

Vista Diagnostics Limited

InHealth Waterloo

Inspection report

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

Ratings

Overall rating for this location

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?

Good



Summary of findings

Overall summary

Our rating of this location 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, understood how to protect patients from abuse, and managed safety well. The service controlled infection risks well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- 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, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders 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. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The provider engaged with patients to plan and manage services. All staff were committed to continuously improving the service.

Summary of findings

Our judgements about each of the main services

Service

**Diagnostic
imaging**

Rating

Good



Summary of each main service

Our rating of this location stayed the same. We rated it as good. See the overall summary above for details.

Summary of findings

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Summary of this inspection

Background to InHealth Waterloo

InHealth Waterloo is operated by InHealth Limited. The service provides MRI (magnetic resonance imaging) diagnostic imaging facilities for children aged 14 and above and adults. The service has four clinical rooms where ultrasound and echocardiogram services are provided. We did not inspect these services. This report relates to the MRI diagnostic imaging services.

The service provides MRI services on an outpatient basis. The service offered standard and contrast-based scans for musculoskeletal, urology, gynaecology and abdominal scans. Facilities include two MRI scanners and their associated control rooms, changing rooms, accessible facilities and a waiting room. The service provides MRI scans to NHS patients referred by London clinical commissioning groups (CCG), GP referrals and private patients.

The service operates seven days a week service opening for a minimum of 12 hours per day.

The service has had a registered manager in post since September 2011.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 19 April 2022.

During the inspection visit, the inspection team:

- Spoke with the registered manager, four radiographers and a clinical assistant
- Spoke with four patients
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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 imaging | Good | Inspected but not rated | Good | Good | Good | Good |
| Overall | Good | Inspected but not rated | Good | Good | Good | Good |

Diagnostic imaging

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

Are Diagnostic imaging 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 and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' sessions and e-learning. We reviewed the staff training matrix and saw 99% compliance.

The mandatory training was comprehensive and met the needs of patients and staff. It included basic life support, infection control, safeguarding children and adults' level two, the Mental Capacity Act and Deprivation of Liberty Safeguards, health and safety, manual handling and complaints handling.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Radiologists completed continuing professional development and provided annual confirmation to the service in line with the practising privileges policy. Records provided by the service showed the radiologists were up-to-date with mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Most staff (98%) completed safeguarding children and adults training at level two. Staff had access to a level four trained, safeguarding lead and a deputy within InHealth, who were offsite but were contactable by email or telephone.

Diagnostic imaging

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding children and adults' policy, with flow charts for the escalation of concerns was available.

Patients we spoke with said they felt safe and were always treated respectfully by staff.

The organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check, occupational health clearance, references and qualification and professional registration checks.

The service had an up-to-date chaperone policy.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff accessed support from senior staff when they needed it. There was one safeguarding incident in the previous 12 months. Records showed the incident had been investigated and reported in line with the safeguarding policy. The service reviewed safeguarding incidents to see if there were any key learning points and shared these with staff.

Cleanliness, infection control and hygiene

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

The service performed well for cleanliness. Staff cleaned equipment after patient contact. Radiographers were responsible for cleaning the MRI scanners. Items were visibly clean and dust-free, and we saw a daily cleaning check list. Staff used single use equipment where appropriate.

Staff followed infection control principles including the use of personal protective equipment (PPE). The centre provided staff with PPE such as gloves and aprons. We observed all staff wore PPE where necessary.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Hand-washing and sanitising facilities were available for staff and visitors in the centre.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed regular audits of COVID-19 infection control, correct uniform, hand hygiene, MRI daily cleaning checks and cleaning of the clinical area. Records showed the service performed consistently to a high standard (100%). The manager and superintendent radiographer completed a weekly spot check to ensure the overall cleaning and audits were of a good standard.

Imaging protocols were adjusted to reduce the number of patients waiting to be seen to help maintain social distancing.

Patients we spoke with said the environment was clean.

