

United Open MRI Limited

The Birmingham Upright 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

The Birmingham Upright MRI Centre is operated by InHealth Group. The Birmingham Upright MRI Centre opened in 2014. Magnetic resonance imaging (MRI) is a medical imaging technique used in radiology to form pictures of the anatomy and the physiological processes of the body in both health and disease. MRI scanners use strong magnetic fields, magnetic field gradients, and radio waves to generate images of the organs in the body.

The scanner is specifically designed to assist those who may not be able to tolerate a conventional MRI scan for a variety of reasons:

- Claustrophobia or severe anxiety.
- High body mass index (BMI) or broad shoulder width.
- Unable to lay flat for a variety of reasons.
- Have the need of a positional/upright scan to assist in diagnosis.

The aim of the centre is to provide a diagnostic pathway for those service users whose care pathways would not be possible through lack of an MRI scan, because they are not able to tolerate the confines of a standard configuration magnet.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 1 February 2022.

This was the first time we inspected and rated this service since the service was first registered with the CQC in 2014.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

We rated it as good because:

- The service had enough staff to care for service users and keep them safe. Staff had training in key skills, understood how to protect people from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to service users, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of the service users advised, supported them to make decisions about their care, and had access to good information.
- Staff treated service users 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 service users, families and carers.
- The service planned care to meet the needs of local people, took account of 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 screening.
- 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 service users receiving care.
- Staff were clear about their roles and accountabilities. The service engaged well with people and the community to plan and manage services and all staff were committed to improving services continually.

However:

Summary of findings

- Service users did not always receive relevant information prior to their scan.
- Cleaning schedules for service users' toilets were not always on display. We raised this with the provider during our inspection and cleaning schedules are now on display.
- Furniture in the waiting area were not easily wipeable to maintain cleanliness and infection and prevention control. We raised our concerns with the provider during our inspection who informed us that easily wipeable furniture will be arranged.
- The centre did not follow their anaphylaxis flow chart by having enough intravenous (IV) fluid bag on site, as per their anaphylaxis treatment flow chart, which stated a fluid challenge of 500ml to 1000ml was required if treating anaphylaxis. We raised our concerns with the provider during our inspection, who informed us they will ensure to provide additional fluids as per anaphylaxis treatment flow chart. After the inspection the provider told us their procedures had changed and they now provide it.
- Resident Medical Officer (RMO) qualifications and competence checks were not available for CQC to review. Therefore, we could not be assured the RMO was qualified and competent to administer the contrast. We raised our concerns with the provider during our inspection period and we were sent additional evidence that provided us with assurances.

Summary of findings

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Summary of this inspection

Background to The Birmingham Upright MRI Centre

The service opened in 2014 as a single modality Upright and Open Magnetic Resonance Imaging (MRI) diagnostic centre service for NHS and self-funded service users, serving those who live across the United Kingdom.

The centre is located on Calthorpe Road, in the heart of the Edgbaston Medical Quarter. Calthorpe Road is two miles from Birmingham New Street Station and has ample parking space.

The service was accessible via intercom access and had a large waiting room with disabled access toilet facilities.

The service does not treat people under the age of 18 years.

The service had direct general practitioner (GP) referral pathways with some local Clinical Commissioning Groups (CCGs), under which the service can commission activity on their behalf if the service user meets certain agreed criteria.

The Birmingham Upright MRI Centre is registered with the CQC to undertake the regulated activity of diagnostic and screening procedures. Reporting is undertaken by four qualified consultant musculoskeletal radiologists and two neuro radiologists who work with InHealth under practising privileges arrangements. The Birmingham Upright MRI Centre employed five staff. The service is open Monday to Friday. The service as of March 2022 only scanned adults over the age of 18 years of age.

The Birmingham Upright MRI Centre provided Magnetic Resonance Imaging (MRI) scanning for service users in a range of positions. The scan is an open scanner making the scanning of claustrophobic service users less stressful. During the inspection, we visited the service centre in Birmingham only, Upright MRI also have two other centres. We spoke to all staff on duty including; the registered manager of imaging services, one radiographer, and two reception staff.

Between January 2021 and December 2021, 1,089 adults were scanned (290 NHS and 796 private or self-funding) and seven children were scanned in total (2 NHS and five private or self-funding).

We spoke with and observed the care of three service users who visited the unit that day. We also reviewed information provided by the service and looked at online systems and records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the Birmingham Upright MRI Centre first rated inspection since registering with CQC in 2014.

Services provided for the clinic under service level agreement:

- Information technology (IT).
- Cleaning services.
- Clinical waste.
- Equipment maintenance.
- Servicing and repair.

Summary of this inspection

How we carried out this inspection

The team that inspected the service comprised two CQC inspectors, and a specialist advisor with expertise in radiology. The inspection team was overseen by Sarah Dunnett Head of Hospital Inspection

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 a service SHOULD take is because the service 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 ensure that service users receive all relevant information prior to their MRI scan.






Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good 

We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of service users and staff.

Staff completed a number of mandatory training modules, which included fire safety and evacuation, equality and diversity, infection prevention and control, safeguarding children and adults, data security awareness, moving and handling, customer care and complaints, MRI safety, and basic life support (BLS) training. At the time of inspection compliance with mandatory training was at 100% for all staff.

