Alliance Medical Limited

Somerset MRI Centre

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 risk 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 and gave patients enough to eat and drink if they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, 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 service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff training had not covered the risks to staff of accompanying patients during their scan.
- The service's policy around referrals from non-medical sources needed to be updated and staff were not completing full checks on non-medical referrers.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Good	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 risk 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 and gave patients enough to eat and drink if they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, 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 service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. However:

Summary of findings

- Staff training had not covered the risks to staff of accompanying patients during their scan.
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Summary of findings

Contents

Summary of this inspection

Background to Somerset MRI Centre

Somerset MRI Centre is operated by Alliance Medical Limited (AML). The service opened in June 2000 and is a standalone purpose-built building located on the outskirts of Bridgwater.

The service provides magnetic resonance imaging (MRI) services to patients referred by various sources such as consultants, local hospitals, GPs, osteopaths, chiropractors and physiotherapists. An MRI scanner produces images using powerful magnetic fields.

The centre is open five days a week Monday to Friday offering four clinical scanning days on Monday to Thursday from 8am to 6pm, with Friday being open for bookings from 8am to 4pm.

In October 2018, the centre underwent a full refurbishment and scanner upgrade in which a new MRI scanner was fitted.

The service has a registered manager who had been in post since February 2019. The unit manager is on site four days per week and fits this around the needs of the centre and clinical requirement.

We carried out an announced inspection on 12 May 2022. We rated it as Good overall.

How we carried out this inspection

We carried out a comprehensive short-notice announced inspection of the service under our regulatory duties. The inspection team comprised of a lead CQC inspector and a specialist advisor. A specialist advisor is someone who has experience of this kind of service. The inspection was overseen by a CQC inspection manager.

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

Action the service MUST take to improve

Action the service SHOULD take to improve:

- The service should ensure staff have training and understand the risks to themselves of supporting patients throughout their scan.

Summary of this inspection

- The service should update its policy around referrals from non-medical sources and ensure staff complete full checks on non-medical referrers.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Community health services for adults

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

Are Community health services for adults 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.

All staff received and kept up-to-date with their mandatory training. The registered manager ensured staff completed their mandatory training. For example, staff had completed fire safety, infection control, health and safety, equality and diversity, general data protection regulations and information governance. Training records showed staff achieved 97% compliance for mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Staff also completed role specific mandatory training. For example, the quality and risk medical emergency assessor gave staff scenarios based on emergency situations to assess how staff dealt with the situation.

Staff practiced emergency evacuation procedures and learning was shared with staff on the day. The information was also available for staff who were not present on the day.

The registered manager monitored compliance with mandatory training and staff were alerted when they needed to update their training. Staff confirmed they were given enough time to do training.

The provider ensured staff could access online training appropriate for the service.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff completed safeguarding adults' level two and safeguarding children level two training. The registered manager was the safeguarding children's lead and had been trained to safeguarding level three. Staff were able to access designated safeguarding leads trained to levels four who were available for staff should they need any guidance. Staff achieved 100% for their safeguarding training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was a local safeguarding policy with a flow chart describing the action staff were to take should they suspect any patient was at risk from abuse. Staff knew the contact details of the safeguarding team at the local authority if they had any concerns.

Staff were able to clearly articulate signs of different types of abuse and the types of concerns they would report or escalate to the registered manager. The safeguarding policy was up to date and contained the necessary information for staff.

Cleanliness, infection control and hygiene

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

Clinical areas were visibly clean and had suitable furnishings which were visibly clean and well-maintained. The service followed the provider's cleaning policies which had been updated during COVID-19.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service employed a cleaner who completed a daily cleaning log. Cleaning schedules were displayed in the clinic in line with policy. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. For example, the scanner was wiped down and covered with a disposable cloth which was changed between patients.

Staff followed infection control principles including the use of personal protective equipment. There were appropriate hand washing facilities and sanitising hand gel was available. Staff had their arms bare below their elbows and washed their hands before and after each patient. Personal and protective equipment such as latex-free gloves and antiseptic wipes were readily available for staff to use at the service.

The registered manager completed monthly hand washing audits, which included checking staff were not wearing rings and they followed appropriate hand washing processes. Staff achieved 100% for these audits.

In the twelve months before the inspection, there had been no incidences of healthcare acquired infections at the location.

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.

At our last inspection in August 2019 we found some consumables were slightly out-of-date. At this inspection, we found this had been rectified.

The service had suitable facilities and had enough suitable equipment to meet the needs of patients.

