Anglian Medical Musculoskeletal

BMI St Edmunds Hospital

Inspection report

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Date of inspection visit: 23 May 2022
Date of publication: 19/07/2022

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?	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. 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 and took account of patients' individual needs. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities and they were committed to improving services continually.

However:

- The service had not completed patient satisfaction surveys since the start of the COVID-19 pandemic.
- The service had not concluded the review of the policies and procedures to ensure they were in line with recently updated guidelines.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	Our rating of this location stayed the same. We rated it as good. See the overall summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to BMI St Edmunds Hospital

Anglian Medical Musculoskeletal at BMI St Edmunds Hospital is operated by Anglian Medical Musculoskeletal. The service opened in 2010. It is a private dual-energy x-ray absorptiometry (DEXA) scanning facility in Bury St. Edmunds, Suffolk. The service primarily serves the community of Bury St. Edmunds. Anglian Medical Musculoskeletal is co-owned by two service leaders. These were the only employed staff members. The service is registered for the activity of diagnostic and screening procedures. The service has had a registered manager in post since April 2018.

A DEXA scan, also called a bone density scan, is a common technique used to measure bone density. The service provided scans for adults over the age of 18 years. The service rents its facilities from the BMI St Edmunds Hospital. The scanning room is located on the ground floor, is wheelchair accessible and there are disabled parking spaces available. The service has use of other shared hospital facilities including toilets, reception and waiting room.

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.

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

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should consider re-introducing patient satisfaction surveys.
- The service should consider concluding the review of the policies and procedures to ensure they were in line with recently updated guidelines.

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	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic and screening services

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

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 and kept up-to-date with their mandatory training. Staff completed statutory and mandatory training using a combination of 'face to face' sessions and e-learning. We reviewed the staff training matrix and saw 100% 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, dementia awareness, equality and diversity, health and safety, manual handling and complaints handling. Staff received training in radiation safety and radiation protection.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. The manager monitored mandatory training and alerted staff when training needed to be refreshed.

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. All staff (100%) completed safeguarding children and adults training at level two. The safeguarding lead was trained to level three. The manager said staff had access to the safeguarding lead with level four training as an additional resource within the host hospital.

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. The policy included guidance on female genital mutilation (FGM) and child sexual exploitation.

Good

Diagnostic and screening services

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. We observed the premises and equipment were visible clean. Staff cleaned the examination couch and equipment after patient contact. The examination couch was covered with disposable paper towel which was changed between each patient. Radiographers were responsible for cleaning the equipment. Items were visibly clean and dust-free. There was a disposable privacy curtain and staff marked it with the first date of use and the planned date of change. The privacy curtains were within the expiry date.

The housekeeping staff at the host hospital was responsible for cleaning the floors and furniture and there was a daily cleaning checklist. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with PPE such as gloves and mask. Staff changed PPE after each patient and performed hand hygiene.

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.

The service followed COVID-19 infection control precautions and patients were informed about these in the appointment booking letter.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.

The service had suitable facilities to meet the needs of patients' families. The service had one scanning room and use of other shared hospital facilities including toilets, reception and waiting room.

The design of the environment followed national guidance. The scanning room was clearly sign posted. There was a notice on the door to the scanning room which specified access was restricted. Clinical staff completed training on equipment prior to using it to ensure they were competent on its use.

The manager was the radiation protection supervisor (RPS). Records showed the manager's certificate of RPS competence was updated in October 2020. The service had a radiation protection advisor (RPA) who completed a radiation risk assessment in March 2022. A radiation risk assessment identifies the measures needed to restrict the exposure to ionising radiation to anyone who might be affected. The RPA reviewed the local rules and found they complied with legislation. The RPA report had an action plan and the manager was in the process of completing it.

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 by the host hospital daily and an up-to-date checklist confirmed all equipment was ready for use.