The overall training records were held by the company human resources department and were recorded on a computer database. Staff mandatory training was provided initially through InHealth headquarters during staff induction and then as a mixture of on-line and face to face practical sessions. Managers monitored mandatory training and alerted staff when they needed to update their training.

Individual staff could access the online learning platform to check compliance.

Mandatory training was discussed as part of the staff appraisal system.

Safeguarding

Staff understood how to protect people 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. The service had an identified safeguarding lead and deputy trained to safeguarding level four. All staff had completed their safeguarding training up to level two in both children and adults.

Diagnostic imaging

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding training was part of induction, focusing on preventing people being exposed to all forms of abuse and avoidable harm within the service and was in accordance with the Intercollegiate guidelines.

The service had policies in place for safeguarding children and vulnerable adults, which outlined staff responsibilities with regards to discussion with senior staff and reporting to appropriate persons.

Cleanliness, infection control and hygiene

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

The waiting areas were clean, tidy, and clutter free. However, the waiting room chairs were not easy wipeable or easy to clean between each service users. We raised this with the provider who informed us that wipeable furniture will be sourced.

Staff took extra precautions to keep all persons in the department safe during COVID-19 pandemic. Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff received E-learning and practical mandatory training in infection prevention and control. Staff carried out twice weekly lateral COVID-19 flow test.

All service users were called by the centre to complete a COVID-19 risk assessment up to 48hrs prior to attending their appointment. All persons were required to wear a face mask.

Staff, service users and visitors had access to wall mounted and portable hand sanitiser gel dispensers at the entrance to the centre, and throughout the department with relevant points throughout. We observed all staff used these.

We saw hand hygiene reminder posters throughout the centre to ensure all persons were following COVID -19 Infection prevention and control guidance. There was evidence of regular infection prevention and control audits being completed including cleaning schedules for the premises and equipment as well as hand hygiene audits. We saw between March 2021 and December 2021 the centre was at 99% compliant. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. During our inspection not all toilet cleaning schedules were on display. We raised this with provider during our inspection who assured us that cleaning schedules for service users toilets will be displayed.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were Infection and Prevention Control (IPC) policies and procedures in use including most up to date COVID 19 guidance. These provided staff with guidance on appropriate IPC practice for example, cleaning schedules, hand hygiene and decontamination of equipment.

Staff cleaned equipment after each service user's contact and labelled equipment to show when it was last cleaned. Staff were observed cleaning the magnetic resonance imaging coils and the scan bed in-between service users. Disposable paper roll was used on the scan bed for service users to lie on which was changed between individual scans.

Environment and equipment

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

Diagnostic imaging

The service had enough suitable equipment to help them to safely care for service users. Staff carried out daily safety checks of specialist equipment, we saw evidence of this between October 2021 and January 2022.

The clinic consisted of a staffed reception desk and waiting area. This was wheelchair accessible. There was comfortable seating with a water dispenser and information posters on display.

Entry to the scanning area was secure. There was coded keypad access for staff. Appropriate safety information was displayed on the door from the reception area to the scanning room and on the scanning room door.

There were fire exit signs and fire extinguishers throughout the centre. All fire exits, and doors were kept clear and free from obstructions. The service tested fire alarms and emergency alarms on a weekly basis.

Staff disposed of clinical waste safely. The centre carried out regular health and safety environmental checklist, we reviewed the centres October 2021 checklist audit and found compliance of 100%.

We saw evidence that magnetic resonance imaging compatible equipment was situated in the scan room. All relevant equipment within the scan room was labelled in line with MHRA recommendations being labelled magnetic resonance (MR) safe.

In the magnetic resonance imaging area, there was a scanning room and staff area for reporting which had a window allowing staff to see into the scanning room.

The upright MRI scanner was designed with the claustrophobic and anxious service user in mind. Service users could walk into the scanner. Service users could be scanned in the sitting position, lie slightly backward, lie horizontally dependant on what body part required scanning.

Throughout the scan the service user could see the radiographers who were performing the scan and service users could watch television. We observed a service user undergoing a scan at the time of inspection and observed the differing positioning options available. The service user was asked throughout the procedure to ensure that they were comfortable.

The service user could be removed from the scanner quickly in the event of a clinical emergency.

The service had a resuscitation trolley, all equipment on the trolley was checked and seen to be in date.

There was a service level agreement contract which included repairs for the scanner. The scanner was serviced every six months. We saw evidence the service records were held electronically.

We observed on inspection that the service adhered to Medicines and Healthcare products Regulatory Agency (MHRA) best practice following contractual servicing of machinery, fault repair or quality assurance checks. The service used staff hand over forms following servicing and or repair of machinery to evidence quality assurance.

There were one changing room available should a service user need to change into a gown and personal lockers for service users to use. There was a poster displayed reminding service users to remove all valuable items including metal jewellery, body piercings and coins.

All service users had access to ear plugs. A microphone allowed contact between the radiographer and the service user.

Diagnostic imaging

There was a unisex accessible toilet which service users in wheelchairs could use.

Assessing and responding to service users' risk

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

Staff responded promptly to any sudden deterioration in a person's health. The service radiographers screened all referrals to ensure they were appropriate and all necessary information was on the referral form. Referral forms gave the service user clinical history, demographics, requested scan, referrer details and had ample space for the referrer to give any other relevant information. The safety forms covered implants, devices, metal fragments including in the eyes, pregnancy and recent or old surgery to head, eyes, ears, and heart.