Good

Community health services for adults

We were asked to change our face masks on arrival. This was to ensure we wore masks that had plastic, not metal, nose pieces. Patients attending the service were also asked to wear the service's own masks. This was because patients may be injured if they wear face masks with metal parts and coatings during a Magnetic Resonance Imaging (MRI) examination.

There were service contracts for the equipment and a clear process for maintaining them and rectifying any faults. The provider arranged for a specialist organisation to complete the safety checks and these included annual, six-monthly and quarterly checks. There was a process for the safe handover of equipment after maintenance. Records showed other checks such as electrical equipment tests, fire extinguishers, legionella testing and the fire risk assessment were all completed. Outcomes from legionella testing included setting dates for descaling. When an improvement had been highlighted for the water pipes a date had been booked to complete this.

The service managed access to restricted areas well. Access from the waiting room to the MRI control room was gained by entering a code into the keypad. For example, large MRI warning signs were displayed on the entrance to the scan room and on the floor to alert patients. The door was closed in between patients and a retractable barrier prevented anyone inadvertently accessing the control room. The outside area was securely fenced off and a gate was bolted and padlocked. Signs were clearly displayed warning people 'Strong magnetic field, do not enter'. Everyone who moved between the waiting room and the control room had to complete safety forms. Staff completed the safety questionnaires with patients before escorting them into scanning room. Rooms were locked when staff took breaks.

Staff carried out daily safety checks of specialist equipment. Daily quality assurance tests on the MRI machine were carried out and documented by the radiographers. The test assured the MRI equipment was in working order, safe to use and ensured that the MRI images were of good quality. We saw up to date records of tests and servicing and handover reports from engineers. Staff reported if they became aware of a fault with the scanner they contacted the manufacturer immediately who could access the software remotely and provide advice. MRI engineers were quick to respond, and this was confirmed by staff.

The service had enough suitable equipment to help them to safely care for patients. The service had a quality assurance programme for all equipment and had input from a medical physics expert. Equipment was operated and maintained consistent with the manufacturer's recommendations. The service had one MRI scanner which was serviced quarterly on a preventative maintenance plan. The service had breakdown cover which meant there was a 24-hour response time for breakdowns. Following a recent breakdown, the registered manager contacted the provider and had made a business case for a new scanner. Patients gave positive feedback after this breakdown because they were informed in good time and were rescheduled at a time convenient to them.

All patient safety equipment was checked and found to be in date. Resuscitation equipment was readily available, the trolley was adequately stocked, and there was evidence of regular reviews. The resuscitation equipment was opened every five weeks to check the contents were present and in date.

A defibrillator was stored in the centre and daily checks were made to ensure the battery was working and the device was ready to use. Oxygen was stored within the centre with location signage to direct patients and visitors. Staff signed a record to show the daily and monthly checks had been completed. All equipment was labelled safe to use in the area.

The fire extinguisher in the control panel area was a non-magnetic type and trolleys and chairs were all safe to use in the area. All fire extinguishers had labels to show they had been checked within the past year.

Staff disposed of clinical waste safely. Staff carried out waste streaming in line with Department of Health and Social Care Health Technical Memorandum 07-01, which reflected national best practice. Staff wore correct personal protective equipment when dealing with clinical waste and followed a safe process. Clinical waste was stored in a secure, locked area at the back of the premises, with locked bins. The area could only be accessed with a key. The service had fortnightly clinical waste collections.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. Staff had a policy and procedure to follow in the event of a medical emergency. If a medical emergency occurred, staff confirmed they raised the alarm by dialling 999 or if required the patient would be referred to the local A&E. The policies and procedures provided guidance on resuscitation and specific considerations regarding removing the patient from the MRI scanning room. This included risks from the magnetic field. This ensured staff understood the need to reduce the risk to everyone involved when using emergency equipment. Either two members of staff with immediate life support training were on site at any one time, or one member of staff with immediate life support and two staff with basic life support. In addition, all clinical staff were competent to interpret the vital signs of the patient including pulse, respiration, blood pressure and oxygen saturation as appropriate.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. The referrer and radiographers carried out risk assessments to determine if the patient was fit for the planned MRI scan. All patients, relatives and visitors entering the scanning room were asked to complete an MRI safety questionnaire. The radiographer reviewed the questionnaire and verbally checked the questions again with the patient or relative as an additional safety check. Questions included asking if they had a cardiac pacemaker and whether they were pregnant.

There was a patient identification and justification of request policy. This policy enabled staff to positively and safely identify patients and ensured the right patient received the right investigation at the right time. The service had adopted the Society and College of Radiographers 'Pause and Check' and we saw posters displayed in the control areas as a reminder for clinical staff. The 'Pause and Check' is a six-point checklist the radiographer carries out before an image is taken. We observed the radiographers using the checklist before each procedure, ensuring they had correctly identified the patient, checked the side or site to be imaged and that the correct imaging protocol had been selected for use.