Environment and equipment

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

Diagnostic imaging

The service had suitable facilities to meet the needs of patients' families. The service started renovating the premises in March 2022, which included refitting the toilets, new doors and painting. The registered manager explained the work was carried out late in the evening, so it did not affect patient appointments. There were two MRI imaging rooms and associated control rooms and a reception area. There were three changing rooms and one was accessible for patients with mobility or complex needs.

The design of the environment followed national guidance. The service managed access to restricted areas well. All patients, carers and visitors waited in the reception area until they were escorted into the MRI safe area. Safety and warning notices were displayed in the controlled areas.

Resuscitation equipment was on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

All relevant MRI equipment was labelled in line with published guidance. Staff carried out daily quality assurance checks on the MRI scanners. Staff completed daily checklists and there was evidence of testing of all equipment used at the service.

The service had enough suitable equipment to help them to safely care for patients. There was an effective system to ensure that repairs to broken equipment were carried out quickly so that patients did not experience delays to treatment. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. We checked the service dates for all equipment and found them to be within their service date.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately.

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 completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The radiographers carried out risk assessments for each patient to determine if they met the criteria for an MRI scan. All patients, relatives and visitors entering the MRI safe area were asked to complete an MRI safety questionnaire. We observed the radiographers checking the information on the completed questionnaire with each patient prior to the scan.

The service used a “pause and check” system. Pause and check consisted of a system of six-point checks to correctly identify the patient, as well as checking with the site or side of the patient’s body that was to have images taken and the existence of any previous imaging the patient had received. We observed staff carrying out these checks for each patient.

Staff knew about and dealt with any specific risk issues and there was a protocol for unexpected scan findings. Radiographers told us how any unexpected or significant findings on images were escalated to the referrer and we saw examples of this.

Diagnostic imaging

Staff responded promptly to any sudden deterioration in a patient's health. There was a protocol for managing any sudden deterioration in a patient's health and staff knew how to access it. Staff told us they responded to one deteriorating family member, who accompanied the patient to the scan appointment, in the previous 12 months. Records showed the staff followed the service's deteriorating patient policy which was to call 999. Staff said that although the correct procedures were followed the incident was reviewed and discussed at the next staff meeting.

Staff received training on simulated emergency scenarios and practiced how to respond to a deteriorating patient. All staff received training in basic life support (BLS).

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. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had clinical and support staff to keep patients safe. The service had a unit manager, who was the registered manager, a superintendent radiographer, nine full time radiographers and seven clinical assistants. There was an apprentice radiographer who was working towards gaining qualifications as a radiographer.

The manager could adjust staffing levels daily according to the needs of patients. The manager planned staffing levels and skill mix needed for each day. Rotas were done in advance with short notice changes as required in accordance with staff.

The service had low turnover rates. Two of the radiographers had been promoted within the organisation and the service was in the process of recruiting to fill these vacancies. Two clinical assistants had been recruited and were due to commence employment in May 2022.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service used a bank clinical assistant who was previously employed at the service. The service did not use bank or agency radiographers.

Medical staffing

The service did not employ any medical staff. Radiologists who provided contrast MRI scanning, attended the service under practising privileges. We saw evidence that the service checked to ensure the radiologists had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

Radiologists reports were provided through a service level agreement (SLA) with two external providers.

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. Staff used secure electronic patient records to document patient's diagnostic needs including scan results. We reviewed five patient care records which were accurate, complete, legible and up-to-date. There were no delays in staff accessing patient records

All patients were booked through the InHealth patient referral centre (PRC) and referring clinicians received electronic diagnostic imaging reports which were encrypted.

Diagnostic imaging

All staff completed training on information governance and records management as part of the InHealth mandatory training programme (100%).

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff stored and managed medicines and prescribing documents in line with best practice. The medicines cupboards we inspected were locked, secure and all stock was within expiry dates. The service did not keep or administer controlled medicines.