We saw on inspection that the service had an acceptance criteria operating procedure in place. The Birmingham Upright MRI Centre was a stand-alone MRI scanning centre and did not have the benefit of supporting facilities as in a hospital environment. To scan each service user successfully and safely, there were some restrictions which needed to be clarified before booking, to prevent any danger, a wasted journey, or unnecessary financial costs to the service user.

Radiologists vetted all complex and contrast referrals. The radiographers were accountable for ensuring referrals were appropriate, determining if there were any contraindications and deciding if the scan should proceed. When a referral was accepted the radiographer or delegated member of staff would contact the service user to go through the MRI scanning safety checklist over the telephone. We saw evidence of this during our inspection.

Service users with certain risk factors could require a blood test to check kidney function prior to contrast administration. There was a requirement the tests were carried out within three months of the scan. During inspection we saw documentary evidence of this process. If a service user was to receive contrast their renal function was checked and recorded in the service user notes. A service user's glomerular filtration rate (GFR) result would be accepted if it were within three months of the scan and greater than level 30.

The magnetic resonance imaging contrast safety form was sent out with the service user appointment forms to complete, sign, and discuss with the radiographer when they attended their appointment. The safety form was re-checked on scanning day with the radiographer.

Service users received an information leaflet that included contraindications for an MRI scan which reinforced what had been discussed on the telephone; however, we spoke with one service user during inspection who told us they had not received any information prior to their appointment.

MRI scans were not undertaken during pregnancy.

During scanning the radiographers had access to a radiologist to seek advice throughout InHealth. Should the radiographers observe an unexpected finding they ensured that a radiologist was able to view the scan that same day so that a report could be issued quickly.

Radiographers used a pause and check system with the service user before entering the scan room.

Staff told us if a service user deteriorated or collapsed all staff were trained to perform basic life support (BLS). They would act in accordance with their training. The service user would be removed from the scanning room until the blue light ambulance arrived and escorted them from the premises to hospital.

Diagnostic imaging

The policy outlined the use of defibrillation, when appropriate, using an automated external defibrillator (AED) and the emergency call to “999” for a paramedic ambulance procedure. There was a procedure in place to ‘quench’ the magnet before entering the room to undertake emergency resuscitation.

We reviewed the InHealth administration of gadolinium-based contrast policy and the accompanying forms in relation to the administration of gadolinium which included a service user checklist.

Staff completed risk assessments for each service user on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff knew about and dealt with any specific risk issues.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep people 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, agency and locum staff a full induction.

The service had enough staff to keep service users safe. There were no staff vacancies at the time of the inspection.

InHealth was committed to ensuring that every site operated a safe and effective service, with the appropriate number of staff and correct skill mix levels required to facilitate safe and compassionate care throughout the operational period. To meet this requirement, InHealth utilised a purpose built ‘staffing calculator’, designed to take account of expected, and a degree of unexpected, absences, ensuring sufficient staff availability across operational periods.

Staff on part time contracts, included an imaging services manager, a senior radiographer, and a receptionist.

The service had access to a resident medical officer (RMO) through use of local agency services sought through InHealth.

The service used an agency RMO who administered contrast. However, at the time of the inspection managers at the service were unable to describe or provide evidence of the RMO’s experience, qualification and background speciality, including if they were qualified in advanced life support (ALS) and administering contrast. All checks were completed by the provider InHealth who in turn had a contract with an agency. We requested a copy of the RMO competencies and qualifications but were provided with a copy of the agency contract from when they were recruited. The contract did not specify the RMO was competent and qualified to administer contrast. Therefore, we could not be assured the RMO was qualified and competent to administer the contrast. However, after the inspection the provider was able to send us additional evidence that provided us with assurances.

The service had radiologist consultants working under practising privileges. Practising privileges was an authority granted to a physician by a hospital/ service governing board to provide service user care. The medical advisory committee (MAC) monitored all staff with practicing privileges. The centre raised and reported any concerns, including competencies, about consultants through the MAC, we saw no evidence of concerns raised.

Advice and support were provided through InHealth's network of retained medical and subject matter expert advisors who were accessible through the clinical quality team.

Diagnostic imaging

Should the service require advice regarding any aspect of service user safety they had access to both the MRI clinical lead at InHealth who holds a magnetic resonance (MR) safety officer qualification and a magnetic resonance safety expert (MRSE) from InHealth, as well as the local MR responsible person, the imaging services manager.

The service contracted four consultant musculoskeletal radiologists and two neuro radiologists with practising privileges from local hospitals.

Managers could access locums when they needed medical staff. Managers made sure locums had a full induction to the service before they started work, senior members of staff within InHealth vetted all agency staff prior to them starting work for InHealth.

Records

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

Records were stored securely. The service's primary reporting radiologist for the Birmingham Centre attended the centre regularly and was available by phone if required.

Magnetic resonance imaging referrals were generated as electronic referrals through the InHealth group electronic system.

Electronic referrals were reviewed and vetted by a consultant radiologist.

For service users with contraindications, any documented proof of compatibility was scanned into the electronic record system as evidence of decision making about safety.

When a service user arrived for a scan, a radiographer went through the safety questionnaire confirming the answers and the consent before the service user and radiographer signed it. We observed this during our inspection. This information was then scanned onto the InHealth service user recording systems.

