

Cannock MRI Unit

Quality Report

Cannock Chase hospital,
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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



Summary of findings

Letter from the Chief Inspector of Hospitals

Cannock MRI Unit is operated by Alliance Medical Limited. The service provides a magnetic resonance imaging (MRI) diagnostic scans on an outpatient basis. Facilities include a scanning room, an open control room, technical room, patient preparation area, two patient changing rooms and a disabled toilet. The service also shares some facilities with a host hospital including an administration office, patient waiting area a small staff kitchen and a managers' office.

The service provides diagnostic facilities to young people from the age of 14 years of age and above. We inspected the service under our independent single speciality diagnostic imaging framework and using our comprehensive inspection methodology. We carried out an announced inspection on 6 November 2018.

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 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.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Amanda Stanford
Chief Inspector of Hospitals

Overall summary

We rated this service as **Good** overall.

We found good practice in relation to diagnostic imaging:

- The service managed staffing effectively and services always had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- There were effective systems in place to keep people protected from avoidable harm.
- Staff understood their obligations regarding patient consent and the Mental Capacity Act.
- There was a programme in place for mandatory training, which all staff completed along with competencies check specific for diagnostics services.
- Equipment was well maintained and serviced appropriately.
- Environment was visibly clean and clutter free.
- Staff demonstrated good understanding of safeguarding and were able to evidence this during our inspection.
- Medicines were stored securely and were managed in line with best practice.
- Staff knew how to report incident and learning from incidents was implemented.
- The service used evidence-based processes and best practice, this followed recognised protocols. They used technology to improve the service they provided.
- Staff were skilled and competent in their fields and kept up to date with their professional practice.
- Scans were timely, effective and passed back to refers to be reported on.
- Records were kept up to date, legible and easy to read.
- The service worked well with external and internal colleagues, and staff worked well as a team.

Summary of findings

- Flexible appointments were available during day, evenings and weekends.
- Risks were identified, assessed and mitigated. Performances was closely monitored, and data was used to improve the service for both patients and staff.
- The service was managed by supportive staff and competent managers.
- Staff understood vision and values of the organisation.
- Staff morale and culture was positive, and staff demonstrated a professional and passionate attitude towards work and patients.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

MRI was the only Diagnostic activity the service provided at this site.

We rated this service as 'good' because it was safe, caring, responsive and well-led. We did not rate the 'effective' domain.

Summary of findings

Contents

Summary of this inspection	Page
Background to Cannock MRI Unit	7
Our inspection team	7
Information about Cannock MRI Unit	7
The five questions we ask about services and what we found	9
<hr/>	
Detailed findings from this inspection	
Overview of ratings	11
<hr/>	

Good 

Cannock MRI Unit

Services we looked at:

Diagnostic imaging.

Summary of this inspection

Background to Cannock MRI Unit

Cannock MRI Unit is operated by Alliance Medical Limited. The unit has been in operation since 1997 based at Cannock Chase hospital. In 2008 MRI unit became part of Alliance Medical Limited.

The service provides diagnostic MRI scans to the local acute trust through a scan only contract and a comprehensive service to primary and secondary care referrers in the surrounding areas including GP's, physiotherapists and specialist partnership trusts. The

service also carries out research, insurance and self-pay scans. The service case mix is varied, predominantly musculoskeletal (MSK) conditions, neurological and Ears, Nose and Throat (ENT) with some use of contrast agents' injections.

The unit has had a Registered Manager in post since 2011. We inspected this service on 6 November 2018. This was the first inspection since Registration In 2011.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one CQC inspector, and a specialist advisor with expertise in radiological services. The inspection team was overseen by Victoria Watkins Head of Hospital Inspection.

Information about Cannock MRI Unit

The Cannock Chase Alliance MRI is a magnetic resonance diagnostic imaging service which undertakes scans on patients to diagnose disease, disorder and injury. The service has a fixed scanner and is located within the Cannock Chase Hospital.