Staff carried out daily quality assurance checks on the scanner to ensure that radiation levels were within acceptable limits. Staff completed these quality assurance checks before the scanner was used each day and records were stored electronically. We reviewed a sample of the quality assurance records which were up-to-date.

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 with the host hospital. 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 the scan, including the risks of pregnancy for patients of a child-bearing age. All patients were required to complete a screening questionnaire which was reviewed by the radiographer prior to the scan. The service agreed an inclusion and exclusion criteria with the local commissioners and each scan request was reviewed against the criteria. There was a policy for the justification of scans, including all the relevant clinical information required and staff ensured the justification for each scan was recorded.

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.

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.

Good

Diagnostic and screening services

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. There was an emergency call button within the scanning room in the event of a medical emergency. There was a resident medical officer (RMO) at the host site that staff said they could contact if a patient required medical support. 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 enough clinical staff to keep patients safe. The service had a manager, who was a radiographer trained to carry out DEXA scanning. The service reported no vacancies at the time of the inspection.

The manager could adjust staffing levels daily according to the needs of patients. The manager planned staffing levels needed for each day. Rotas were done in advance with short notice changes as required in accordance with staff. There was always one radiographer allocated to the scanner when the service was operational.

Managers used bank staff and requested staff familiar with the service. There was one bank radiographer who was subcontracted from the host hospital for a day each week. The service used a bank radiographer who was familiar with the service.

Medical staffing

The service did not employ any medical staff. There was a consultant rheumatologist who was also a co-owner of the business. The consultant provided support and advice regarding scanning and patient care if required and reviewed reports before they were sent to the referring clinician.

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 three patient care records which were accurate, complete, legible and up-to-date. There were no delays in staff accessing patient records.

DEXA reports were sent through Royal Mail or courier service to the referrer, the patients GP and the patient for integration into their personal medical records. The service retained an electronic copy of each report.

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

Medicines

The provider did not use any medicines as part of providing the service.

Good

Diagnostic and screening services

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 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 they were encouraged to report 'near miss' situations. We checked the incidents log and found incidents were reported appropriately. There were 15 reported incidents in the previous 12 months. Records showed each incident was investigated in line with the service's procedure. Staff recorded the learning outcome from incidents where appropriate.

There was one incident of an unknown artefact on the scan. An artefact is a feature appearing in an image that is not present in the original object. Records showed that staff discussed the possible causes of the unknown artefact and reported the findings to the patient's GP. The service did not have any never events or serious incidents in the previous 12 months. There were no reported Ionising Radiation (Medical Exposure) Regulations 2017 or Ionising Radiations Regulations (IRR) incidents in the previous 12 months.

Staff understood the duty of candour. Staff said there were no duty of candour incidents in the previous 12 months. Staff could give examples of when they would use the duty of candour and they were aware of their responsibilities in being open and transparent with patients.

Are Diagnostic and screening services 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. Policies and procedures used in the service followed evidence-based practice and were developed in line with the health and care professions council (HCPC) standards of proficiency for radiographers. These standards set out safe and effective practice for radiographers.

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 National Osteoporosis Group, and nationally recognised fracture risk assessment tools.

Good

Diagnostic and screening services

Clinical policies and procedures we reviewed referenced relevant national guidelines. The manager said there had been recent changes in one of the guidelines which had been published in May 2022 and the consultant rheumatologist was in the process of updating the policies and procedures. Staff had electronic access to policies and guidelines. Staff said updates were shared by email as soon as relevant changes were made.

The service's procedures were in line with the Ionising Radiation Regulations 2017 (IRR17) and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. The manager and radiographer had also attended a training course and completed a portfolio of evidence to ensure they were competent in any changes.

The service had an audit programme to audit practice against guidelines. The radiation protection advisor completed an audit of the service in March 2022 and found the service's policies and procedures comprehensive.

Nutrition and hydration

Patients had access hot and cold drinks in the waiting area. There was also a cafe next to the host hospital waiting area which provided snacks and small meals.