Once service users were scanned the images were transferred to the service user record system and reported. Reports were all electronically managed, the radiologist reported directly into InHealth cloud-based reporting radiology information system (RIS) system. This could be completed at any location the radiologist reported from or at home.

Reports were sent via secure transfer methods within 48 hours. Printed copies of reports were only sent to the referring clinician if an alert was raised on the report or through the clinical information system. This ensured unexpected findings were escalated and actioned by the referrer.

We reviewed on site record keeping audits between January 2021 and December 2022 and saw that the unit compliance rate ranged from 91% to 100%.

Medicines

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

Controlled drugs were not stored or administered as part of the services provided.

Diagnostic imaging

Staff followed systems and processes to prescribe and administer medicines safely. Contrast media was administered by the resident medical officer (RMO) once a month under the direction of prescription by a consultant radiologist.

The safe and secure management of medicines was overseen by the InHealth multidisciplinary 'Medicines Management Group' which met on a quarterly basis. Organisational pharmacist support and guidance was provided by InHealth's retained pharmacy advisor.

The registered manager told us if a service user required cannulation this was completed in the scan room. At the time of inspection, we did not observe the administration of contrast.

The resuscitation equipment was stored in the MRI control room. Magnetic resonance (MR) unsafe stickers were present on the relevant boxes. The emergency resuscitation drugs were stored in a separate case from the box containing other resuscitation equipment such as cannulas. There was no tamper seal on the emergency drugs case. When asked about this, staff explained that they had not yet put the tamper seal (with date) on yet as they were expecting to add some stock to the drugs case.

All emergency drugs were in date. There was a daily check of the resuscitation drugs and equipment which had been signed for and dated. There were also checklists of the resuscitation drugs and equipment items detailing the expiry dates of those in the boxes, with the more imminent expiry dates highlighted.

Patient group directions (PGDs) were in place for gadolinium-based contrast agents. PGDs were also in place for intravenous (IV) injections, saline, and administration of oxygen. The PGD items were appropriately stored in a locked cupboard. There was evidence of daily stock checks. PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of service users, without them having to see a prescriber such as a doctor or nurse prescriber. PGDs were signed by staff to say that they had read and understood the PGD.

We saw the centre had one intravenous (IV) fluid bag on site which was a 500ml of 0.9% normal saline stored in the resuscitation drugs case. Upon questioning about this, staff confirmed that there were no more IV fluids anywhere in the building and explained that InHealth only provided this amount for stock. However, on the anaphylaxis treatment flow chart on the wall, instructions stated a fluid challenge of 500ml to 1000ml was needed. We raised our concerns with the provider during our inspection, who informed us they will ensure to provide additional fluids as per anaphylaxis treatment flow chart. After the inspection the provider told us their procedures had changed and they now provide it.

Staff learned from safety alerts and incidents to improve practice. The provider had a policy which required service user drug reactions to be reported. In addition, service users who had a reaction had to be assessed by the RMO. A record of what had happened, and the action taken would be added to the service user notes. The incident would be reported to the Medicines and Healthcare products Regulatory Agency and on the service user electronic record, staff were aware of the adverse reaction should the service user be admitted to hospital or require intervention from a general practitioner in the future, this would be included in the service users NHS record.

There had been no service user contrast reactions in the reporting period of 2021.

Diagnostic imaging

Incidents

The service managed service user's 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 people honest information and suitable support. Managers ensured that actions from service users safety alerts were implemented and monitored.

The service had an adverse event and incident reporting system. All incidents were reviewed weekly at the complaints, litigation, incidents, and complaints (CLIC) meeting. Investigation and actions to address the adverse event were recorded. The clinical governance team analysed the data, identified themes, and shared learning to prevent recurrence both at location and organisational level.

The service provided a monthly newsletter via CLIC clinical governance cascading health and safety information to staff. The registered manager printed all alerts and displayed these for staff in the centre to raise awareness.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

Between January 2021 and January 2022, the service reported zero never events. Never Events are service user safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers.

Staff knew what incidents to report and how to report them. The service reported zero serious incidents between January 2021 and January 2022.

The service reported 14 incidents between January 2021 and January 2022. There were no duty of candour related incidents reported between January 2021 and January 2022. Staff understood the duty of candour. They were open and transparent, and said they gave service users and families a full explanation if things went wrong. Staff were able to explain how duty of candour relates to their role and clinical practice. The duty of candour is the regulation introduced for all NHS bodies in November 2014, meaning they should act in an open and transparent way in relation to care and treatment provided.

All the incidents had been risk assessed, risk rated, investigated, any learning shared and closed. We saw evidence staff had been trained in using the adverse event and incident reporting systems. Staff were trained to report all near misses, adverse events, and non-conformances promptly. These were reviewed weekly at the clinical governance meetings. Investigation and actions to address the adverse event would be recorded.

The clinical governance team analysed data, identified themes, and shared learning to prevent recurrence both at location and organisational level.

Staff received feedback from investigation of incidents, both internal and external to the service. The service had a system for the dissemination of rapid alerts. Alerts were sent out via email to all staff from the clinical governance team and MRI clinical lead for any issues surrounding medical devices or service user safety alerts.