The premises are managed by the hospital; however, the MRI scanner and equipment are provided by Alliance Medical.

Cannock MRI unit has [WR1]one unit and is registered to provide the following regulated activities:

- Diagnostic Imaging.

During the inspection, we visited the scanning room, an open control room, technical room, patient preparation area, patient changing rooms and bathroom and patient waiting area. We spoke with six staff including three radiographers, one administrator, one clinical assistance and clinical manager. We spoke with four patients. During our inspection, we reviewed five electronic 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 first time the service was inspected since registration with CQC. We found that the service was good for safe, caring, responsive and well led, we don't rate the 'effective' domain.

Activities 01/10/2017 – 30/09/2018:

- The service undertook 11639 scans during the reporting period of October 2017 to September 2018, this equates to 9537 patients.
- The service employed five radiographers, one registered manager who is also a radiographer, two clinical assistants and two administrators.

Track record on safety:

- Zero never events
- Clinical incidents 11 low harm, 12 moderate harm, zero severe harm, zero death.
- No serious injuries
- No relating incidents to duty of candour

Summary of this inspection

- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA),
- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli
- Eight complaints

Services accredited by a national body:

- The Royal College of Radiologists and College of Radiographers 'Imaging Services Accreditation Scheme (ISAS) - July 2018 to July 2021

- International Organisation for Standardisation - information security management systems - ISO 27001 – June 2018 to July 2021
- Investors in people (IIP) - March 2017 to March 2020.

Services provided at the hospital under service level agreement:

- Use and maintenance of premises
- Use of hospital facilities
- Grounds maintenance
- Clinical and or non-clinical waste removal
- Laundry

Maintenance of medical equipment

[WR1]Amended as per fac acc

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?

We rated safe as **Good** because:

- There were effective systems in place to keep people safe from avoidable harm.
- Staffing was sufficient to keep people safe.
- Risks to patient was identified and assessed effectively, this was supported by robust safety processes.
- Equipment was maintained and serviced appropriately, and the environment was visibly clean.
- Staff were compliant with infection prevention and control practices.
- Staff were trained and understood what to do if a safeguarding concern issue was identified.
- The serviced had good levels of compliance with mandatory training.
- Records were up to date, complete and kept safe from unauthorised access.
- Medicines were managed in line with best practice.
- Incidents were reported, investigated and learning was implemented.

Good



Are services effective?

We do not rate effective, but we found:

- The service used evidence-based processes and best practice, this followed recognised protocols. They used technology to improve the service they provided.
- The service paid due care to patients' pain and provided adequate refreshments for the time they used the service.
- Scans were timely, effective and reported on in good time. There were no abandoned scans and no patients had to be recalled to have their scans re-done.
- Staff were skilled and competent in their fields and kept up to date with their professional practice.
- The service worked well with internal and external colleagues and partnership working was strong.
- Staff understood their obligations regarding patient consent and the Mental Capacity Act.

Are services caring?

We rated caring as **Good** because:

Good



Summary of this inspection

- Staff demonstrated a kind and caring approach to their patients.
- Interactions were professional, respectful and courteous.
- Staff supported the emotional needs of patients and provided reassurance.
- Staff communicated well with patients, parents and carers and ensured their questions were answered.
- Patients' information was kept safe and was treated confidentially.

Are services responsive?

We rated responsive as **Good** because:

- The service was planned with the needs of service users and partner organisations in mind.
- The facilities and environment were pleasant and suitable for use by patients.
- Appointments were available during the evenings and weekends to accommodate all patients.
- Appointments were available at short notice and the referral to scan times and scan to reporting times were brief.
- The service catered for nervous and anxious patients.
- The service had few complaints but acted upon feedback from patients, staff and incidents.

Good



Are services well-led?