Pain relief

Due to the nature of the service provided staff did not administer or prescribe pain relief.

Patient outcomes

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

The service participated in relevant national clinical audits. Outcomes for patients were positive, consistent and met expectations, such as national standards. The service completed an annual patient dose audit, a quality assurance audit, a report audit and an audit of a sample of scans taken by each radiographer. Records showed the service performed consistently to a high standard.

The service performed an annual dose audit to ensure patients were receiving the minimum radiation dose required to perform the scan. The audit completed in July 2021 found no action was required as the radiation dose was within acceptable levels.

The service completed a rescan audit to monitor patients who needed follow up scans to ensure these were completed. The manager told us if patients did not book follow up scans their GP would be informed.

In December 2021 the service completed an imaging quality audit of the positioning and analysis of the images. Records showed that improvements were identified for some aspects of patient positioning. Staff said a re-audit would be completed in December 2022. The manager said once the audit was completed the results would be fed back for quality assurance purposes and learning and improvement.

The service completed an audit of reports in June 2021 to ensure consistency between the reporting consultant and radiographers and ensure national guidance was being followed. Records showed all reports (100%) had a consistent diagnosis. Improvements were required to ensure radiographers recorded the number of patients falls and the negative findings for significant fractures.

Managers shared and made sure staff understood information from the audits. The manager said the results of the audits were discussed with the radiographer.

Good

Diagnostic and screening services

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 radiographers were registered with Health and Care Professional Council (HCPC) and the consultant with the General Medical Council (GMC). Staff met standards to ensure they were delivering and providing safe and effective service. The professional qualifications of all clinical staff were checked before they started work. Staff maintained their continuing professional development (CPD) and professional registration and the service kept a record of these.

Staff received full induction tailored to their role and we saw evidence of completed induction. Following the induction, the manager audited a sample of the radiographers' images and reports for three months and discussed the findings and areas of improvement.

Managers made sure staff received any specialist training for their role. For example, the radiographer completed clinical and technical examination in bone density which included a portfolio of competence.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for the service were 100%. The manager said staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge. The host hospital completed staff appraisals with the involvement of the service manager.We reviewed two appraisals and found staff had identified areas for their development such as adapting and implementing the new clinical guideline for the prevention and treatment of osteoporosis.

Multidisciplinary working

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

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.

There was a good relationship between the staff at the host hospital and staff within the service. We were told they worked as one team. This was visible through the way reception and the diagnostic team helped the patient's pathway through the service.

The service worked closely with the local NHS falls and fracture liaison service which aimed to identify people who may be at risk of further falls or fractures. The service provided training to staff from the falls and fracture liaison service who were also able to observe the scanning procedure.

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 service opened Monday to Friday from 9am – 5pm.

Good

Diagnostic and screening services

The manager said appointments could be provided in the evenings or on a Saturday to accommodate patients.

Health promotion

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

The manager said that as part of the reporting process they would provide advice to patients. We reviewed examples of reports and found patients were provided with advice on vitamin D and calcium intake, smoking, alcohol consumption, diet advice and exercise.

The service provided information to GP's to offer health advice to their patients including maximising exercise and reducing body mass index (BMI).

The service signposted patients to information provided by the osteoporosis society that provided information about health and lifestyle to improve bone density. For example, there was a helpline available for patients to speak with a specialist osteoporosis nurse.

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's procedure was to provide patients with written information about the consent process prior to attending for appointment. Patients were sent an appointment pack which included information about the scan and the risks.

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.

Patients we spoke with confirmed they had been asked for, and had given, their consent for the scan 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. 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.

Are Diagnostic and screening services caring?

Good

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

Compassionate care

Good

Diagnostic and screening services

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. We spoke with six patients. Patients comments about the service were "everything was done very efficiently", "treated with respect by scanning staff" and "staff made me feel comfortable."