Staff showed us an example of a 'Red Alert' which had been cascaded down for learning from incidents. This comprised of an incident at another one of their MRI centres where a service user had attended and a radiographer had noted a large renal tumour with spinal metastases which could potentially cause an impending cauda equina, however this had not been escalated by the radiographer and there had been an assumption that the scan would be reported in 48 hours,

Diagnostic imaging

but this had not been the case on this occasion. Staff stated that a training module for all radiographers had been created to avoid any further situations where a potential acute or serious finding seen by radiographers during scanning fails to get escalated promptly. When questioned about whether staff felt there was a risk that incidental potentially acute or serious findings upon scanning were missed by the radiographer (due to them not being trained to interpret images) and then delayed in being found due to scans being reported at least 48 hours later, staff felt this risk was mitigated by the fact that they are not an urgent service and would expect service users to be symptomatic in the event of any serious or acute pathology. Staff also stated that they can contact one of the radiologists on the same day if they see anything on the scan which they are concerned may need an urgent referral.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate the effective domain.

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. The service had developed local rules regarding MRI scanning and were in date. The local rules were comprehensive and in line with practice guidance such as the MHRA guideline: DB2007(03) 'Safety guidelines for Magnetic Resonance Imaging Equipment in Clinical Use'.

The guidance covered magnetic resonance imaging protocols, all aspects of magnetic resonance imaging safety and the establishment of the safety of implanted devices, management of claustrophobia and anxiety along with a suite of service user leaflets to meet the varying needs of service users.

The service was supported by the clinical lead who held subject matter expertise in magnetic resonance imaging and produced evidence-based, best practice guidance in collaboration with the magnetic resonance safety expert.

Nutrition and hydration

Service users had access to drinking water when needed.

Service users were made aware of the length of time the MRI would take. Water facilities were available in the waiting area.

Pain relief

Staff assessed service users regularly during their scanning procedure.

Staff assessed and monitored service users regularly to see if they were uncomfortable or in pain.

Staff demonstrated they were aware that service users may be in pain, and they ensured the scan caused as little discomfort as possible. Staff checked on service user comfort via the intercom during the scan sequences.

Diagnostic imaging

Staff gave an indication of the time the scan would take and checked that service users would be able to remain comfortable and still during the examination. Service users could alert staff if they were uncomfortable and needed the scan to stop.

Service users' outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

The service did not provide a treatment to service users which enabled them to measure service user outcomes. However, the service did complete audits and quality assurance tests to ensure that they provided a service to measurable standards which they could monitor with the aim of making improvements.

The peer review audit between February 2021 and January 2022 included 12 images and reported 100% of images were diagnostic. All images were of a high quality with no artefacts or discrepancies present

Once the scan had been completed, the images were sent for review by the consultant if any unexpected findings were identified. The registered manager told us that reports were turned around in most cases within 72 hours.

In the event of unexpected urgent clinical findings there was a clear process to follow. The consultant in session would be contacted and informed of the finding. They would then decide upon the next course of action.

Managers shared and made sure staff understood information from the audits.

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 service users. All MRI staff had undergone the company induction programme. Staff told us advice could be obtained from the magnetic resonance imaging clinical lead by telephone.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had an annual appraisal plan where specific, measurable, achievable, reasonable, timely objectives were set tailored to the individual and company's objectives. There was a mid-point review for staff to note how they were developing, and any further action required on both parts to meet the set objectives. We saw evidence that in the last 12 months all staff had received an appraisal.

Staff were inducted and undertook an initial competency assessment followed by a mandatory training plan and role specific training to support ongoing competency and development.

Assurance of staff competence to perform their role within InHealth was assessed as part of the recruitment process, at induction, through probation, and then ongoing as part of staff performance management during the appraisal and personal development processes.

There was an InHealth team of society of radiographers accredited practice educators. In the event of any aspect of staff competency falling short of the required standard, the practitioner's line manager was responsible for providing necessary support and guidance required to attain the relevant standard.

Diagnostic imaging

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. We saw staff development was supported by use of local audit, complaints, and incidents review, which highlighted potential failing areas where different staff members may have need support and development.

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

Multidisciplinary working

Healthcare professionals worked together as a team to benefit service users. They supported each other to provide good care.

We saw that the team included, managers, radiographers, administration staff who all worked well together to provide a high-quality service.

Staff held regular and effective multidisciplinary meetings to discuss service users and improve their care. Complaints, litigation, incidents, and compliments meeting to ensure that complaints were robustly investigated, and learning was shared throughout the business in a timely way

Members of the team communicated well with each other and gave examples of when they had liaised with referring clinicians and or the reporting consultants to address any queries or to provide or obtain any necessary information regarding the service user pathway.

Seven-day services

Key services were available five days a week to support timely care.

The service did not provide inpatient services and was open from Monday to Friday from 08:30am to 6:30pm.

Health promotion

Staff provided service users with a calm environment, reassurance, explanation of the procedure and answer any questions the service user may have.

The service displayed posters of services available in the area around wellbeing services such meditation or counselling.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff followed national guidance to gain persons' consent.

Staff understood how and when to assess whether a service user had the capacity to make decisions about their care. They followed the service policy and procedures when a service user could not give consent.

Staff understood their roles and responsibilities under the Mental Health Act (1983) and the Mental Capacity Act (2005). They knew how to support service users experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Staff gained consent from service users for their care and treatment in line with legislation and guidance. Staff were aware of the need to support service users living with cognitive decline, dementia, reduced mental capacity and or learning disabilities. The service ensured consent was received for all service users on arrival and the environment was safe for them within magnetic resonance imaging safety limitations. No service user would be scanned if they were unable to complete the safety forms or there was not proxy consent.