Patients with any urgent findings were escalated immediately. If any unexpected scan findings were identified staff used a reporting system so reports were turned around in less than 48 hours. Staff sent images to the picture archiving and communication systems (PACS) and they were assessed by that service to advise if any extra scans were necessary. For example, we noted one person had been booked in for surgery very quickly as a result of the scan findings.

Staff were aware of the organisation's medical physics expert (MPE) and would contact them for advice about the clinical service. Staff were also aware of the organisation's magnetic resonance (MR) responsible person and the basic MR safety principles. Evacuation scenarios where everyone needed to evacuate the building were regularly completed. For example, staff told us about medical emergency simulation scenarios that had been carried out every six months. At the last assessment, which was a resuscitation simulation, staff scored four out of five.

MRI scans could not be carried out on patients with cardiac pacemakers, cerebral aneurysm clips, cochlear implants or intra-ocular metallic fragments. Records showed this was checked with patients prior to their referral.

Good

Community health services for adults

Staffing

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

The service had enough nursing and support staff to keep patients safe. At the time of our inspection, the service was fully staffed, and we were told there was a low turnover rate.

Managers limited their use of bank staff and requested staff familiar with the service. The registered manager told us the service had their own bank staff and did not use agency staff. Staff would also work additional shifts where necessary.

Managers made sure all bank staff had a full induction and understood the service. Bank staff had a full induction provided by the provider and had a local induction. They were trained to use the machines and had their competencies assessed.

Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance. The number of staff on duty matched the planned numbers. The service had a minimum of five staff on duty.

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 had access to a records management policy which applied to all records. The policy outlined processes to ensure that record-keeping, records management systems and general practice in handling records complied with relevant legislation and professional and contractual information governance standards.

Somerset MRI Centre received MRI requests electronically and in paper form. Referral management incorporated triage processes aligned with the Royal College of Radiologists' guidance and local NHS trust and clinical commissioning pathways. The unit manager and senior radiographer triaged all referrals to prioritise clinical need.

An electronic records system was used to document for the patient the care and investigation provided. The patient's record and clinical records were integrated into the patient's hospital record and/or communicated to their GP. There was a comprehensive records system that was synchronised with the picture archiving and communication system (PACS).

The records we reviewed showed the consent form and safety questionnaire had been signed by the patient and radiologist. The radiologist reported each scan within the electronic system. The administrators emailed or posted a printed copy of the report to the referring clinician and/or patient. Prior to sending, they carried out a basic check of the document to ensure the correct patient details were entered. The images were sent automatically from the scanning machine to the referring clinician.

Records were stored securely. Paper records were stored in the centre to maintain confidentiality and only those staff with authorisation were able to access them.

Good

Community health services for adults

During our inspection we reviewed four sets of patient records and found them to be fully completed, accurate and legible. Records included, patient identity details, consent forms and medical history.

Medicines

The service was not required to administer any medicines.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff told us they felt able to raise any concerns and explained the process to us.

Staff understood the duty of candour. The duty of candour is a statutory (legal) duty to be open and honest with patients or their families when something goes wrong that appears to have caused or could lead to significant harm in the future. The service had not experienced any incidents which met the legal threshold to initiate the duty of candour. However, staff we spoke with clearly understood the duty of candour and their responsibilities within this.

Staff received feedback from investigation of incidents, both internal and external to the service. Reviews of incidents were held locally, then learning identified and shared with staff. The provider held a weekly regional review of incidents and shared learning from across the organisation. Staff confirmed they received a 'Risky Business' newsletter with learning which was shared across the organisation. Staff confirmed information about safety reviews were shared with them.

Are Community health services for adults effective?

Inspected but not rated

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to policies and procedures which provided up-to-date guidance and information for staff, and we were shown how to locate the relevant guidance online. The service followed guidance and policies developed in line with the Health and Care Professions Council (HCPC), National Institute for Health and Care Excellence (NICE) guidelines for diagnostic procedures, and relevant areas of the Medicines and Healthcare products Regulatory Agency (MHRA).

The provider completed an annual quality report. The registered manager could identify the service performance from this report. The team had been commended on image quality.

Nutrition and hydration

The service would not be expected to provide food for patients visiting the centre. However, there was a water dispenser in the main waiting room and a hot and cold drinks machine for patients and visitors to use.

Good

Community health services for adults

Pain relief

The service would not be expected to provide pain relief to patients.