Patients said staff treated them well and with kindness. Staff were very helpful, calming and reassuring. We reviewed a sample of three feedback cards where patients thanked staff for providing a caring service. The cards said the service was "excellent, thorough and informative".

The manager said the service had not completed patient satisfaction surveys since the start of the COVID-19 pandemic and the surveys would be reintroduced.

The service included information about chaperones in the patient appointment pack. Patients were asked to inform the service if they needed a chaperone.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

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. Patients could attend appointments with carers and family members. Staff ensured time was taken to reassure patients and anyone accompanying about the procedure. This helped minimise any distress or anxiety.

Staff offered emotional support to patients whilst they were having their scan by talking with them throughout the procedure.

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.

If the patient was diagnosed with osteoporosis, they were given a postcard to request further information from the National Osteoporosis Society.

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 talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service made sure that patients and their relatives could find further information or ask questions about their care and treatment

Good

Diagnostic and screening services

Patients said staff checked their identity, explained the procedure and checked that they understood how the scan would be performed. Staff explained the procedure in a way, patients understood, and they were given enough time to ask questions.

Patients we spoke to said staff were “very knowledgeable” and “the process and results were explained clearly.”

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.

Managers planned and organised services, so they met the changing needs of the people who use the service. The service was open five days per week and appointments were flexible to meet the needs of patients. The service worked collaboratively with commissioners and a local hospital to give people timely access to DEXA scanning. The service received referrals from GP surgeries, hospital consultants, specialist fracture liaison nurses and there were a small number of private self-referrals.

The facilities and premises were suitable for the services that were provided. Facilities included a scanning room, and the service shared facilities with the host hospital, including a patient waiting area and toilets. There was sufficient comfortable seating, disabled access toilets and refreshments.

There was an established inclusion and exclusion criteria which was agreed with the Clinical Commissioning Groups (CCGs). Patients received an appointment pack including a letter confirming the appointment, an individual needs and medical health questionnaire. Staff said patients with additional needs were given longer appointments.

From May 2021 to April 2022 the service completed 1864 scans. Staff reported five scan lists were cancelled due to staff illnessduring the same reporting period.

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 May 2021 to April 2022 missed appointments were 1% and appointments cancelled by patients 0.5%. Staff also checked if patients understood all the information, they received in the booking confirmation. If patients did not attend the appointment on two occasions the request was returned to the referrer.

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.

There was a comfortable seating area, refreshments and toilet facilities for patients and visitors. The service was on the ground floor and was fully accessible including accessible toilets. The scanning room had enough space to manoeuvre a wheelchair.

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. We were told that the referral process facilitated the service's preparations should the patient have any communication or disability needs and helped identify best ways to support patients' needs in cases of decreased mobility or ill mental health. Staff gave an example of booking a longer appointment at the end of the day for a patient with learning difficulties who required additional support to complete the scan.

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.

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.

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.

Referrals were responded to quickly. All referrals were triaged by the radiographers and staff contacted the referrer for any additional information if this was required. The service had a referral form which explained the referral criteria and the required information to justify the scan. Staff ensured the referral contained all the relevant information before the appointment was booked. Appointments ran to time. Reception staff advised patients of any delays as they signed in. Staff would keep patients informed of any ongoing delays.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The service had contractual key performance indicators (KPI) agreed with the Clinical Commissioning Groups (CCGs) for scans to be completed within six weeks of referral. The service regularly reviewed KPI, attendance rates and demands on the service.

The service completed a waiting time audit to monitor the length of time a patient waited to complete the scan. The ultimate aim was to complete patient scans within six weeks of referral. However, staff said the impact of the COVID-19 pandemic increased the time to eight weeks in some instances. In December 2021 93% of scans were completed within eight weeks and of these 68% were completed within six weeks.

The service monitored the number of patients seen, the numbers of scans completed each day, any cancellations and missed appointments.