Diagnostic imaging

Staff we spoke with were passionate and understood this group of service users needed time and explanation before a scan and staff provided explanation and instructions. Service users could be accompanied by their carers or family members where possible subject to the person being safe to go into the scanner.

For service users who potentially lacked capacity, staff were aware of the requirements relating to mental capacity and consent, although due to the nature of the scanner, service users must have a level of compliancy to ensure that images were diagnostic and that the test performed was in the best interest of the service user. Advice was available via the relevant policies and staff engaged with the relevant medical professional referring the service user into the service.

Are Diagnostic imaging caring?

Good 

We rated it as good.

Compassionate care

Staff treated service users with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for the service user. Staff took time to interact with service users and those close to them in a respectful and considerate way.

The service had a calm, relaxed and friendly atmosphere contributing to the overall feeling of wellbeing. There was a strong, visible person-centred culture. Staff were highly motivated to provide care that was kind and offered dignity and respect.

All staff understood service user engagement, effective communication, empathy, and patience was essential in helping service users get through the scan procedure.

The reception team were skilled at talking to service users over the phone and had a good understanding of how the radiographers undertake procedures, allowing them to put service users at ease should they have any questions during booking.

Service users said staff treated them well and with kindness.

Staff understood and respected the personal, cultural, social, and religious needs of individuals and how they may relate to care needs.

Staff communicated with service users through the intercom to ensure they were as comfortable as possible during the procedure.

Throughout every stage of the service user journey, efforts were made to modify and adapt care to take account of individual preferences and needs. This commenced from the booking of an appointment where service users were offered the opportunity to select their preferred method of contact and booking.

Diagnostic imaging

Staff told us that most service users were referred into the service due to claustrophobia and anxiety issues. They explained that staff were experienced in dealing with phobias and were able to demonstrate a high level of empathy with individual service users.

Staff were highly skilled at recognising the techniques that work for a service user via their experience dealing with them on a day-to-day basis. We saw that staff were supportive and communicative throughout the duration of the scan.

Staff told us they aimed to ask every service user for feedback. Managers collated the information from service user feedback and shared the findings with staff, so improvements could be made.

InHealth aimed to give every service user the opportunity to complete the NHS Friends and Family Test (FFT) and indicate their likelihood to recommend the service, there was also an opportunity to add free text comments on any positive or negative aspects. The FFT process used a paper-based form complete with QR code and URL so that service users may choose to complete it digitally on a personal device, 98% of service users were likely or more than likely to recommend the service to friends and family.

The results were collated by an external provider and delivered to service managers via the InHealth intranet weekly and via a web-based dashboard accessible to all managers. Service managers reviewed the results which summarised response rates.

Emotional support

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

Staff gave service users and those close to them help, emotional support and advice when they needed it. Individual needs and preferences were always reflected in how their care was delivered.

Individuals' physical and psychological needs were regularly assessed and addressed.

One comment seen from a service user's feedback was *"I had very pleasant experience at the Birmingham Upright MRI Centre. I travelled over from Northern Ireland for the day and was delighted to arrive and relax in waiting room. The receptionist was extremely friendly and then the radiologist asked questions and checked the paperwork before taking me for the scanning. Have to say I had full trust in them and was patience and helpful, reassuring, and informative throughout. Would recommend this scanner for others who are not good at staying in claustrophobic closed in table scanner. Many thanks again for efficient report received on day three as promised."*

The service received 32 compliments between November 2021 and January 2022. Service users' feedback was shared on the Birmingham Upright MRI centres website.

Understanding and involvement of service users and those close to them

Staff supported service users, families and carers to make decisions about their care and treatment.

Service users gave positive feedback about the service. The service could utilise a television by means of a distraction technique. Service user feedback evidenced how useful this was. The service used subtitles on the screen as a distraction technique.

Diagnostic imaging

Staff made sure service users and those close to them understood their care and treatment. During inspection radiographers were observed communicating with service users over the scanner intercom providing reassurance and providing updates as to how long the scan would take.

Majority of service users were extremely claustrophobic and or anxious, and many may have had traumatic experiences when attempting traditional supine MRI. As such, the service took all available steps to inform and reassure service users prior to their attendance.

We saw examples of improvements made following service users' feedback. Within the waiting area on display was "you said, we did" feedback. One example was "People should be able to see scanners before appointments." Service users were now invited to visit the centre prior to their appointment to view the scanner and discuss any concerns with a radiographer. The service allowed additional time for service users who were particularly claustrophobic or anxious and encouraged all service users to bring a friend or relative with them.

Are Diagnostic imaging responsive?

Good 

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. The service worked closely with commissioners and other service providers to provide an integrated service where it was needed most.

Facilities and premises were appropriate for the services being delivered. The service provided free parking spaces and was accessible for wheelchair users. All rooms were clearly named and had signs showing when a room was occupied. Toilets had clear signs, and each service users' facilities had an alarm bell to call for staff aid. However, one service users' feedback to us on the day of inspection to say they found the signage outside was not easy to see from a distance whilst travelling and felt the directions could be made simpler.

This service particularly caters for claustrophobic service users who find it difficult to tolerate conventional MRI scanners as would be found in NHS settings, and a smaller proportion of bariatric service users.

