Alliance Medical Imaging Centres - Bulstrode Place

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Alliance Medical Imaging Centres - Bulstrode Place is a diagnostic imaging service based in central London operated by Alliance Medical Limited. Facilities were split across five floors and included diagnostic imaging and control rooms, consultation rooms, patient preparation areas, changing rooms, reception and waiting areas, and office space.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 29 March 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's

Summary of findings

needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this centre was diagnostic imaging.

Services we rate

This the first time this service has been rated. We rated it as good overall.

- The service environment was clean and well maintained. There were comprehensive infection prevention and control processes in place.
- The service had enough staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff completed and updated risk assessments for each patient. Patient records were clear, up-to-date and easily available to all staff providing care.
- The service made sure staff were competent for their roles. Mandatory training in key skills was provided to all staff and made sure everyone completed it.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately, and any incidents were investigated thoroughly.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Clinical staff supported each other to provide good care. There was a good relationship between the various staff disciplines.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. During the inspection we saw staff treating patients with dignity, kindness, compassion, courtesy and respect.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people. Patients could choose an appointment times that best suited them.
- The provider's website provided useful information about the service, staff, procedures that were provided, and the referral process.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Patients with complex needs would be provided with more time for an appointment and could also be supported in their appointment by a family member.
- The service had a clear management structure. Staff told us the clinical leads were approachable and supportive, and that they could reach them when needed.
- Staff were very positive and happy in their role and stated the service was a good place to work. Staff told us they felt supported, respected and valued.
- We reviewed team meetings minutes and saw they discussed complaints, incidents, Key Performance Indicators (KPIs), training, compliance and any other clinical issues.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service had a business continuity policy, which included specific plans for the service. This plan was in action at the time of us visiting the service due to a power outage in the area, and we saw that the impact to service delivery was well controlled.

However:

- On inspection we identified a room that had a number of fire hazards. This included exposed electrical wiring next to flammable materials, which were not safely stored. Following inspection, the service sent us evidence that this had been addressed sufficiently.
- We observed some electrical equipment which displayed expired electrical testing (PAT).
- Although the service had policies and guidelines in place, staff could not locate guidance relating to IR(ME)R regulations when asked. This meant it may be difficult to locate the correct procedures or guidance when needed.
- The service provided disability access for patients with limited mobility at the back of the building. However this access had a steep incline into the building and we did not see evidence that this had been appropriately risk assessed.

Summary of findings

- On inspection we identified a number of risks which had not been identified on the service risk register.
- The registered manager for the service was not sure as to how issues identified as risks were added to the risk register. This meant that some risks identified locally may not be monitored in line with the provider's risk management procedures.
- The service did not have a specific vision or strategy document.
- Some staff stated that they felt the culture regarding reporting incidents could be improved.

Nigel Acheson

Deputy Chief Inspector of Hospitals

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Background to Alliance Medical Imaging Centres - Bulstrode Place

Alliance Medical Imaging Centres - Bulstrode Place is a diagnostic imaging service operated by Alliance Medical Limited. The service opened in 2001. It is a private hospital based in central London and primarily services the communities of London (with some national and international referrals). The service offers appointments to private patients (as well as serving some NHS patients under local commissioning arrangements), and accepts patients on a referral or walk-in basis.

The service is owned and operated by Alliance Medical Limited, and was registered with the CQC in October 2003. At the time of the inspection, a new manager had recently been appointed and was completing their registration with the CQC

Alliance Medical Imaging Centres - Bulstrode Place provided X-ray, Magnetic resonance imaging(MRI), computed tomography(CT), and Positron emission tomography (PET). The service had previously offered ultrasound however this was not in use at the time of inspection.

Staff at the service included radiographers, PET-CT technologists, and clinical assistants, administrators, with a locum Resident Medical Officer (RMO) on site during opening hours.

Our inspection team

The team that inspected the service was comprised of two CQC inspectors and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Terri Salt, Head of Hospital Inspection.

Information about Alliance Medical Imaging Centres - Bulstrode Place

The service is registered to provide the following regulated activities:

- Diagnostic and screening
- Treatment of Disease, Disorder, and Injury

During the inspection, we visited the service location on Bulstrode Place. We spoke with eleven staff members including the manager for the service, radiographers, PET technologists, locum resident medical officer, clinical assistants, and administrative staff. We spoke with three patients and we reviewed five sets of electronic patient 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. The service was last inspected in 2012, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (October 2017 to November 2018)

- In the reporting period there were 7,021 outpatient total attendances; of these 55% were other funded and 45% were NHS-funded. 21 of the patients were young people aged between 13 and 18 years.

Track record on safety:

- There were no never events, serious incidents/injuries in the last 12 months.
- There were no Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reportable incidents in the last 12 months.
- There were no hospital-acquired infections in the last 12 months.

Services accredited by a national body:

- Imaging Services Accreditation Scheme July 2018 to July 2021

Summary of this inspection

- International Organisation for Standardisation – Information security management systems ISO 27001 June 2018 to June 2021
- Investors in People March 2018 to March 2020

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- The service environment was clean and well maintained.
- There were comprehensive infection prevention and control processes in place.
- The service had enough staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff completed and updated risk assessments for each patient.
- Patient records were clear, up-to-date and easily available to all staff providing care.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately, and any incidents were investigated thoroughly.

However:

- Some staff stated that they felt the culture regarding reporting incidents could be improved.
- In their most recent audit of infection prevent and control, the service was not meeting their target of 90%.
- On inspection we identified a room that had a number of fire hazards. This included exposed electrical wiring next to flammable materials, which were not safely stored. Following inspection, the service sent us evidence that this had been addressed sufficiently.
- We observed some electrical equipment displayed expired electrical testing (PAT).

Are services effective?

We do no rate effective, however we found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The provider's policies and procedures were subject to review by the radiation protection advisor (RPA) and the medical physics expert (MPE), in line with IR(ME)R 2017 requirements.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.