Pain relief was not given to patients on site. Referrers would identify patients' pain requirements and a guide for patients to self-manage any pain during the scan. If necessary, patients were advised to speak to their GP for any pain relief requirements before their scan. Staff told us throughout the procedure they ensured the patient was as comfortable as possible, using lumbar pads to support patients if required.

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 had been accredited under relevant clinical accreditation schemes.

The service participated in relevant national and local clinical audits. The service performed well in national clinical outcome audits and managers used the results to improve services further. The organisation's quality and risk team coordinated audits across the organisation. A report was available identifying good results and where the service could improve. An action plan to address feedback was monitored through a monthly tracker.

Local audits were completed monthly. These included audits of the image quality, hand hygiene, infection control and health and safety.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Staff had received requests for very specialised scans such as those for neurological conditions. To undertake these, they had recruited staff who were specialist in this area and this had improved turnaround times.

Managers and staff used the results to improve patients' outcomes. Image quality was reviewed by radiologists and local key performance indicators were agreed with the clinical commissioners when the contact was agreed between the parties.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Local audits were completed to compare the key elements of the referral and scanning pathway. This included referral to scan time and scan to report published time. This was to make sure the centre was providing the referrer and patient with information and scan report in support of a diagnosis as soon as possible.

Managers used information from the audits to improve care and treatment. For example, the service had made changes in response to their audits. These included updating the imaging protocols, improving the image resolution, and ordering new positioning pads following an infection prevention and control audit.

The service was accredited by the Quality Standard for Imaging. The Quality Standard for Imaging (QSI) sets national quality criteria for imaging services. It is against this standard that services should evaluate their performance and make improvements where needed to meet and continually improve against the set criteria.

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. However, the induction of staff did not include the personal safety aspects of magnetic fields on individuals.

Good

Community health services for adults

One member of staff accompanied a very nervous patient throughout their scan. We asked this member of staff if they had received training around the personal dangers of exposure to a static magnetic field and they said no. Nothing had been shared with this member of staff around points of safety, including minimising the time in the scan room to the minimum necessary, maximising the distance from the magnetic bore of the machine, moving at a steady speed in the scan room (i.e. no fast movements), not getting in or putting their head in the scanner bore, not staying in the scan room and being exposed to the radio-frequency pulses during scan sequences. This is basic training and should be given to all staff as part of the Control of Electromagnetic Forces at Work Act. It was noted on the patient's record the member of staff had stayed with them, but no other record was kept of the member of staff's exposure.

The registered manager told us the service scanned adults over the age of 18 years. Records showed there had been some older children aged 16 and 17 years who had used the service. The scanner had safety limits which prevented any over-heating of a patient in relation to their size. However, since our inspection the service advised it no longer treated any patient under the age of 18 years.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff accessed their training through the service's electronic training portal and from face to face courses. Training records confirmed staff had completed role-specific training. For example, staff completed immediate life support and safety training for moving and handling people and objects. All clinical staff were registered with the Health and Care Professions Council (HCPC). They were required to complete continuous professional development to meet the professional body requirements to ensure delivery of safe and effective services to patients.

Managers gave all new staff a full induction tailored to their role before they started work. All staff, regardless of their experience had a full induction which lasted between six and eight months and included assessing competencies. Induction included proficiency schemes, radiographic information, MRI safety, radiation safety and competency checks. However, the staff induction and competency workbooks used by all staff covered most aspects of induction thoroughly, except for the personal safety aspects of the magnetic field on an individual. When staff sat with people to reassure them throughout their scan we found they did not fully understand the risks of this.

Managers made sure staff received any specialist training for their role. Staff competencies were assessed. These included the unit set up, control panel, gantry, scanning table, accessories and post processing MDA (medical devices) reviewed.

The MRI competency programme was completed in three stages. Stage three, taken after around six months, included a performance and development review with their manager.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff also had six-monthly reviews in between appraisals. Staff appraisals were up to date.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff had an MRI logbook where they were asked to reflect on events and identify actions they would take, what they learned and what they would do differently next time.

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

There was an apprenticeship scheme to develop a dual administration and clinical assistant role. This allowed flexibility within the staff team to cover periods of sickness and capacity.

Good

Community health services for adults

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff told us there was good teamwork within the service. They worked closely with colleagues across the organisation and felt supported when they needed additional advice and support. They supported each other to provide good care and communicated effectively with referrers. There were weekly team huddles to discuss the patients for that week, any outstanding reports and areas of concern or actions.