All NHS service users referred for magnetic resonance imaging had been reviewed by their referring clinician or referral team prior to attendance. Private self-referrals were only accepted if the service user was aged 18 and above and included contact details for the referring clinician. Where possible all service user reports were communicated with the GP or referring clinician via secure email.

Service users requesting self-referral were advised that they were required to complete a self-referral form detailing the reasons why they wished to have a scan.

Managers ensured that service users who did not attend appointments were contacted through a telephone call. Reception staff would also ensure the GP or referring organisation would be informed if service users did not attend.

Diagnostic imaging

The service ensured the clinic met peoples' needs and captured service users' opinion through a variety of channels, informal verbal feedback, service users experience survey and complaints.

Meeting people's individual needs

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

Staff made sure people living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The upright scanner gave individual service users differing options including screening for service users with claustrophobia and anxiety having a greater likelihood of completing the scan without sedation.

The scanner assisted service users who were larger and found it hard to fit into the constricted space of a conventional scanner, service users who were unable to lie supine, and service users who needed to be observed during their scan.

The service had information leaflets available in languages spoken by the service users and local community. The service also had access to language line or signers if needed.

In the centre there was a magnetic resonance imaging compatible wheelchair available should the service user be unable to weight bear or walk into the scanner room. The centre was accessible to service users with limited mobility. The centre was located at floor level from the main entrance to the building, so it was accessible for wheelchairs and trolleys.

A chaperone was available if requested by the service user to provide reassurance, and on display within the waiting area.

Feedback from service users was used to shape the services and provision of care and treatment. All service users were asked to complete a feedback questionnaire to address any issues as soon as possible. The service leader reviewed all feedback, any concerns were actioned promptly by senior staff member on site.

Access and flow

People could access the service when they needed it.

Managers monitored waiting times and made sure service users could access services when needed within agreed timeframes. The service did not have a waiting list or backlog and all persons referred were treated without delays.

The service offered an appointment-based service, service users could self-refer and choose appointment slots to suit their individual needs.

Activity differed on a day-to-day basis, ranging from an average of seven service users per day down to as low as two or three on less busy days. During our inspection there were four service users booked in and scanned with no delays. If there were delays reception staff told us they would keep all service users up to date on their arrival.

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.

Diagnostic imaging

Service users, relatives and carers knew how to complain or raise concerns. Between January 2021 and January 2022, the service reported four complaints. We found no themes or trends within these complaints.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. There was a process for formal complaints to be logged and recorded using the organisation's electronic risk management system. InHealth aimed to acknowledge all complaints within three working days and investigate and formally respond within 20 working days.

Staff knew how to acknowledge complaints, and service users received feedback from managers after an investigation into their complaint.

The service clearly displayed information about how to raise a concern in the reception and waiting area.

Staff could give examples of how they used peoples feedback to improve daily practice.

Are Diagnostic imaging well-led?

We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for service users and staff.

InHealth operated a robust clinical and operational governance framework to ensure a high quality of service was provided. Local service leadership was provided by a CQC registered manager and was supported by experienced clinicians and administrative teams.

The management team were described as approachable, open and honest.

Staff we spoke with told us they felt empowered to take accountability for the services they provided and were supported to grow and develop ideas and practices to improve service users and organisational safety. The registered manager was passionate about the service they provided and very focused on the people who used their service. The centre specialised their service specifically to people experiencing anxiety and claustrophobia.

The registered manager was an experienced and competent senior radiographer, who was capable and knowledgeable in leading the service. They were enthusiastic in leading the service and was keen to improve the quality and service provided.

Staff we spoke with found the manager to be supportive, inclusive and effective in their role. They spoke positively about the management of the service. Staff went on to tell us the manager had processes in place and always gave staff their time to help and support whilst on duty.

Diagnostic imaging

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

InHealth has four core values: Care, Trust, Passion and Fresh thinking and a company mission to 'Make Healthcare Better' the aim of which was to enable all employees to offer a fresh, innovative approach to the care delivered. The appraisal process for staff was aligned to these values and staff had to provide examples how they demonstrated the organisational values.

Staff in the centre were invested and committed to the InHealth vision. Staff understood the part they played in achieving the aims of the service and how their actions impacted on achieving the vision.

InHealth vision *“is to be the preferred provider of high-quality diagnostics and healthcare solutions in hospitals and in accessible community settings, serving five million service users from 1000 locations by 2025”*. InHealth aim *“is to make healthcare better by delivering on a continuous improvement cycle across our range of tests, scans, assessments and procedures.”*

Over the last two years InHealth have been focusing on a range of staff and service users-focused activity and supporting the NHS through COVID 19 pandemic, including; management and leadership development, clinical development, staff survey divisional and departmental action plans, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans, wellbeing and mental health, rewards and recognition and improving the digital experience. All outcomes were displayed on the InHealth website.

Culture

Staff felt respected, supported and valued. The service had an open culture and staff could raise concerns without fear.

Staff demonstrated passion and positivity in their work and the service they delivered. Staff were happy with the time they had to support service users and that was one of the things they enjoyed about their role.

Staff we spoke with said they worked well as part of team, felt happy in their role and were very complimentary about InHealth as a provider and their work ethics.

Staff had a positive approach towards incident reporting and the service demonstrated learning culture and changes were made in response to incidents.