Summary of this inspection

- Clinical staff supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care, and consent was routinely recorded.

However:

- Although the service had policies and guidelines in place, staff could not locate the guidance relating to IR(ME)R regulations when asked. This meant it may be difficult to locate the correct procedures or guidance when needed.

Are services caring?

Good

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- During this inspection we saw all staff treating patients with dignity, kindness, compassion, courtesy and respect.
- Staff provided reassurance and support for patients throughout their appointment.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service had completed a satisfaction survey by which patients could feed back their thoughts about the care they received.

Are services responsive?

Good

We rated responsive as good because:

- The service planned and provided services in a way that met the needs of local people.
- Patients could choose an appointment times that best suited them.
- The service also could provide access to a translation phone service if needed.
- The provider's website provided useful information about the service, staff, procedures that were provided, and the referral process.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Staff stated that patients with complex needs would be provided with more time for an appointment and could also be supported in their appointment by a family member.

However:

Summary of this inspection

- The service provided disability access for patients with limited mobility at the back of the building. However this access had a steep incline into the building which could be challenging for wheelchair users or bariatric patients, and we did not see evidence that this had been appropriately risk assessed.

Are services well-led?

Good

We rated Well-led as good because:

- The service had a clear management structure.
- Staff told us the clinical leads were approachable and supportive, and that they could reach them when needed.
- Staff were very positive and happy in their role and stated the service was a good place to work.
- Staff told us they felt supported, respected and valued by the management.
- We reviewed team meetings minutes and saw they discussed complaints, incidents, Key Performance Indicators (KPIs), training, compliance and any other clinical issues.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service had a business continuity policy, which included specific plans for the service. This plan was in action at the time of us visiting the service due to a power outage in the area, and we saw that the impact to service delivery was well controlled.
- The service engaged with patients and staff to plan the delivery of services.

However:

- The service did not have a specific vision or strategy document.
- On inspection we identified a number of risks which had not been identified on the service risk register.
- The registered manager for the service was not sure as to how issues identified as risks were added to the risk register. This meant that some risks identified locally may not be monitored in line with the provider's risk management procedures.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We rated this service as good.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff completed mandatory training or provided evidence that it had been completed at another service. This included bank and agency staff. The service provided training directly to radiographers, technologists, and admin staff, while consultants and locum staff completed training at another service and shared the documentary evidence.
- Training from the third party provider was a mix of classroom delivered training and e-learning. Staff stated they felt this worked well and they were given adequate time to complete training.
- The mandatory training courses included resuscitation training, infection control, fire safety, complaints handling, safeguarding adults and children (both level two), moving and handling, conflict resolution, and information governance amongst others.
- Evidence provided by the service showed that, as of September 2018, 96% of staff had completed the required mandatory training and were up to date, against a target of 90%.
- Compliance for mandatory training was monitored by the service managers and clinical leads. Staff stated they were responsible for ensuring their training was up to date and received a prompt when training was due to expire, and this was reviewed in annual appraisals.

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.
- One of the clinical leads was the designated safeguarding lead for the service, with additional support available from the overall provider's quality and risk manager if needed. Staff stated they knew who to approach if they had any safeguarding concerns, and we saw that safeguarding information and contacts were displayed in clinical areas. The service did not have any safeguarding incidents since the last inspection.
- All staff had completed safeguarding adult and children levels one and two training. One of the clinical leads had completed safeguarding level three training. Staff had a good understanding of when they would need to report a safeguarding concern.
- 21 patients who attended the service during the reporting period were young people aged under 18. Children under 18 may also attend appointments with their families, and staff had received child safeguarding training to recognise any safeguarding concerns.
- We reviewed the service's safeguarding policy, this detailed what to do in the event of a safeguarding concern and reflected the service's obligations under safeguarding legislation.
- The service had an up to date chaperone policy. All staff received training in chaperoning and were available for any patient requiring this. Chaperones attending with a patient filled in a safety questionnaire to show they understood potential risks, and this was signed by both the chaperone and the attending radiographer.

Cleanliness, infection control and hygiene

Good

Diagnostic imaging

- **The service controlled infection risk well.** Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- There had been no incidents of health care acquired infection in the service during the reporting period. We observed the clinical and reception areas were clean and tidy. The service used stickers and cleaning schedules to identify when areas had been last cleaned.
- The service provided staff with personal protective equipment (PPE) such as gloves and aprons and equipment for protecting against radiation such as lead gowns. Staff told us they wore PPE where necessary, and we observed all staff adhered to the 'bare below the elbows' protocol in clinical areas. Equipment was also checked and audited regularly to ensure it still effective
- Cleaning schedules were used to monitor the completion of daily, weekly, and monthly infection prevention and control tasks. Cleaning was completed by a mix of service staff in clinical areas and by a third party provider. We observed these tasks being carried out, such as cleaning of patient tables in diagnostic rooms and cleaning preparation trollies, and then being signed as completed.
- Hand-washing facilities were available for staff in the clinical areas, and posters prompting appropriate hand washing technique were displayed. The service completed hand hygiene audits every month as part of the annual infection prevention and control (IPC) audit. The most recent annual audit in October 2018 identified 95% compliance with hand hygiene practices. We also observed good hand hygiene from staff in clinical areas.
- The service conducted monthly audits of IPC practices. This informed the annual IPC audit which was completed by the provider quality and risk manager, and the report required the service to address any areas of non-compliance. The last annual IPC report was completed in October 2018 and identified 84% compliance with the provider IPC standards against a target of 90%. We saw evidence that the IPC audit had been discussed in team meetings, and action plans put in place to address areas of poor performance.
- The service had an up to date infection control policy and we observed good compliance in relation to the policy. This policy was updated regularly to reflect best practice, and staff were required to sign they had read the policy.
- Waste was separated and disposed of in line with best practice guidance relating to clinical waste and sharps. Staff were informed of local arrangements relating to clinical waste disposal and sharps bins.
- The service had a suitable control of substances hazardous to health (COSHH) policy and procedures in place for staff to follow. COSHH risk assessments were undertaken, and the service ensured compliance with COSHH arrangements through monitoring.
- The service displayed information about patient satisfaction with the cleanliness of the unit. The information was displayed in a chart format and showed patients were generally very satisfied or satisfied with the cleanliness of the unit.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The layout of the unit was compatible with health and building notification (HBN06) guidance for facilities for diagnostic imaging and interventional radiology.
- The diagnostic machines were serviced as part of a planned maintenance programme which ensured equipment met Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) requirements and any breakdown of equipment was addressed quickly. We observed the equipment maintenance logs and found them to be up to date.
- Building and equipment maintenance were reported and carried out at a provider wide level. Staff told us there were usually no problems or delays in getting repairs completed quickly, usually within 24 to 48 hours.
- Failures in equipment and medical devices were reported to the clinical leads and action was taken promptly. Between November 2017 and October 2018, the service had 37 appointments delayed due to breakdown of equipment, however staff stated that these issues were rectified quickly and appointments were able to proceed later or be re-booked for another day.
- We reviewed the equipment used in the management of patients in a medical emergency. The service had an emergency crash trolley which was moved through the building depending on where procedures were booked, and there was also an emergency grab bag available. The equipment was checked regularly and signed as checked.