We rated well-led as **Good** because:

- The service was aligned to the vision and values of host hospital and own organisation.
- The service had supportive, competent managers who led by example.
- Staff understood and were invested in the vision and values of the organisation.
- The culture was positive and staff demonstrated pride in the work and the service provided.
- Governance structures were robust. The service used performance data, learning from events and professional attitude to improve and expand the service provided, quality and the patient experience.
- Risks were identified, assessed and mitigated. Performance was monitored and data used to seek improvements.
- Information was utilised and managed well. Data was kept secure and was organised well to assist with management actions.
- Engagement with staff, stakeholders and partners was a strong feature of the service.

Good







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

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We rated the safe as **good**.

Mandatory training

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

- The provider had a corporate mandatory training policy. Staff were required to undertake wide range of general and role specific mandatory training modules in line with their policy and training schedule.
- Training and development included 'face to face' and 'e-learning' modules. Staff training records were kept up to date and each staff member had their own logging system to manage own training online, the manager also had access who also kept their own training matrix record who would also send reminders to inform staff of their training.
- Training modules included fire safety and evacuation, equality and diversity, health and safety, infection prevention and control, safeguarding level one and two both children and adults, customer care, moving and handling, information governance (IG) and basic life support (BLS) and intermediate life support (ILS).
- The service set a target of 90% for the completion of mandatory training, all staff had completed their mandatory training.

Safeguarding

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

- There was a safeguarding policy in place for safeguarding vulnerable adults and safeguarding children and young people, which were accessible to staff.
- Staff showed us their safeguarding guidance on the trust internet and told us this was easy to follow. Staff we spoke with demonstrated a good understanding around safeguarding and knew who to contact within the safeguarding team.
- The service set a target of 90% for the completion of safeguarding training. We saw 100% of staff had completed their safeguarding training level one and Level two in both children and adults.
- Staff who scanned children were trained to a minimum of level two in safeguarding children and young people, the service only scanned children 14 years of age and above, staff told us they ensured that appropriate trained staff were always on duty.
- All staff had access to a member of staff who was trained to level three and level four in children's and vulnerable adults safeguarding at Alliance medical, who was off site but available for advice by telephone or email.
- The unit did not treat patients under the age of 14 years of age. However, staff had received and completed level two for children and young people. This met intercollegiate guidance: "Safeguarding children and young people: roles and competencies

Diagnostic imaging

for health care workers. The guidance states all non-clinical staff and clinical staff who have contact with children and young people should be trained to level two”.

- Staff demonstrated a good understanding around the department of health (DoH) of Female genital mutilation (FGM). Staff told us if they were ever unsure they would contact Alliance Medical safeguarding lead or in emergency would contact safeguarding lead within the host hospital.

Cleanliness, infection control and hygiene

The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

- The provider had infection prevention and control (IPC) policies and procedures in place and we found staff were aware of this policy. Staff also received mandatory training in this subject, we saw all staff had completed this training.
- The service had no healthcare related infections between September 2017 to October 2018.
- During our inspection we observed all areas within the unit to be visibly clean, tidy and free from clutter. We saw evidence that cleaning regimes were in place and that these were audited regularly with good compliance of 90% to 100%.
- Alliance Medical staff cleaned their own medical devices, including MRI coils between each patient and at the end of each day. This followed manufactures IPC guidance for routine disinfection. We observed staff cleaning equipment and machines after each use.
- Staff complied with infection prevention and control practices and cleansed their hands appropriately between every episode of direct contact and care. Tables and equipment was cleaned in between each patient use.
- Staff who inserted intravenous access devices to patients had received training on the specified procedures necessary for the safe insertion and maintenance of the device and its removal.