Staff stated they were supported to pursue development opportunities which were relevant to the service. They were never denied a learning opportunity if it was to enhance their role and related to the centre.

Staff told us they felt valued, listened to, supported and that training and development was encouraged. We observed good teamwork and support during the inspection.

Governance

Leaders operated effective governance processes, throughout the service and had regular opportunities to meet, discuss and learn from the performance of the service.

Staff were clear about their roles, what was expected of them and for what and to whom they were accountable.

Diagnostic imaging

A new streamlined clinical quality and governance framework was issued in 2021 and included the main strategic aims of the provider in relation to clinical quality and governance. InHealth identified key priorities for improvement during 2021 and 2022, which are aligned with the CQC's fundamental standards. Quality monitoring was the responsibility of the location registered manager. This was supported through the InHealth clinical quality team via the clinical governance framework and governance committee structure led by the director of clinical quality.

InHealth also had a quarterly risk and governance committee, clinical quality sub-committee, magnetic resonance safety and quality group, radiology reporting group, senior leaders' team, and the weekly CLIC meeting for review of incidents and identification of shared learning. We reviewed samples of these meeting minutes and found them to be robust. All meetings had a member from each location to attend, a standard agenda and outputs which included minutes and action logs. This ensured that actions to improve were recorded and monitored for completion to ensure a continuous improvement cycle.

There was a central Medical Advisory Committee (MAC). The MAC reviewed doctors' competencies, experience and scope of practice to make decisions about whether to grant practising privileges or not. The service contracted four consultant musculoskeletal radiologists and two neuro radiologists with practising privileges. Any concerns raised would be shared with each location.

If an incident was believed to be of high urgency level, then an "alert" was sent out across all services via email. This meant all members of staff could be instantly informed of an incident and any immediate changes to practice required. Staff we spoke with were all aware of any recent alerts and the changes to practice required.

Management of risk and issues

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The service had arrangements in place for identifying, recording, and managing risks. The service had an established risk register in place. The risk register included a description of each risk, with mitigating actions and assurances in place. An assessment of the likelihood of the risk materialising, possible impact and those responsible for review and monitoring was also included.

We saw that risks were reviewed regularly and updated when any changes to mitigation had been taken, each risk was graded with impact number of one to 25 and was RAG rated (red, amber, or green). Red being the highest risk.

Copies of the local risk registers were saved to the company intranet for review by the regional director of imaging services. Any immediate concerns were raised with the head of imaging services once identified and escalated concerns were reviewed and considered for the functional and corporate risk registers. Known risks with high post mitigation scores were added to the regional risk register. A quarterly report on new and updated risks was sent to the quarterly risk and governance committee where it is reviewed for comment and action as necessary.

Information Management

Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.

All staff had undergone information governance training. Staff followed information governance policy, all staff were careful to lock computers when they were leaving the area to make sure data was kept private and secure.

Diagnostic imaging

There were systems and processes in place to maintain security of information including service user records. There were minimal paper records for service users, and these were scanned on to an electronic system.

Radiologists were able to access information remotely from scans to allow them to review and give advice and interpret results in a timely manner to ensure service users receive the most appropriate care.

Staff showed us how they accessed policies, training, guidance, and meetings minutes on the organisational electronic portal. Staff had access to up-to-date, correct, and comprehensive information on service users care and treatment in line with their roles and responsibilities.

Meeting minutes were made available to staff if they were not able to attend meetings, this allowed all staff to keep up to date with changes.

InHealth notified external bodies such as the Clinical Commissioning Group (CCG) and the Care Quality Commissioner with statutory notification, such as radiation exposure notification, or safeguarding notification, or changes of service.

Engagement

Leaders and staff actively and openly engaged with service users and staff. They collaborated with partner organisations to help improve services for people.

InHealth provided every service user the opportunity to complete the NHS friends and family test and indicate their likelihood to recommend the service.

Staff told us that service users had given feedback, that some artwork to brighten the walls would help with their anxiety. The centre has listened to people's feedback and had chosen sample photos of natural scenes, with the final decision to go to a vote by service users.

The results were collated by an external company and delivered to service managers via the InHealth intranet weekly and via a web-based dashboard accessible to all managers. Service managers reviewed the results which summarised response rates.

The service since 2021 allows service users to take more control of their care and allows them to directly self-refer for an MRI scan in response to enquiries of this nature across all the United open MRI Ltd centres. These were carefully monitored and scrutinised by the radiographic team to ensure that they fulfilled the criteria set out in the services inclusion criteria and there was a policy to support this. All service users that self-referred were required to have a GP.

Comments including compliments and any learning opportunities were shared to encourage staff to continually improve the service user experience. Senior staff informed us they encouraged their teams to raise concerns through the online system, so the service could check themes and improve the service.

The service worked well with the NHS hospitals, local commissioners and GP's; this produced an effective pathway for people.

Learning, continuous improvement and innovation

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

Diagnostic imaging

Staff were able to provide examples of improvements and changes made to processes based on service users' feedback, incidents and staff suggestions, for example, one suggestion was in the process of implementation at the time of the inspection which was changing signage outside to make it easier for people to see from a distance when travelling on the road.

Staff were alert to new initiatives and ways of working. Staff had created a service user information leaflet which was approved and designed by those who have used the service. The centre had also created a picture leaflet to demonstrate different positions of how the open upright MRI can scan different areas of the body.