Good

Diagnostic imaging

- We reviewed the Radiation Protection Adviser (RPA) report in 2018 for service equipment and radiation output testing results showed all equipment was safe for use and that the service was fully compliant. In addition, the reports concluded all equipment was in good working condition.
- There was suitable signage showing that diagnostic equipment rooms were controlled areas for radiation. The controlled light sign in front of the rooms turned on automatically when the diagnostic rooms were in operation, as a safety warning. During procedures staff observed through glass from another room and communicated by microphone.We also observed that equipment (such as wheelchairs) were identified as safe for use near magnetic fields where necessary**.**
- To monitor staff exposure to radiation, the RPA conducted an annual check of radiation levels in various areas throughout the service, which was reviewed and monitored.
- Staff informed us the automatic calibration of equipment occurred every morning and we saw that staff completed a daily checklist which highlighted equipment had been calibrated.
- The main reception area on the ground floor was clean and welcoming. The waiting rooms on each floor had adequate seating and space in for the number of patients attending clinics,with access to toilet facilities for visitors. Up to date quality, safety, and patient satisfaction data was displayed in the ground floor reception area.
- The service ensured access to the building and clinical areas was secure. Visitors at reception was required to sign in, and clinical areas were secured by key codes on doors. The service also used CCTV in some clinical preparation areas, and patients were informed of this in consent forms and by signs in these rooms.
- While on inspection we identified the plant room on the first floor had a number of fire hazards which could present a potential hazard. This included exposed electrical wiring next to flammable materials, which were not safely stored. This had not been identified in the most recent fire safety assessment. Following inspection, the service sent us evidence that this had been addressed sufficiently.
- We observed some electrical equipment which had not displayed the electrical testing (PAT), or that it had expired.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient.**They kept clear records and asked for support when necessary.
- Staff assessed and managed patient risk in accordance with national guidance. Risks were managed proactively, clinical risk assessments (such as blood pressure and kidney function) were carried out in appointments, and information was updated appropriately in the patient electronic records.
- The referral form for the service included space for additional clinical information to be provided, such as last menstrual period, symptoms and family history. However, the form did not include information on referral criteria or encourage referrers to inform the service of any potential complex needs. This meant that referrals may leave some vital information out of the referral that could improve the individual delivery of care to a patient.
- All clinical staff had received resuscitation training as part of their mandatory training, and a member of staff with immediate life support training was always on site during clinical hours. The service also had a locum resident medical officer (RMO) on site Monday to Friday. The induction checklist for new staff included knowing the location of the crash trolley in the event of an emergency, as well as the emergency procedure.
- In the past twelve months the service had two patients taken to the emergency department of a nearby NHS hospital due to feeling dizzy or presenting with headaches following their appointment. The service followed their emergency transfer of patients protocol, and each patient was reviewed by the RMO while waiting for emergency services to arrive.
- There was a comprehensive risk assessment in place in line with the application of the IR(ME)R guidance in 2017 to operate medical X-ray and diagnostic equipment. The risk assessment covered protection measures for staff involved in radiography and people outside the clinical rooms, dose assessment and investigations, maintenance, and quality assurance.
- The unit had access to a radiation protection advisor (RPA) and a medical physics expert (MPE). This service was provided by a London NHS trust, and the RPA provided an annual audit of compliance with IR(ME)R guidelines. The service also completed in-house audits of compliance with IR(ME)R guidance.