There were effective links between diagnostic imaging and other services. For example, one patient had to have an X-ray to determine they didn't have any metal in their body before having an MRI scan. The service received referrals from doctors, physiotherapists, podiatrists and chiropractors. The service held quarterly service level reviews with the service lead for orthopaedic assessments in a local NHS trust.

Seven-day services

Key services were not commissioned to be routinely available seven days a week, but the service was flexible to meet demand.

The centre was open for MRI scans five days a week. On Monday to Thursday it was open from 8am to 6pm and on Fridays from 8am to 4pm. However, hours were extended to include evenings and weekends to meet increased demand, particularly during summer months.

Urgent requests for MRI scans were prioritised and added the same day. The service used an automated transfer system, so when a consultant logged on to the system, they could access the image. This was a secure NHS system.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas.

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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood their responsibility to gain consent from patients before continuing with the scan. They explained care and treatment to patients to gain their consent and recognised and respected patients' choice, if they chose not to have the scan.

Staff made sure patients consented to treatment based on all the information available. Staff had access to a policy which gave clear guidance. Staff checked patients' details, ensured the safety questionnaire had been completed and signed to say the patient was safe to enter the scan environment. Records we reviewed had scanned copies of the consent form saved to the electronic paper file. The records included details that care was provided with the consent of the patient.

Staff clearly recorded consent in the patients' records. The service was not commissioned to scan people who did not have the mental capacity to make their own decisions. These patients were seen directly by the NHS trust.

Good

Community health services for adults

Are Community health services for adults 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. There was a privacy, dignity and respect policy which provided guidance on the promotion of standards of care to enable the utmost privacy, dignity and respect for people who used the service. Patients were greeted warmly by the receptionist and made to feel welcome and offered a complimentary hot or cold drink from a machine in the reception area.

Patients said staff treated them well and with kindness. We observed several patient and staff interactions and saw that all staff spoke respectfully and kindly to patients. Patients we spoke with said staff were kind and helpful during their scan. All patients said they were provided with necessary information prior to attending the clinic and were able to ask questions before and after the procedure.

Staff followed policy to keep patient care and treatment confidential. We observed staff talking to patients on the phone to make their appointments. They were helpful and provided information in a clear way and repeated pertinent points making sure the patient had understood the necessary information.

Information about chaperones was available in the waiting room for patients to see and patients were advised they could have a chaperone present for their scan. A chaperone is a person who serves as a witness for both patient and clinical staff as a safeguard for both parties during a medical examination or procedure. Where necessary, carers or relatives could accompany patients. There was a clear policy and procedure to guide staff in the use of chaperones and when these were required.

The centre had one MRI scanning room and adjacent control room. Individual secure changing facilities were available for people to use next to the control room. We observed that only one person was brought into the scanning area at any time. This ensured people's privacy, dignity and confidentiality was maintained.

Emotional support

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

Staff had made a miniature model of the scanner from toy bricks which was displayed in the reception area, to reassure people and make them smile.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff interacted well with patients and provided appropriate support. One patient found the scanner claustrophobic, so staff provided

Good

Community health services for adults

them with a pair of prismatic glasses. These enable patients to see out of the scanner. Staff also ensured the patient could squeeze the buzzer for reassurance so they knew staff would respond. Throughout our observations staff provided reassurance and comfort to patients and kept them informed about what was happening and how long the process would take. Patients we spoke with told us staff had been very good at putting them at ease.

Staff offered them earplugs and ear defenders to protect their ears from the noise of the MRI scanner. Staff told us patients were normally encouraged to bring their own music to listen to during the MRI scan, which helped minimise anxiety, but the music system was broken on the day of the inspection. Staff told us it had only recently broken and it was expected to be fixed very soon.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand the procedure they were having and make decisions about their care and treatment.

Staff made sure patients and those close to them understood the procedure they were having. Patients were provided with information both in writing and from staff directly relating to their appointment and care and treatment.

Are Community health services for adults responsive?

Good

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

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. Service delivery was a collaboration between the centre and the local NHS trust which gave local people timely access to MRI scanning services. The provider's website explained the patients' journey from referral, through authorisation and booking to attending the appointment and reporting the results.

To offer an increased choice for patients and referrers, the service was able to provide weekend appointments during busy times to meet increasing demand during the summer months. Appointments were flexible to meet the needs of patients.

Radiographers had increased their skills to broaden the range of examinations offered. For example, staff were offering abdominal and gynaecology scans.

Facilities and premises were appropriate for the services being delivered. The service was in a purpose-built unit. The unit was all on one floor and was fully accessible to any patient. There was an adequate amount of seating and space for any patients who used a wheelchair or mobility scooter. Free car parking was available.