Contrast media was safely stored. In rare cases contrast media can cause kidney damage. We saw records which showed there was a contrast checklist to assess a patient's risk in using the contrast agents.

Radiographers were authorised to work under Patient Group Directions (PGDs) to administer contrast media and other medicines required during the MRI scans. A PGD is a previously written instruction for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PGDs showed the name of the radiographers and the medicines they were competent to use.

Allergies were clearly documented on referral forms and on the electronic patient records. Allergies were verbally checked during the diagnostic imaging safety checklist.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Managers reviewed the safety alerts and relevant information was cascaded to staff.

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. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The service used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the staff induction programme, which all staff completed when they commenced their employment at the service.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff said there was a good reporting culture and that they were encouraged to report 'near miss' situations. We checked the incidents log and found incidents were reported appropriately. There were 277 incidents in the previous 12 months all of which were no harm or low harm. Incidents were categorised into clinical, safety, report related, image related, booking, infection prevention and control and breach of confidentiality. There were 148 incidents related to appointment bookings, 30 clinical, 11 image quality, 10 MRI safety and four for equipment. Records showed each incident was investigated in line with the service's procedure. Staff recorded the learning outcome from incidents where appropriate.

Managers shared learning from incidents to improve patient care. All appointments were booked through the InHealth group patient referral centre (PRC). In April 2022 the management team had an incident review meeting with the PRC to discuss the number of booking errors. The team formulated an action plan which would be reviewed monthly to evaluate the updated booking process.

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Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff showed us an example of an incident where the duty of candour requirements applied. Records showed the duty of candour policy was followed and the learning was shared with staff by email and discussed at the staff meeting.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate effective for diagnostic imaging.

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 up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff delivered care and treatment in line with legislation, national standards and evidence-based guidance, including from the National Institute for Health and Care Excellence (NICE), the Royal College of Radiologists, and the College of Radiographers.

Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines. Staff had electronic access to policies and guidelines which were regularly reviewed and updated. The manager said InHealth had processes for regularly reviewing and updating guidelines and distributing updates and new guidance across the organisation. Staff said updates were shared by email and through the weekly newsletters.

Records showed staff discussed different policies and guidance at staff meetings. Staff completed an interactive quiz on topics such as consent, incident reporting, medical emergencies and duty of candour.

There were established patient pathways such as MRI triage guidance, urgent scans and serious clinical findings.

Nutrition and hydration

Staff made sure patients did not fast for too long before diagnostic procedures.

Staff provided patients with instructions about fasting before the scan. Diabetic patients were asked to contact the service prior to the scan so staff could provide them with appropriate advice.

There was a water dispenser available in the reception area.

Pain relief

Diagnostic imaging patients did not routinely require pain relief. However, staff described how they would offer support to patients by advising them to bring their own medication. Staff assisted patients into comfortable positions for scans.

Patient outcomes

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

Diagnostic imaging

The service participated in relevant national clinical audits. Outcomes for patients were positive, consistent and met expectations, such as national standards. The service completed audits of emergency cord testing, patient identification, health and safety, health quality and emergency evacuation. Records showed the service performed consistently to a high standard.

In February 2022 the service started an imaging quality audit which was ongoing and had not been completed at the time of inspection. Records showed the service reviewed the justification for images, examination, techniques, parameters, artefacts, clinical summary and any key themes. The manager said once the audit was completed the results would be fed back for quality assurance purposes and learning and improvement.

The service monitored monthly rejection rates and the reasons for the rejection. For example, claustrophobia, the patient being unprepared, patient being unwell, pregnancy, the presence of metal and consent. Records showed that from January 2021 to March 2022 the rejection rate was 1%. The manager said the rejection rate was consistently reviewed to reduce the number of rejections overall.

Managers shared and made sure staff understood information from the audits. The results of the audits were shared and discussed at staff meetings.

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. All health care staff were registered with their appropriate professional bodies. Staff received a local and corporate induction and underwent an initial competency assessment.