- The clinical lead for PET currently fulfilled the role of the Radiation Protection Supervisor (RPS) in compliance with the IR(ME)R requirements. However the clinical lead was a PET technologist, and so may not have the experience for Computed tomography (CT) or X-Ray IR(ME)R requirements. The service manager recognised this was a gap, and the clinical lead for MRI stated they intended to take on the role of RPS once they were more established in the role.
- Staff were unsure of where to locate IR(ME)R guidance or what their responsibilities were in relation to IR(ME)R. We found that service policies were aligned with IR(ME)R guidance and that the service had structures in place to ensure compliance, however this meant staff may not be able to quickly access information on IR(ME)R guidance if needed.
- There were exposure protocols and diagnostic reference levels (DRLs) in place. These were available in both diagnostic rooms and pasted on walls. DRLs were set by the RPA and audited annually. The service also completed monthly audits of DRL through finger tip monitoring.
- The service had an up-to-date fire evacuation plan. The service undertook a fire risk assessment annually and there was an action plan in place. Staff undertook fire safety training as part of their mandatory courses. We also saw evidence of the fire safety arrangements being discussed in the service team meeting minutes. The service also ran regular checks for fire and pager alarm tests, to ensure the facilities were operational.
- The service complied with the Society and College of Radiographers (SCOR) guidance on a "pause and check" process of confirmation of patient information and examination before proceeding with the scanning procedure. This process aimed to minimise the risk of incorrect action during the examination, or an unintended or overexposure of radiation. The service displayed posters for the pause and check process in clinical areas, and we observed staff complying with the guidance.
- Following PET, CT, and MRI, staff reviewed patients with a post-contrast review form to identify possible complications from the procedure. This included ensuring cannulas were removed, dressings were applied if the patient was bleeding, and advice was provided on who to contact if there were concerns once they had left the service. The post-review was signed off by the RMO for the service.
- The service ensured that staff checked if patients may be pregnant prior to the patient being exposed to radiation, in accordance with IR(ME)R guidance. Patients were asked to identify if they were pregnant in consent forms and we saw signs around the building reminding patients to inform staff if they were pregnant. We also saw this check reflected in the patient records.
- The service did not currently conduct spills drills to simulate emergency response procedures for staff or patient exposure to hazardous materials through a spill. The service did however have emergency procedures in place to manage spills of hazardous materials, and also checked every morning to ensure that sources of radioactive materials were sealed.

Medical staffing

- **The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.**
- The service did not have consultant medical staff or leadership on site. There is on-site medical presence Monday to Friday (8:30 to 18:30) from a locum RMO provided by a healthcare agency. The RMO provided cannulation of patients and signed off the prescription of diagnostic contrasts.
- Consultant staff ran weekly clinics where patients could specifically request an appointment with their preferred consultant. Available consultant expertise included radiology, musculoskeletal physiotherapist, and biomechanist. A cardiologist also provided input for patients receiving a cardiac CT and cardiac MRI.
- There was a signed contract between the service and consultants working under practising privileges. This listed the obligations and responsibilities for each party. The service reviewed medical staff on regular basis to ensure they fulfilled their obligations including appraisals, mandatory training, registration with the GMC and professional indemnity insurance. The RMOs were provided to the service by an agency who confirmed evidence of their staff's competencies.
- The service did not have any vacancies in medical staffing.

Radiography staffing

Good

Diagnostic imaging

- **The service had enough radiography staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.**
- Staffing levels were reviewed in advance of shifts to try to ensure an adequate number of suitably trained staff were available where possible, in line with the overall provider safe staffing policy. This policy required a minimum of two trained staff qualified in the management of medical emergencies working together to undertake all diagnostic scans and patient care, both in radiography and PET.
- Some staff we spoke with stated that they had been short staffed at times, and that at times this required working on their own in the department. The service had vacancies within both radiography and PET in the last twelve months. Between November 2017 and October 2018, agency staff filled 15% of radiography shifts, and 30% of PET shifts.
- The service employed clinical assistants for the provision of supporting diagnostic scans alongside the radiographers and PET technologists. Clinical assistants also helped to prepare patients for diagnostic scans and procedures.
- Any agency or bank staff received a site induction which was documented on a checklist and signed off. This included fire safety and emergency procedures, clinic layout, diagnostic processes, local rules for radiation safety, PPE use, and equipment specific training. The agency staff also worked alongside permanent members of the team for continuity.
- Radiography staff were required to attend annual mandatory training, as well as to maintain their specialist registration and professional development activities. Staff stated they were supported to do this, and compliance was reviewed in their annual appraisal.
- Three administrative staff provided support to the service to organise appointments.

Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- Patient records were stored on an electronic system. We looked at a random sample of five electronic patient records and found them to be well completed. All records had details of the patient, the healthcare professional referring them, as well as any previous appointments or scans the patient may have had with the service.
- All patient's data, medical records and scan results were documented via the service's secure patient system. Electronic records could only be accessed by authorised personnel. We observed good practice in relation to ensuring patient information was treated confidentially and securely.
- All NHS patient referrals were courier arranged by trust or by secure email. Results of diagnostic scans were sent automatically to NHS trusts from the service's patient record and imaging system. The services assigned reporting radiologists could log on to the patient records system remotely in order to view images and report results directly on to the system. For external services, such as NHS trusts, the service had standard operating procedures which detailed how results were to be shared and reported, and what to do in the event of any urgent findings
- The service completed reporting accuracy and imaging quality audits every three months, and used this to review practice. The service also accepted and reviewed feedback from referrers and other healthcare professionals working with the service.
- The service had a process for reporting incidents relating to breaches of information governance. The IT reporting policy clearly outlined the process, including informing IT services, and if necessary the Caldicott Guardian.

Medicines

- **The service followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication and the right dose at the right time.
- The service used Patient Specific Directions (PSD) for the prescription of contrasts. PSDs were signed by two radiographers in line with the service policy, and were then required to be signed by the RMO on site, who determined if there was any reason not to administer the medication.

Good

Diagnostic imaging

- Medicines reconciliation was also recorded weekly (with more comprehensive checks monthly), and we found this to be completed accurately. The service also maintained a daily reconciliation log of contrast to be used in diagnostic imaging.
- We found medicines to be stored securely and in date, and the administration of medicines recorded in both the patient records and in the log of medications. The service did not store or administer any controlled drugs.
- Medicines were administered and secured in accordance with the medicines policy of the provider. The service had access to a provider wide specialist pharmacy advisor who supported compliance with legislation and best practice.