Managers monitored and took action to minimise missed appointments. The provider aimed to keep the percentage of patients who did not attend to a maximum of five percent. The service was reporting a rate of two percent at the time of our inspection. The registered manager said patients were able to make a second appointment if they had missed their first appointment, then would need to be referred again if they missed a second appointment.

The service relieved pressure on other departments when they could treat patients. The registered manager told us they had taken 100 patients a month for a period of four months from a nearby hospital to relieve pressures on the hospital facilities.

Patients were able to choose how they wanted their information, either by email or post.

Meeting people's individual needs

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

The service had access to information leaflets available in languages other than English. Staff gave examples of times when they had used an interpretation service. For example, staff had provided a service for a refugee who did not speak English. The patient was traumatized from previous experiences and very nervous. One member of staff volunteered to stay with the patient in the scan room to reassure them.

Patients' personal preferences and needs were identified at the booking stage or at the time of the scan. Staff told us reasonable adjustments, such as extending appointment times and allowing relatives or carers into the imaging room were made for some patients. This included those with autism, limited mobility or learning disabilities. Two members of staff had experience with people with learning disabilities.

The service had a range of ways of supporting people with complex needs. The service had a poster on the wall where anyone who did not speak English could point to their preferred language, staff would then telephone a language line and ask for an interpreter for the preferred language for the person. Two members of staff spoke another language. There was a hearing loop in reception.

The service was accessible by people using a wheelchair and the service had a wheelchair for people to use which was MRI safe. However, patients were required to be able to transfer with only minimal assistance as there was no hoist facility within the clinic. Staff said if the patient required assistance with their mobility, this would be highlighted by the referring clinician and extra time would be allowed if required.

The service had suitable facilities to meet the needs of patients' families. Patients' significant others were able to wait in the waiting room, where they had access to a drinking water and a free drinks machine.

The clinic's environment was fit for the purpose of service provided. The premises were a modern single storey building and had access suitable for people using wheelchairs. The building comprised a ground floor access through the front entrance, into to the reception area. A small model of the scanner made from toy bricks was on display in the reception area, this helped to make people feel comfortable.

Good

Community health services for adults

A toilet was available off the reception area with soap, towels and bins. Hand gel was available throughout the premises. A cold-water dispenser and free hot drinks dispenser were available for people visiting the centre. The MRI scanner within the service scanned patients weighing up to 200 kgs. Bariatric patients who could therefore not be scanned at this service were referred to an open MRI scanner within the local area.

All staff had completed equality and diversity training as part of their mandatory training. Staff understood the cultural, social and religious needs of the patient and were able to describe the reasonable adjustments they might need to make if requires.

Access and flow

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

There was a structured and effective process for referrals to be processed. The administrators received the referral and entered it into the radiology information system. It was then triaged by senior members of the clinical team ready for booking. The team telephoned the patient and an appointment letter was sent in the post or using email.

The service prioritised referrals by clinical urgency. Urgent referrals were passed through to the unit manager or senior radiographer. Depending on availability and requirements, the team always tried to accommodate patients on the same day. Staff told us urgent patients were prioritised, and additional scanning times were added to the lists to ensure they were seen promptly.

Patients could self-refer themselves through a national organisation. The organisation was responsible for assessing whether a scan was necessary and appropriate and ensuring the appropriate scans were requested; this was led by a clinical expert in the organisation. Staff used an image exchange portal. This is a service which enabled the safe and secure transfer of images across a national network.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Most people were able to access the service within a week of being referred. Referrals were accepted from professionals such as chiropractors, osteopaths and physiotherapists. The registered manager explained patients had to be registered with a GP before any scans could be completed, and this is where the report was sent. The service also completed some contract work for a local hospital.

When patients did not attend, they were contacted to find out if there were any issues which affected their appointment. Patients were offered a new appointment or were sent another appointment in the post. If patients had been referred by a professional, the professional or their secretary were informed the patient had not attended. If patients did not attend a second time, the referral was sent back to the person making the referral and no further appointments were offered unless a new referral was made.

There were arrangements for meeting individual needs of people who were homeless or travellers. For example, where people who might be without a fixed address had a ‘designated individual’ who managed their correspondence, the service was made aware of this and letters sent to them.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. Staff were aware of how to manage complains but none had been received in the past twelve months.

Good

Community health services for adults

Staff understood the policy on complaints and knew how to handle them. The service had an up to date complaints policy, which outlined procedures for accepting, investigating, recording and responding to local, informal, and formal complaints about the service. The provider's policy outlined the process to learn from complaints and learning was shared across the provider.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. The registered manager told us they had not received any complaints in the past 12 months.

Are Community health services for adults 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 and take on more senior roles.