Staff said they had received full induction tailored to their role and felt well-supported. There was evidence of completed induction. Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff training files. All radiographers completed MRI safety modules one to three. Other MRI training courses included clinical evaluation in MRI, administering intravenous injections and the advanced MRI programme.

The service ensured it received evidence annually from the radiologists about appraisal and registration as part of their practising privileges.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for the service were 100%. Staff said they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. For example, being able to complete advanced MRI training courses. In the March 2022 staff survey 98% of staff said they received the training and feedback to be successful in their role.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

Radiology staff and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

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Staff worked closely with the Clinical Commissioning Groups (CCGs) and referrers to enable patients to have a prompt diagnosis and a seamless treatment pathway. If they identified concerns from scans, they escalated them to the referrer.

Staff we spoke with told us they had good working relationships and open lines of communication with the CCGs and referrers. This ensured that staff could share necessary information about the patients and provide holistic care.

Radiologists reports were provided through a service level agreement (SLA) with two external providers. Radiographers told us they could contact a radiologist at the external provider for advice at any time.

We heard positive feedback from staff of all grades about the excellent teamwork.

Seven-day services

Key services were available to support timely patient care.

The centre opened Monday to Saturday from 7am – 9pm and Sunday 8am – 8pm.

Referrals were prioritised by clinical urgency, including appointments at short notice. Staff said if an urgent referral was made the unit would assess appointments and prioritise patients according to their clinical needs and requirements of the referring consultant.

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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a consent policy which was up-to-date and provided patients with written information about the consent process prior to attending for appointment. The policy included the procedure to follow to gain consent for children and young people.

Patients were sent an information leaflet explaining the MRI procedure including what they needed to do prior to the appointment, when they arrived, the examination and results. The patient referral centre (PRC) provided private patients with information on the cost of the scan.

Staff made sure patients consented to treatment based on all the information available. Staff explained how they gained consent for a scan by providing information on the procedure, risks and benefits. Records we reviewed showed consent was recorded prior to a scan being completed.

We observed staff gaining patient consent for scans. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All clinical staff (100%) received and kept up-to-date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe how to access the policy on Mental Capacity. Staff explained how they would carry out and document a capacity assessment if required. Staff understood 'Fraser' guidelines for patients under the age of 18.

Diagnostic imaging

Are Diagnostic imaging 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. Patients said the staff were professional and efficient and staff were kind and caring. The environment ensured patient's privacy and dignity was maintained. Patients had privacy for discussions before the scans in a separate room. We spoke with four patients. Patients comments about the service were "everything was done with no hassle", "treated with respect by scanning staff" and "staff made me feel comfortable."

Patients had a positive experience at the unit and 97% said they would recommend the service to family and friends.

Patients said staff treated them well and with kindness. Staff were very helpful, calming and reassuring. We reviewed a sample of compliments sent to the service where patients thanked staff for providing a caring service.

The service displayed information about chaperones.

Emotional support

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

Staff understood the impact that patients' care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs. We observed staff caring for patients with sensitivity and staff monitored patients with care and compassion.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Staff helped patients to feel calm and relaxed by showing them the scanning room prior to the scan. This reduced the patient's anxiety, fear and made them feel calm.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the anxiety or distress associated with the procedure and supported patients as much as possible. Patients could listen to their choice of music during the scan.

Understanding and involvement of patients and those close to them

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

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients said staff checked their identity, explained the procedure and checked that they understood how the scan would be performed. We observed staff explaining the procedure in a way patients understood and they were given enough time to ask questions.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form online following their appointment. Comments and survey results were discussed at team and management meetings with the aim of improving the patients experience.

Patients gave positive feedback about the service. In the patient satisfaction survey from April 2021 to March 2022 97% of patients said they would recommend the service to friends and family.

Are Diagnostic imaging 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.