Incidents

- **The service managed patient safety incidents well.** Staff recognised incidents 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.
- Between November 2017 to October 2018 there had been no serious incidents requiring investigation, as defined by the NHSI Serious Incident Framework 2015, or IR(ME)R reportable incidents. Serious incidents are events in healthcare where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive investigation.
- There had been no 'never events' in the previous 12 months prior to this inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- An incident reporting procedure was in place and staff reported incidents via an electronic system. Staff knew how to report an incident and informed us they received feedback from any incidents reported because they were a small team.
- Staff were aware of the principles of duty of candour and when it would be applied. Staff also stated they felt encouraged to report incidents if they identified concerns. The incident policy reflected the service's requirement to be open and transparent with patients when there had been an incident, and outlined the procedure by which patients would be involved or informed in the investigation process.
- The service incident policy described the process to be followed when investigating incidents. Incidents were investigated by a nominated individual and reviewed in team meetings locally. We reviewed incidents reports from the last twelve months and found them to be comprehensively investigated and reviewed.
- Staff were aware of incidents that had occurred within the service, as well as elsewhere within the corporate provider, and felt they had been learning from them. Staff stated they were informed of incidents and learning through team meetings and emails, and also by a monthly bulletin about risk called "Risky Business".
- Some staff stated that they felt the culture regarding reporting incidents could be improved. Staff stated that they felt that they could be discouraged from raising concerns officially through the incident reporting system.

Are diagnostic imaging services effective?

We do not rate the effective domain.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**
- Care and treatment was delivered to patients in line with National Institute for Health and Care Excellence (NICE) and Royal Colleges guidelines. Staff told us they followed national and local guidelines and standards to ensure effective and safe care. National best practice was reflected in the policies we reviewed.

Good

Diagnostic imaging

- Staff assessed patients' needs and planned and delivered patient care in line with evidence-based, guidance, standards and best practice.
- Staff had access to the service's policies and guidelines via an intranet. Paper copies of local protocols and policies were also available to staff. All protocols and guidelines we reviewed were in date, and staff were required to sign that they had read them.
- Although the service had policies and guidelines in place, we found that staff struggled to locate specific guidance when asked. This meant it may be difficult to locate the correct procedures or guidance when needed. This was particularly the case for Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidance.
- The service carried out several clinical audits to ensure care was delivered in line with their policies and with national guidance, and had an annual audit plan at the provider level. For example, the service performed regular audits of imaging and reporting, including feedback from referrers and reporting consultants, which ensured the accuracy and quality of imaging results was monitered.
- The provider's policies and procedures were subject to review by the radiation protection advisor (RPA) and the medical physics expert, in line with IR(ME)R 2017 requirements.The service applied the Public Health England guidance on National Diagnostic Reference Levels when setting their local DRLs. Compliance with DRLs and IR(ME)R requirements was monitored by a London NHS trust through a service level agreement, who completed an annual audit.There was also a programme of local audits in place to monitor radiation safety.

Nutrition and hydration

- **Patients had access to hot and cold drinks while attending the service.**
- Patients had access to water and hot drinks in the waiting area whilst awaiting their appointment. During our inspection we saw patients helping themselves to drinks in the main waiting rooms.

Pain relief

- The service did not provide pain relief to patients. Staff contacted referring clinicians and referred patients back to them for pain relief if necessary. Staff informed us they ensured patients were comfortable throughout the procedure, and we observed this on inspection.

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings from audits to improve the delivery of care.**
- The service conducted several local audits in order to evaluate the quality of care being received by patients. The results were reviewed by an annual quality assurance review (QAR), where possible changes to service delivery were discussed. For example, in August 2018 the service conducted an audit of chest X-Rays which they carried out on behalf of another provider. The audit examined the quality of diagnostic imaging, as well as the recording of doses of radiation, and reported on the findings to the QAR.
- The service was audited by the RPA on an annual basis to ensure safe practice in relation to patient safety and IR(ME)R requirements. The most recent annual audit in March 2018 stated that the service was fully compliant with no improvements required, and that equipment was maintained and procedures carried out to a high standard.
- The service conducted an internal audit of the quality of recording referrals on the patient records system (if referrals were dated, if imaging modality/ examination was correctly indicated, if the clinical information provided allowed the referral to be justified) in March 2019. The results showed that 100% of the records contained the information required.
- The service audited report turnaround times for diagnostic images. Between April 2018 and March 2019 , the average time it took from the scan being completed to the referring clinician receiving the report was between one and four days (depending on the test). During our inspection, staff confirmed the standard report turnaround time was a couple of days.
- The service was accredited with the Imaging Services Accreditation Scheme (ISAS) and the International Organisation for Standardisation (ISO) 27001 until 2021, and with Investors in People until 2020.
- All diagnostic scans were carried out by two radiographers or two PET technologists. All patients

were informed of when they can expect to receive the results from their scans from the service, or advised as to how to access the results from their main service provider.

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 monitor the effectiveness of the service.
- All staff received a local and corporate induction. Staff completed an induction and competency checklist when they first started which covered use of equipment, using the service's systems, departmental understanding, and clinical competency skills relevant to their job role and experience. New staff also spent time shadowing an experienced staff member. Competencies were then signed off by the clinical leads.
- Staff received an annual appraisal as part of their roles, which included review of performance as well as plans for professional development. Staff stated they found the appraisals useful, and data provided by the service show that all staff had received an appraisal in the past 12 months.
- The service had a practicing privileges policy, and consultants working with the service were required to comply with this policy. Practicing privileges were granted at the discretion of the service and consultants were required to provide assurance around their training and continued competency, which was reviewed annually.
- Staff were required to provide evidence of their registration with the regulated body of their profession. We saw evidence of staff registration with the Health and Care Professions Council (HCPC) and General Medical Council (GMC). Staff were required as part of their employment to ensure they retained their registration and revalidated when it came close to expiry.
- Staff told us they had access to training regarding their professional development, and that the new clinical lead for the service had significantly improved opportunities for in house training. Staff stated that the clinical lead had introduced on-site competency training for X-Ray and flouroscopy, and found this to be useful in expanding their competencies to deliver care.