The registered manager demonstrated high levels of experience and capability and was passionate about the service. The registered manager had increased the hours the service was open to provide more flexibility within the service and was able to support staff at busy times by filling gaps in their rota when necessary.

There were clear lines of management responsibility and accountability within the organisation. The service had a management structure consisting of one clinic manager, who was supported by a regional manager and a regional director.

Staff told us the manager was visible, approachable and supportive and took an interest in their welfare. Staff told us the manager had a full understanding of their roles.

Staff were supported to develop their skills. For example, one member of staff told us they were being supported to develop their skills and take on more senior roles. The member of staff was completing a senior health care apprenticeship with a view to becoming a practitioner.

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 the sustainability of services.

The provider had a vision which was displayed on their website, which was to "support people and partners through the healthcare pathway to enable them to seize life's opportunities and to improve life expectancy". The strategy to achieve this was detailed in four categories: innovation, integration, sustainability and standards. Each of these categories set out the criteria the provider wanted to achieve.

Good

Community health services for adults

The provider had an overriding value, which was that patients were placed at the centre of everything they did. The organisation's values were easily found on its website and were "openness, excellence, efficiency, learning and collaboration". Staff we spoke with knew these values.

Information about the vision and values of the provider was in staff areas and on the organisation's intranet. During our inspection we saw that staff embodied the vision and values. Leaders were open and promoted kind and competent care. Staff we spoke with demonstrated these values in how they spoke about their job and patients.

Culture

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

All the staff we met said they felt valued, confident and proud of the service they provided. Staff were positive about their role and felt supported by the registered manager and their colleagues to deliver the service. The team provided support to each other. It was clear their work was important to them and they felt passionate about their contribution to deliver the service.

The provider was compliant with the recommendations from the Francis review to implement a culture which encouraged and supported people to speak up and raise concerns they may have. The human resources director was appointed as the 'Freedom to Speak up Guardian', responsible for the freedom to speak up culture and framework within the organisation. The provider had a network of nominated employees who were freedom to speak up champions. These champions acted as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation.

The industry had a shortage of sonographers, radiographers and assistant practitioners. To enable staff development, the provider worked with a university to develop a graduate scheme. One member of staff was completing a programme which would lead to an assistant practitioner level. The provider had taken one cohort of staff through this programme and this increased the number of assistant practitioners available to the service.

Staff could access an employee assistance scheme to get independent support for personal problems such as financial advice and counselling.

Governance

Leaders operated mostly effective governance processes throughout the service. However, there was a policy and some procedures relating to non-medical referrers which was not clear. 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.

The provider completed an annual quality and risk audit in November 2021. The service achieved 91%, which exceeded company targets. The registered manager described how the service managed a power failure during this audit, and they were complimented for managing this very professionally and commended on how they dealt with the patient during the power failure. The audit process followed the recommendations of the Royal College of Radiologists. Staff undertook weekly, quarterly, six-monthly and annual checks. For example, there were weekly emergency lights and fire alarm checks. There were monthly checks of oxygen cylinders and first aid stock. Staff checked the medical emergency grab bags, patient buzzers and the equipment in use daily.

The provider sent weekly emails which contained a 'gatekeeper' section to everyone to keep staff up-to-date with information. The service was commended in the provider's gatekeeper announcement.

The provider published a quality account report on their website and the latest report was from the period 2020 to 2021. This report included a statement about the provider's response to the COVID-19 pandemic. The report assessed the provider's performance against the five key questions CQC use – was the service safe, effective, caring, responsive and well-led.

The service had a policy for patients who were referred from non-medical sources, such as physiotherapists. This policy was written in May 2019 and was due for updating. However, the scope of practice for non-medical referrers was not included in this policy and it did not cover written or defined examinations they could order (or not). There was limited risk as experienced staff knew which areas of the body and which examinations each practitioner would reasonably be allowed to order and rejected any requests that fell outside these parameters. Nevertheless, the policy lacked information around private or non-medical referrers giving written assurance of the onward referral pathways to a medical practitioner. The registered manager told us another version of the policy was being drafted.

Staff did not fully check non-medical referrers. Staff checked the Health and Care Professions Council (HCPC) to ensure non-medical referrers registrations were in date and current, but no other checks were made. Other checks that should be done, for example, included checking liability insurance and scope of practice.

There were monthly meetings to discuss governance requirements which applied to all centres. These included incidents, complaints, scan reports, health and safety issues, delivery against business plan, information governance issues, what went well and what did not. We saw from governance committee minutes that issues relevant to the centre and organisation-wide were discussed and actions agreed and monitored.