Managers planned and organised services, so they met the changing needs of the people who use the service. The service was open seven days per week and appointments were flexible to meet the needs of patients. Patients had timely access to MRI scanning services. The service offered a wide range of standard, complex and contrast-based scans for young people and adults.

There was an established inclusion and exclusion criteria which was agreed with the Clinical Commissioning Groups (CCGs). The service did not operate a waiting list. Staff said patients were seen promptly and patients confirmed being able to access the centre in a timely manner. The environment was appropriate, and patient centred.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments. The outcome of each contact was recorded. From January 2021 to March 2022 missed appointments were 3% and the service cancelled 3% of the appointments. To reduce the number of missed appointments patients were telephoned 48 hours prior to the appointment. Staff also checked if patients understood all the information, they received in the booking confirmation.

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.

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There was a comfortable seating area, cold water fountain and toilet facilities for patients and visitors. There were accessible toilets and changing facilities and the scanners were accessible with enough space to manoeuvre a wheelchair. An MRI compatible wheelchair and trolley were available.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. The contact information for signers and interpreters was readily available. The service had information leaflets available in languages spoken by the patients and local community. Information was available in other languages to support patients in the local community whose first language was not English.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patient's wearing a hearing aid.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Patients with autism, limited mobility, learning disabilities or living with dementia were identified at the time of booking their initial appointment so that staff could determine how to modify investigations if necessary and assist with planning for the patient's appointment. These patients could bring a relative or carer to their appointment for support. Staff said they gave longer appointments to patients who needed it.

All staff completed training on equality and diversity.

Access and flow

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

All appointments were booked through the InHealth group patient referral centre (PRC). Patients were generally contacted within 48 hours of receipt of their appointment request. All referrals are triaged by InHealth Radiographers. Radiographers said they could contact the radiologists if they had any queries.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had contractual key performance indicators (KPI) agreed with the Clinical Commissioning Groups (CCGs). There were regular capacity and demand meetings which allowed staff to review KPI, attendance rates and demands on the service.

The unit monitored key performance indicators (KPI) and provided information to the CCGs. The service regularly monitored and discussed KPI. Records showed 41% of appointments were booked within 24 hours and 51% were booked within 48 hours. The national waiting time targets were to scan patients within six weeks and the service scanned most patients within four weeks. The service monitored the number of patients seen, the numbers of scans completed each day, cancellations and missed appointments. Staff said the reason for any cancelled or missed appointments were recorded and this was discussed at staff meetings. Records showed staff filled cancelled appointment slots where possible.

MRI reports were usually made available within four to five working days unless urgent findings were identified in which the report would be made available within 24 hours. Images were reported in time order unless it was clinically urgent which would be flagged and requested as priority. Data showed that between April 2021 to March 2022 the average report turnaround time was 48 hours.

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Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the unit. The complaint policy stated complaints would be acknowledged within three working days and fully investigated and responded to within 20 working days. The policy described the process for independent external adjudication to settle any unresolved issues.

Managers shared feedback from complaints through emails and meetings and learning was used to improve the patient's experience. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers. Staff could give examples of how they used patient feedback to improve the service. For example, it was reinforced that staff needed to show empathy for patients and communicate any delays in starting the scan.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service received 25 complaints in the previous 12 months and 15 of these were upheld. There were six complaints regarding reports, five for staff conduct and three that were image related. Records showed complaints were resolved in line with the service's complaints procedure.

Are Diagnostic imaging well-led?

Our rating of well-led stayed the same. We rated it as good.

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 provider had a corporate management structure which included a chief executive officer, chief medical officer and a managing director. The service was supported by the head of operations for the imaging centres. The service was overseen day-to-day by the registered manager who was supported by a superintendent radiographer.

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. They understood the service, patient and staff needs. Staff understood the lines of management responsibility and accountability within service and organisation.

Managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable. In the March 2022 staff survey 96% staff said the manager was approachable, open to ideas and suggestions.