Multidisciplinary working

- **Staff of different disciplines worked together as a team to benefit patients.** Doctors, and other healthcare professionals supported each other to provide good care.
- The service provided a diagnostic service which included the input of radiologists, PET technologists, clinical assistants, and consultants. Staff stated they had good working relationship as a team and across disciplines. Staff stated they worked well together collaboratively and this was supported by an effective and approachable manager.
- Staff stated they had a good working relationship with external partners. The service often received feedback from referrers and other associated healthcare services on how they could improve the quality of care, and there were clear patient pathways between the service and NHS trusts they had contracts with.
- Evidence from the monthly team meetings showed that they were attended by radiographers, PET technologists, clinical leads, clinical assistants, admin staff, the registered manager, and the senior manager for the London Area. The team meetings included staff from Bulstrode Place, as well as staff from a neighbouring Alliance Medical Imaging Centre. The agenda covered complaints, incidents, health and safety, medicines management, any staffing or clinical issues, and business development.
- The service had a safety huddle every morning at 08:30 to discuss any clinical issues for the the day or information that needed to be shared. Staff stated this was well attended and helped to keep them informed. Issues discussed in the safety huddle would also be communicated to staff by email.

Health promotion

- **Staff advised patients about their health choices and how to improve lifestyle factors**
- The service had their own leaflets for patients to explain procedures for X-Rays, PET, and CT (amongst others). The service also checked that the patient was informed on what to expect in regard to self-care following a scan, and what to do if they had any concerns.
- All non-alliance staff members were provided with leaflets about the radiation hazards that may be within the service, and then signed a hazard awareness sheet to indicate the information had been read).

Good

Diagnostic imaging

Consent, mental capacity act and deprivation of liberty safeguards

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.** They followed the service policy and procedures when a patient could not give consent.
- Patients gave consent prior to an intervention. Consent was recorded on scan specific safety consent forms, and signed by both patient and clinical staff member. The service consent forms included pre-assessment checks to determine any reason they may not have the scan (if patient had any medical implants, metal fragments, was pregnant) and we observed staff having conversation with patients regarding consent.
- There was a process to ensure verbal consent was gained before an intervention commenced. We observed good practice in relation to patients being informed of the procedure and staff checking that patients were comfortable before proceeding and throughout the appointment. Patients were also provided with sufficient time to ask any questions before they had their procedures.
- The service had a policy regarding consent, which staff were required to be familiar with. The policy reinforced that staff must understand the legality around consent (including for children) and patients refusing consent. Staff also understood their roles and responsibilities in regarding to the Mental Capacity Act 2005 and deprivation of liberty safeguards (DoLS).
- The service had not completed any audits of the completion of consent forms for patients.

Are diagnostic imaging services caring?

Good

We rated this service as good.

Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- During this inspection we saw all staff treating patients with dignity, kindness, compassion, courtesy and respect. In each interaction we saw staff explained their roles, the purpose of the patient's visit, and put patients at ease during their consultation and diagnostic scans.
- We spoke with three patients during the inspection. Patients spoke positively about the quality of care they had received and how they were treated during their appointment. Patients told us they did not feel rushed, that staff were respectful of their time, and they were given enough time to ask questions at any stage. Patients stated the staff were professional and well informed of their treatment history.
- Staff welcomed patients when they arrived at the reception and introduced themselves. We observed the radiographers and clinical assistants greeting the patients in the reception area before taking them in the elevator to their appointment. Staff stated there was plenty of time allocated to patient appointments so they could alleviate any anxiety before or during appointments, and so they could answer any questions the patient may have.
- The service manager collected thank you cards from patients and shared them with staff. Messages we saw included: "The staff are fantastic", "We were beautifully looked after", and "To have the scan so quickly was amazing!".
- The service had a satisfaction survey by which patients could feed back their thoughts about the service. The service had recently introduced a tablet in some waiting areas on a trial basis which allowed patients to fill in a satisfaction survey while they waited or when leaving. Results of patient satisfaction surveys was displayed in the main waiting area
- Following inspection, the service provided the results of patient satisfaction surveys for the last twelve months between April 2018 and March 2019. The results showed that 90% of patients were "likely to recommend the service to family or friends, 95% were satisfied or very satisfied with their overall experience, and 97% were happy with the attitude of staff.

Emotional support

- **Staff provided emotional support to patients to minimise their distress**.

Good

Diagnostic imaging

- Staff understood the impact that patients' care, treatment and condition had on wellbeing. Staff stressed the importance of treating patients as individuals and this was reflected in the interactions we observed.
- Staff provided reassurance and support for nervous and anxious patients throughout their appointment. Staff were all trained in how to chaperone patients and demonstrated a calm and reassuring attitude so as not to increase anxiety for nervous patients. We observed staff meeting patients for their appointment in the reception areas and asking them if they had any questions before taking them to their appointments.
- We observed staff frequently checking with patients if they were comfortable while they were undergoing diagnostic scans such as MRI. This meant the staff could identify if the patients were anxious and reassure them.
- Patients were given time to ask questions before and after their scan and staff provided clear information in a way that was easy to understand.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- The service had a strong patient-centred culture. Staff were motivated and inspired to offer care that was kind and reflected the individual needs of each patient.
- Staff communicated with patients so they fully understood their care and treatment options. Patients were actively involved in their care, and this was reflected in the patient records we reviewed.
- Patients reported feeling involved in the decision making and understood what they were attending the service for, the types of investigations they were having, and what to expect after the appointment. Patients told us staff communicated well with them, and answered any questions they had.
- Staff recognised when relatives and carers needed to be involved in the patients care and treatment. Staff stated they could provide information for family members if needed, and family members or carers could accompany the patient for their appointment. We observed family members attending appointments with patients.
- Staff recognised when patients or relatives and carers needed additional support to help them understand and be involved in their care and treatment. Staff enabled them to access this, including access to translation services or support for patients with complex needs such as dementia.
- Staff informed us they provided details of payment options and cost when booking appointments where applicable. These included a clear price list and different options for payment.

Are diagnostic imaging services responsive?

Good

We rated this service as good.

