for guided procedures, obstetric care, breast, cardiac vascular, chest, thyroid, or ophthalmology. Clinical staff made assessments on the appropriateness of a referral.

Staff supported patients when they were referred or transferred between services. They worked with the referrer to ensure they had the correct patient information for the scan requested.

Good

Diagnostic and screening services

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.

Patients, relatives and carers knew how to complain or raise concerns. Patients told us that they knew how to raise concerns if necessary.

The service clearly displayed information about how to raise a concern. Posters were displayed in patient areas that made it clear how to make a complaint. The service's website also had information on how to raise a complaint. They sign posted patients to the Parliamentary Health Service Ombudsman (PHSO), should the complaint response not lead to resolution.

Staff understood the policy on complaints and knew how to handle them. They had access to an -up-to-date complaints policy and were aware of the stages in an investigation. They aimed to acknowledge a complaint within three working days and provide resolution within 20 working days. We reviewed two complaints and saw staff followed the policy.

Managers investigated complaints and identified themes. They maintained a log of complaints and tracked actions and learnings form the data. Staff meeting records showed that learnings were shared with staff.

Are Diagnostic and screening services well-led?

Requires Improvement

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service had a registered manager who was responsible for managing the regulated activities at the service. The service was supported by a corporate structure that included a governance manager, human resource director, business partners and a health and safety lead.

The service had a clear management structure with defined lines of responsibility. The registered manager was supported on site by clinical and administration leads who had defined roles and responsibilities. There was a radiation protection supervisor who was employed by the provider and provided support and advice to this service.

Staff felt supported and had good relationship with their managers.

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. Leaders and staff understood and knew how to apply them and monitor progress.

Good

Diagnostic and screening services

The service had strategy focused on the development of the service after the COVID-19 pandemic. The strategy was focused on the development of staff competencies, and capacity to meet demand.

The service had developed values and behaviours to support the way they worked. The values were focused on 'treating patients and each other as we would like to be treated', 'acting with integrity', 'embracing diversity' and 'striving to do things better together'. Values were built into staff appraisals and objective setting.

Behaviours were displayed on notice boards in clinical areas which were categorised under the headings: having a healthy difference of opinion, working on common goals, holding each other to account and focusing on team results.

Culture

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

Staff felt engaged with managers. The last staff survey completed in January 2021, from a response rate of 76%, the survey showed that 94% of staff felt positive engagement with their managers.

Staff recognised and valued the work of their colleagues. Staff nominated colleagues for a monthly award in recognition of the work they did for the service, patients and colleagues. Staff felt that managers recognised their efforts and achievements.

Staff felt confident to report issues of bullying or harassment. Staff survey results showed that 95% of staff at the service felt confident in raising concerns, which was higher than the result for the provider as a whole. Staff had access to a freedom to speak up guardian. Staff we spoke with told us they felt confident and safe to raise concerns with no fear of repercussions or discrimination.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. However, printed policies were not always in date.

Staff attended regular meetings to discuss the performance of the service. They attended monthly clinical governance and staff meetings that had set agendas covering key aspects of performance and safety monitoring. Records showed these meetings were well attended with actions recorded and monitored.

The service had recruitment processes that required applicants to provide the necessary documents and evidence of competencies prior to a job offer. We reviewed two staff records which showed the service complied with Schedule 3 of the Health and Social Care Act (Regulated Activities) 2014.

The service held annual radiation protection committee meetings. The meetings covered the ratification of policies, reviewing employers' procedures, and radiation incidents.

Leaders collaborated with partner organisations to help improve services for patients. They had a good working relationship with the local acute NHS trust. The service conducted scan lists to support the NHS organisation, and this relationship was managed with regular calls to monitor performance.

The service had a process to control policies and document, but this was not always followed. Policies were stored electronically; these policies were in date and staff were aware how to access them. However, staff showed us printed copies of the employer's procedures under IR(ME)R 2017 that were expired. We saw four policies that expired in February 2022. Policies stated that they were uncontrolled if downloaded or printed. There was a risk current procedure may not be followed if staff refer to expired policies

Management of risk, issues and performance

The service did not have a full quality assurance process to monitor the quality and safety of X-ray equipment. Risks were not always identified and monitored. However, leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events.

There was an established in-house quality assurance programme which included most essential tests. However, the service did not have a full quality assurance programme for the X-ray machine. In February 2022, a Medical Physics Expert completed a radiation protection audit that recommended the service purchase equipment for a quality assurance programme to be implemented. At the time of our inspection this had not been done, and while some quality monitoring activities such as diagnostic reference levels audits and reject analysis audits took place, there was no formal assurance the information provided by X-ray equipment was of a high quality, accurate, and timely. Following the inspection process the provider obtained the quality assurance programme and had started the quality assurance process.

The service maintained a risk register that detailed risks that had the potential to affect the quality and safety of the service. The risk register was formally reviewed annually, with new risks being added when necessary. However, the process did not identify any risks in response to the recommendations from the February 2022 radiation protection audit. After we raised the concern with the provider, we were told they would add a risk to the risk register.

Performance was monitored at the service and at provider level. The service had a clear audit schedule and the results were monitored by managers. Records showed that performance was discussed with staff. Staff conducted regular audits of quality indicators such as infection control measures, quality of scan reports, radiation protection processes and accuracy of records.

The service had local environmental audits and action plans for refurbishment.

The service had a business continuity plan describing actions to be taken if unexpected events occurred such as floods, power cuts or major equipment failure.

Staff conducted emergency drills to simulate the evacuation of a patient from an MRI scanner should there be a medical emergency. The service had identified an issue with raising an alarm during this practice and subsequently put a solution into place.

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.

The service collected, analysed, managed and used information well to support all its activities, using integrated and secure electronic systems. Staff received training in information governance.

Good

Diagnostic and screening services

The service had an up-to-date policy that covered data management and management of records. This followed NHSX Record Management Code of practice 2021. The service stored patient records for minimum of eight years which was in line with the code of practice.

Staff disposed of confidential waste securely. We observed staff disposing of confidential waste in locked waste bins.

The registered manager was familiar with data notifications that needed to be sent to external bodies, including those that needed to be submitted to CQC.

Engagement

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

Leaders engaged with staff using a variety of methods, including; annual staff surveys, team meetings, electronic communication, appraisals, monthly supervision and informal discussions. Results from the last staff survey which completed in January 2021, showed that the service generally performed better than the provider's other services. They ranked higher than average in 7 out of 10 areas surveyed. There was an action plan to address issues the survey highlighted.

The service had a process to monitor patient feedback and took actions to improve the service. Staff encouraged patients to complete a survey following their appointments, and they also gave patients an opportunity to speak directly to staff and feedback on a list of specific questions. Managers monitored trends and took action to address concerns.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff were supported by the service in their professional development. The service recognised the importance of imaging assistants and aimed to create a lead imaging assistant post. They were also training a radiographer to report on X-rays.