The KPI for scan reports was two weeks and the service achieved this target (100%). Staff said the reports were completed sooner including on the same day.

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. Information on how to make a complaint was available at the service. The complaint policy stated complaints would be acknowledged within seven days and fully investigated and responded to within 21 days.

Good

Diagnostic and screening services

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 knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service had not received any complaints in the previous 12 months.

Are Diagnostic and screening services well-led?

Good

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.

The service had two directors who were jointly responsible for decision making within the service. The registered manager was a radiographer who was responsible for the operational and day to day management of the service. The clinical lead was a consultant rheumatologist who was responsible for policy updates and had oversight of scan reporting.

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.

The manager supported staff to develop their post graduate training and competencies. competencies.

Vision and Strategy

The service was focused on providing a high-quality diagnostic imaging service for patients. The service did not have a formal vision and strategy in place. The service lead told us that their vision was to deliver a high quality, flexible service to their patients. 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.

Culture

Good

Diagnostic and screening services

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.

The manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

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

Staff were able to raise concerns and report incidents openly. 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 services provided 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

Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities.

The service had effective systems, such as audits and risk assessments, to monitor the quality, performance and safety of the service. The service had a management meeting in November 2021. Records showed the managers discussed business continuity, contracts, staffing, audits, policies and procedures, incidents and compliments.

Staff were clear about their roles and accountabilities. Clear accounting lines and accountabilities were utilised to ensure oversight and timely information was provided on key performance indicators. The service manager provided a monthly report for the clinical commissioning groups (CCG) for them to monitor service delivery.

Relationships with the host hospital and third- party referrers were governed and managed effectively to promote person centred care. The service leads held an annual meeting with the host hospital to review and monitor the service level agreement between the hospital and the service.

The service contracted radiation protection support from an external medical physics expert (MPE) and radiation protection advisor (RPA). The RPA completed an annual report of the service. Staff reported the RPA was easily contactable for advice if required.

The manager said there was regular communication with staff and learning was cascaded. Staff had a messaging group and they communicated regularly through this forum.

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.

Good

Diagnostic and screening services

The service monitored its performance. Progress in delivering services was monitored through key performance indicators (KPI).

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. Audits of scans, re-scans and reports were completed regularly.

The service had a risk management strategy, setting out a system for continuous risk management. The manager oversaw patient safety and risk management activities. Risk assessments for fire, Legionella and health and safety had been completed.

The service used a risk register to monitor key risks. These included relevant clinical and health and safety 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 management meetings.

The Radiation Protection Advisor (RPA) completed a risk assessment on the service in April 2022 and there were no additional steps or control measures required.

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 electronic access to policies, procedures and national guidance.

Clinical records were electronic. Staff understood the requirements of managing a patient's personal information in accordance with relevant legislation and regulations. All staff completed training on information governance.

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.

Processes ensured that information used to monitor, manage and report on quality and performance were accurate, valid, reliable, timely and relevant.

The service aimed to process 100% of reports within two weeks of the scan being completed in line with the requirements of the contract with the clinical commissioning group (CCG). Records showed the service consistently met this target from May 2021 to April 2022.

The registered manager knew and identified effective arrangements to ensure data and notifications were submitted to external bodies as required.

Engagement

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

Good

Diagnostic and screening services

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

The service engaged with GPs by providing a training event on DEXA scanning in May 2022. This included information on how to make an appropriate referral, the scanning procedure, reports and recommendations. The service also provided training to specialist fracture liaison nurses.

The manager told us that due to the small size of the service staff engagement was informal. The managers and radiographer worked closely. Staff told us that they were consulted about any changes to the service and were involved in the planning of delivery of the service.

The manager said the service had not completed patient satisfaction surveys since the COVID-19 pandemic and the surveys would be reintroduced. The service received a small sample of three feedback cards from patients who were complimentary about the service.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff attended national meetings and independent training. For example, staff attended national osteoporosis meetings to further develop practice and competencies.