Service delivery to meet the needs of local people/ Planning and delivering services which meet people's needs

- **The service planned and provided services in a way that met the needs of local people.**
- The service provided planned diagnostic treatment for patients on referral or for walk-in patients, normally in the London area but also accepted referrals from national and international patients. The service was open from 8am to 8pm Monday to Friday.
- The provider's website provided useful information about the service, procedures that were provided, payment options, and the referral process.
- The environment of the service was appropriate and patient-centred. The waiting and consultation rooms were comfortable and welcoming, and there were toilet facilities for patients and visitors on most floors.
- Patients were provided with appropriate information about their visit including an explanation of procedures, frequently asked questions, and directions to the waiting area of the service.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- Visitors had access to a tea and coffee machine and water in the waiting areas. They also had access to magazines and information leaflets about the service.
- The service had managed patients in the past with a diagnosis of dementia or with mental health needs, however it was very rare. Staff stated that these patients

would be provided with more time for an appointment and could also be supported in their appointment by a family member. The service did not have a specific policy for managing patients with complex needs.

- Some staff had completed external dementia training. Staff informed us patients living with dementia usually attended the unit with their carer and they were equipped to care for such patients.Due to the increasing amount of dementia patients being referred the service also installed dementia friendly signs in patient areas for toilet facilities and changing rooms.
- Staff explained the referrers would provide patients with translation services when required and the service would ensure this was organised in advance. The service also could provide access to a translation phone service if needed, and we also saw evidence of leaflets in other languages such as Arabic.
- Administrative staff had received training to ask relevant questions when booking appointments. Staff asked questions to determine if patients required an interpreter, if they could use the stairs, and if they were aware of the procedure they were referred for.
- Staff had all received chaperoning training, and family members or carers could attend to support patients. Patients were also made aware that they could choose to be chaperoned by a specific gender of staff, if they preferred.
- ThePositron-emission tomography (PET) uptake room for preparing patients had recently replaced the beds with reclining chairs based on patient feedback. This meant that patients did not have to lie down for intravenous injections. The room as provided patients with a choice of music to help relax prior to the diagnostic scan.
- The service provided disability access for patients with limited mobility at the back of the building. However this access had a steep incline into the building which could be challenging for wheelchair users or bariatric patients, and we did not see evidence that this had been appropriately risk assessed.
- The reception desk had a hearing loop for patients with hearing impairments, and staff stated they could cater to the needs of patients with visual impairments.

Access and flow

- **People could access the service when they needed it.**Waiting times from referral to treatment to discharge of patients were in line with good practice.
- The service accepted referrals from both private and NHS healthcare providers as well as overseas patients. NHS patient referrals were delivered by courier arranged by trust or by secure email, while other patients could be referred directly using the referral forms available on the website.
- Staff told us patients were generally offered appointments within 10 to 15 days (depending on if patients preferred a specific time or consultant, and depending on the diagnostic scan). The service collected data on referral to scanning times monthly and this was monitored by service managers. Staff stated that they did not currently operate a waiting list, but that they did have a protocol for a waiting list if there was high demand. Patients were generally booked in order of earliest referral, however urgent patients could also be prioritised.
- Patients told us they were given appointment times that suited them. The service planned to see patients at the time of their choice and had confirmation discussion with the patient. Administrators supported patient pathways through booking, along with a company wide national accounts team, making sure phone lines were covered 10 hours a day, Monday to Friday.
- Consultants ran specific clinics every week. If the preferred consultant had no suitable slot available for the patient due to full bookings, the patient was given the consultant's details to make an appointment with that same doctor either at another sites or for the next available slot.
- Patients were happy with reporting times. Diagnostic reports were usually available within a few days (but could be made available the same day), and the service monitored turnaround times. Staff stated that they may require slightly longer if there was a complicated case, however in this event they would ensure the patient was well informed.
- The service had set a Key Performance Indicators (KPIs) of a 24 – 48 hour turn around in both offering appointment and providing a report there after, which the service was meeting in the last 12 months. The service also monitored KPIs for the various service level agreements they maintained with NHS trusts.
- The service ran on time and staff informed patients when there were disruptions to the service. All patients said there was minimal waiting time when visiting the

service. At the time of our inspection, the service had bee disrupted in the morning by a power outage in the area, however this had not not impacted on the delivery of care to the patients.

- Staff confirmed that where patients missed their appointments they were contacted immediately and offered the next available appointment as needed. Staff stated they did not have many patients not attending appointments, an they routinely collected data to monitor if non attendance (DNAs) were increasing.
- The service had no cancelled appointments for a non-clinical reason between November 2017 and November 2018. In the event that an appointment has to be cancelled due to any unexpected issue the patient's appointment is rebooked as soon as possible.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- Staff stated they would aim to resolve any patient complaints and concerns immediately. Staff were all aware of the complaints procedure and who had overall responsibility for managing the complaints process.
- There was a complaint management policy in place. The complaints policy differentiated between formal and informal complaints, with defined timescales for the provider to acknowledge and respond to formal complaints (20 working days). The complaints policy also included reference to the service's responsibilities to duty of candour.
- Patients had access to a 'complaints, compliments, and concerns' forms providing information about how to give feedback or raise concerns. This included information about PALS for NHS patients, the Parliamentary Health Service Ombudsman and independent local Health Watch. Patients we spoke with were confident they would be supported to make a complaint if needed.
- The service had received 17 complaints between November 2017 and November 2018. The service examined these complaints through the formal complaints procedure, and ten of the complaints were upheld. These complaints were investigated by an assigned member of staff, and we saw evidence of complaints and outcomes discussed in team meetings.

Are diagnostic imaging services well-led?

Good

We rated this service as good.

Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- The service had a clear management structure where the registered manager had responsibility for administrative running of the service, and clinical leads were responsible for day to day running of appointments and clinical areas. Staff knew the management arrangements and their specific roles and responsibilities.
- We observed members of staff interacting well with the leadership team during the inspection. Management of the service appeared to be approachable.
- Staff told us the new clinical lead in post was very approachable and supportive, and that clinical staff could reach them when needed. All the staff were positive about the impact the new clinical lead had on the management of the service and the delivery of care to patients.
- The service had a service level agreement with a nearby NHS trust to provide the role of Radiation Protection Adviser (RPA).