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There was evidence staff had postgraduate training and opportunities for promotion. The registered manager had recently been promoted to operations manager and governance lead within the organisation and another radiographer was promoted to superintendent radiographer. One of the clinical assistants was promoted to compliance and complaints officer. Staff said the leadership team supported them in their career progression. These staff members started in more junior roles and they were supported to take on more senior roles.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The service was focused on providing a high-quality diagnostic imaging service for patients. The vision and mission were to make healthcare better, to be the most valued and preferred provider for patients and to increase the number of appointments available to patients each year. All staff were introduced to the vision and mission when first employed during the corporate induction. We observed the vision was displayed on the staff noticeboard at the service.

The service had a clear vision and there was a clearly formulated strategy to deliver this vision. There were plans to develop a sustainable staffing model, operational efficiency and high clinical quality. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

The service had a statement of purpose which outlined to patients the standards of care and support services the unit would provide.

Staff we spoke with understood the goals and values of the unit and how it had set out to achieve them.

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.

Managers supported an open and honest culture by leading by example and promoting the service's values. The manager said this was promoted by interacting with staff daily and having an open-door policy. Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the Covid-19 pandemic.

Staff were proud of the work that they carried out. They enjoyed working at the unit; they were enthusiastic about the care and services they provided for patients. They described the unit as a good place to work.

The manager said they felt supported by the head of operations. Staff said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong.

Patients told us they were happy with the unit's services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Governance

Diagnostic imaging

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was an effective clinical governance structure which included a range of meetings that were held regularly including a shared services meeting, management, staff and community diagnostic centre meetings.

Staff discussed recruitment, mandatory training, incidents and complaints at the monthly staff meetings. Incidents and complaints were reviewed weekly at the Complaints, Litigation, Incidents & Compliments (CLIC) meeting. The CLIC team analysed incidents and complaints to identify shared learning to prevent reoccurrence at a local and organisational level.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

The manager said learning was cascaded to staff. There were monthly staff meetings and all staff members had a work email account and updates were sent to staff by email.

Management of risk, issues and performance

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

Performance was monitored on a local and corporate level. Progress in delivering services was monitored through key performance indicators (KPI). Performance dashboards and reports were produced which enabled comparisons and benchmarking against other InHealth services.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

The service had a risk management strategy, setting out a system for continuous risk management. The manager oversaw patient safety and risk management activities.

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them. Risks such as illness due to Covid-19, information technology and equipment failure had been reviewed and mitigated. Risks were discussed at regular management and staff meetings.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

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.

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.

Diagnostic imaging

Clinical records were electronic. Referrers could review information remotely to give timely advice and interpreted results to determine appropriate patient care.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

Engagement

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

The service provided information to the clinical commissioning group (CCG) on key performance indicators.

The manager engaged with staff at team meetings by having a quiz to make learning interesting while testing staff knowledge. Additionally, staff presented on various topics such as MRI safety and supporting claustrophobic patients. Staff suggested having an audit schedule with completion dates on the staff noticeboard and this was implemented.

In the March 2022 staff survey all staff (100%) said the manager was an effective team leader and 91% of staff said communication with the manager was good. The service made changes based on feedback from the 2021 staff survey for example, recruiting additional radiographers.

The unit completed annual patient satisfaction surveys. They collated patient satisfaction surveys and used the results to inform service development. In the patient satisfaction survey from April 2021 to March 2022 97% of patients said they would recommend the service to friends and family.

Learning, continuous improvement and innovation

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

InHealth was focused on staff development as part of a strategy to maintain stability and loyalty amongst the team. The provider offered support for staff to complete postgraduate training such as a postgraduate certificate in advanced MRI and management courses. The registered manager, a radiographer and a clinical assistant had been promoted to more senior roles within the organisation.

InHealth had implemented the RPA (Robotic Process Automation) for 12 processes across the services which reduced repetitive tasks and saved a significant amount of staff time. Staff said the time saved would be redirected to patient focused tasks and service quality improvements.