The service monitored turnaround times for receiving the referral and completing the scan, then the time for the completed scan to be returned to the referrer. This showed the average turnaround time from completing the scan to the referring clinician receiving the report had steadily improved October 2021, when it was just over two days, to around 36 hours in the first quarter of this year.

Staff throughout the service were clear on their roles and responsibilities. All radiologists reporting for Alliance Medical were granted practicing privileges by the company. This required them to submit indemnity insurance, their GMC number as well as an annual appraisal from their employer. Radiologists signed a practicing and privileges agreement which set out what they could do.

Management of risk, issues and performance

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

The service had a risk register which identified key risks at a national, regional, and local level. The registered manager told us the main local risks were that the service had a small team, so staffing was a risk if there were unplanned or unexpected staff absences. This was on their risk register. Other risks included ensuring patients were not medically unfit for scanning. Staff always phoned patients ahead of the appointment to assess this. The organisation had relevant sub-committees who were responsible for the management and risk minimising strategies for those areas relevant to their area. The risk register was reviewed six-monthly at the organisation's integrated governance and risk board.

In the event of an incident, the service learnt lessons and compared outcomes with the provider's other sites to improve services to service users. All outcomes of incidents were shared corporately through monthly bulletins.

Evacuation plans had been produced and evacuation routes were kept clear. All staff had undertaken fire safety training. All fire exits were clearly marked, and fire action notices displayed throughout the centre stated the designated meeting points. Fire alarms were tested weekly.

The service had business continuity plans which were reviewed at governance risk meetings. Staff undertook monthly activities to monitor the information in the business continuity plans. This ensured the plans had the information necessary, and the planned methods for managing emergencies worked.

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.

There were up to date information governance and data retention policies. These stipulated the requirements of managing patients' personal information in line with current data protection laws.

Appropriate and accurate information was effectively processed, challenged and acted upon. Key performance, audit, and patient feedback data was frequently collated and reviewed to improve service delivery.

The provider continued to comply with ISO 27001:2013 and was re-certified in October 2020. ISO 27001 is an international standard for an information security management system. Certification was valid until October 2023. This demonstrated the organisation was following information security best practice and provided an independent verification that information security was managed in line with international standards.

Engagement

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

Patients were asked to complete a survey of their experience with the service. Areas patients had been invited to comment on included the cleanliness of the environment, the care they received from staff, staff attitude and appearance and the booking process. The service scored 98% in their satisfaction ratings for April 2022.

The service displayed a 'You said – we did' poster in response to feedback from patients. Patients' comments included the service being difficult to find. In response the service asked the local highways department to put signs up directing people to the location. This had been done and we found the service easily. Another patient commented it would be nice having someone in reception to welcome patients. In response the layout of the reception area was changed so a receptionist was available. One person commented they were unsure when they were going to receive their results. In response the service made every effort to ensure patients understood the process and when they would get their results.

Where patients were responsible for full or partial costs of their scans, there were appropriate and sensitive discussions about the cost. Patients were told the cost when they booked an appointment.

The clinical lead joined the practice as a clinical assistant and was supported to get HCPC registration progress through to senior radiographer.

The provider conducted a staff engagement event every two years. The engagement event completed in October 2019 identified collaboration, confidence in leaders, development opportunities, staff training and work structure and process as topics staff identified for priority. Action plans were developed and progress against the plans monitored. However, COVID-19 interrupted much of this. Another engagement event took place in Autumn 2021, though results from this had not yet been published.

The provider asked staff for feedback on the company's response to the COVID-19 pandemic in February 2021. The majority of staff responded positively to the survey and how they were treated by the organisation throughout the pandemic.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

The provider took part in multiple research initiatives throughout the UK and Europe providing diagnostic imaging for trials. The provider collaborated with clinicians, NHS organisations, other external industry partners, universities and other academic institutions.

The service took part in a national MRI scheme to take enable patients to contact them directly to release pressure from GPs. Patients contacted the scheme and went through a process where they were reviewed and referred to radiologist directly.

The provider set up focus groups to look at various topics and the registered manger took part in one group to look at strategies to prevent falls. The focus group looked at patients' experiences of falls and was led by the quality risk manager for the south. The group looked at identifying areas of risk, such as details staff maybe would not normally look at, such as scanning people with tinnitus/vertigo. The focus group was looking at introducing a falls prevention screening form across the provider to assess people's risk of falls. This was in draft form at the time of our inspection.

The provider achieved silver accreditation with the Investors in People award following a scheduled re-assessment in February 2020. The standard defines "what it takes to lead, support and manage people for sustained success." The provider had previously been accredited against the basic standard.