Vision and strategy

- **The service did not have a vision for what it wanted to achieve or workable plans to turn it into action.**
- The service outlined their aims and objectives in their statement of purpose. Their aim was to provide high standards of diagnostic imaging to meet the needs of referrers and their patients.
- The service did not have a specific vision or strategy document for the service. The overall corporate provider had a company strategy which detailed the values of the service, however this did not reflect any specific strategic goals or vision for Bulstrode Place.
- Business development and strategy were discussed as part of the monthly team meetings. Staff were aware of plans to merge the delivery of another London-based Alliance Medical Imaging Centre with Bulstrode Place,

and felt they were informed as much as possible on this development. Staff also stated they would be asked for their opinions and contributions when changes were being considered for the service, as part of the team meetings.

Culture

- **Managers across the service promoted a positive culture.**
- Staff were positive and happy in their role and stated the service was generally a good place to work. Staff felt there was a good working relationship between the various disciplines and this helped to offer consistent care to patients.
- Most staff told us they felt supported, respected and valued by the management. Staff stated that they could approach the managers about concerns if they needed to, and that they felt comfortable reporting incidents to them.
- Staff were proud of the work they carried out. They enjoyed working at the service; they were enthusiastic about the care and services they provided for patients.
- There was good communication in the service from managers. Staff stated they were kept informed by various means, such as through team meetings and emails.

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- There was a robust corporate governance framework in place which oversaw service delivery and quality of care. This included a monthly London team meeting led by the local operation manager, and attended by most clinical and administrative staff. Oversight of governance was maintained by an provider wide governance lead.
- We saw records of the last four team meetings minutes and saw they discussed complaints, incidents, Key Performance Indicators (KPIs), training, compliance and any other clinical issues and audits. Actions to address concerns or outstanding issues were identified and monitored through the team meetings.The meeting was minuted for dissemination to other staff who did not attend.
- The service had effective systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was to a high standard. The service completed regular clinical audits and monitored KPIs, and adapted service delivery in response to the results or outcomes.
- The provider disseminated information to staff in team meetings or through email. These included minutes of meetings, updated or new policies, changes in legislation or best practice, and service developments.
- Staff were clear about the governance structure in the organisation through team meetings and stated they were confident the systems in place supported the delivery of clinical care.

Management of risk, issues and performance

- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- The service had a local risk register which was part of the corporate providers risk management system. We reviewed this register and found consistent evidence of action plans put in place to control or eliminate the risks.
- On inspection we identified a number of risks which had not been identified on the service risk register. This included the ongoing water leak within the ultrasound room, lack of sufficient cover for the role of the RPS, and fire hazards in the plant room on the third floor.
- The registered manager for the service was not sure as to how issues identified as risks were added to the risk register. While there was an provider level lead for governance who maintained the risk register, this meant that some risks identified locally may not be monitored in line with the provider's risk management procedures. Information provided by the service before the inspection suggested that the risk register was subject to an annual quality assurance review (QAR). Actions from the QAR report, which was aligned to national guidance and legislation, were monitored locally and at corporate level.
- The overall provider had a risk management strategy which outlined the quality management system for managers in all of the corporate provider's services. The provider had systems to monitor performance, including incidents, patient feedback, audits and staff appraisals. These systems highlighted areas of good practice and opportunities for learning.

- The service had a business continuity policy, which included specific plans for the service. This plan was in action at the time of us visiting the service due to a power outage in the area, and we saw that the impact to service delivery was well managed. The plans included specific scenarios (such as electricity failure or building restriction), and actions for staff to take in managing this disruption efficiently.

Information management

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.** We observed good practice from staff in relation to information management.
- Relevant information for the running of the service, such as policies and team meeting minutes, were available in a shared drive which all staff could access.
- The service uploaded diagnostic images on a secured electronic portal for access to service staff and those with remote access. The system was also able to provide reports to NHS services, which meant results of diagnostic scans could be shared efficiently with NHS providers.
- All staff demonstrated they could locate and access relevant information and patient records easily, which enabled them to carry out their day to day roles.
- Senior staff informed us they were General Data Protection Regulation (GDPR) compliant and that patient information was managed in line with data protection guidelines and legislation. This was reflected in the services medical records retention policy and information security policy.Staff had received training on information governance as part of their mandatory training.

Engagement

- **The service engaged with patients and staff to plan the delivery of services.**
- The service had completed an annual patient satisfaction survey and used the feedback to inform the delivery of care and service development. Results of the satisfaction survey were displayed in the main reception area, and discussed in the team meetings.
- The service had an informative website that provided guidance to patients on the investigations provided, explanations of procedures, payment methods, location, and details on how to make a referral.
- There was good communication in the service from managers. Staff stated they were kept informed by various means, such as through team meetings and emails. Th service also had a provider wide newsletter which kept staff information on developments at the provider level.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- The service had been involved as a partner in a number of clinical trials with private providers and the NHS. Clinical trials could utilise the consulting rooms and diagnostic equipment, as well as staff, to complete appointments with research participants. The service was involved in clinical trials across urology, neurology and respiratory, as well as with patients with complex needs such as dementia.
  - The service offered same day scanning for patients along with the possibility of same day reporting, with a consultant radiologist available upon request to discuss findings with referrers if diagnosis was needed quickly.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- Develop a process to routinely check for fire hazards within the building. This includes both in clinical areas and in areas only accessible to staff.
- Improve processes for staff to find service policies and guidelines when needed, particularly those relating to IR(ME)R regulations.
- Risk assess disability access for patients at the back of the building, to consider if potential risks are mitigated.
- Develop a local process for adding service risks to the risk register, which includes local management in the oversight of this process.
- Encourage staff to report incidents or concerns when they feel there is an issue.