- Local audits for hand hygiene and cannulation were carried out at local level. No issues had been identified and compliance rate was at 100%. Hand hygiene audits were undertaken to measure compliance with the World Health Organisation (WHO) of ‘five moments for hand hygiene’ These guidelines are for all staff working within healthcare environments and to define key moments when staff should be performing hand washing to reduce risk of cross contamination between each patient.
- There was access to hand washing facilities and a supply of personal protective equipment (PPE), which included aprons and gloves. All staff on duty during our inspection were seen using PPE appropriately.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

- Access to the unit was easy to follow with easy signage. Parking for the unit was suitable with a secure entry point from the outside and inside of the host hospital.
- There were appropriate warning notices to advise about the risks of the MRI scanner.
- The design and layout of the facilities was sufficient to keep people safe. There was a key code access into the magnetic resonance imaging (MRI) facility and the door to the MRI room was kept locked to prevent unauthorised access.
- The scanning observation area allowed visibility of all patients during scanning. There was sufficient space around the scanner for staff to be able to move and for scans to be carried out safely. During scanning all patients had access to an emergency call bell, ear plugs and defenders. Music facilities were not yet available but were in the process of being set up. We observed staff speaking to patients through a microphone, which allowed patients to have a continuous contact with the radiographer always. The scanner room also had a camera that enabled radiographers to have both visual and audible control to help ease patients and to promote patient safety.
- The scanning room was equipped with an oxygen monitor to ensure that any helium gas leaking (quench) from the cryogenic dewar, (this is a

Diagnostic imaging

specialised type of vacuum flask used for storing cryogenics such as liquid nitrogen or liquid helium) was not moved into the examination room, thus displacing oxygen and compromising patient safety. In addition, the room had an emergency switch that staff called a 'quench button' which was protected against accidental use. The magnet was fitted with emergency off switches.

- The environment and equipment were well maintained. Equipment was serviced and maintained in line with manufacturers guidance on a regular basis and records were kept up to date.
- The service had a service level agreement in place with the host hospital who had responsibility for managing the building. We were advised that any issues with the physical environment were reported to and dealt with quickly by the host hospital.
- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort different types of waste and these were labelled appropriately.
- The service also used the emergency trolley used by the host hospital which was stored a few metres away from the entrance into the MRI facility. We saw records for three months which showed that the trolley was checked daily.
- The service had a metallic trolley and emergency equipment was not safe to enter the magnetic resonance imaging (MRI) scanning room. The emergency procedure is to remove the patient from the scan room immediately.
- Patient weighing scales were available and had recently been replaced, the scales had been serviced tested.
- All relevant MRI equipment was labelled in line with medicines and healthcare product regulatory agency (MHRA) recommendations for example Magnetic Resonance (MR) Safe, MR conditional, MR unsafe.

Assessing and responding to patient risk

The service planned for emergencies and staff understood their roles if one should happen.

- The service had access to the emergency resuscitation team based in the host hospital who would attend in

the event of an emergency. The service could telephone an emergency number, and this would facilitate emergency bleep holders in the hospital to respond immediately.

- The service had access to the resident medical officer from the host hospital who was present on site and available to attend if required.
- Emergency pull cords were only available in the toilet.
- Screening procedures were robust and screening questionnaires were scrutinised appropriately by radiographers. Referral forms included patient identification, contact details, clinical history, examination request, and details of the clinical referrer. Patient referred for an MRI contrast, had a kidney function blood test within a three-month period, this was to reduce the risk of contrast induced neuropathy when nerves in the body are damaged. This was in line with NICE acute kidney injury (AKI) guidelines and the Royal college of radiologists' standard for intravenous contrast agent administration.
- Risk assessments were carried out by the referring individual to determine if the patient was fit for the planned MRI scan. They also determined the risk of administration of contrast was weighed against the potential benefits of the scan. A further risk assessment was conducted by the radiographer when the patient arrived for the scan and a comprehensive screening process was undertaken to ensure the patient was safe to enter the scan and understood the safety precautions. When we arrived on site all CQC inspectors were asked to fill in the questionnaire to ensure our safety was not compromised.
- Emergency protocols were in place if a scan revealed something requiring urgent medical intervention. During our inspection we saw there was good support from partners for radiographers who required advice for something that was identified following a scan. The scan was referred for remote advice immediately and that support was swift and forthcoming from the referrer, ensuring the patient was advised appropriately and safely.

Diagnostic imaging

- There were processes in place to ensure the right person got the right radiological scan at the right time. We saw on display in the unit 'Society of Radiographers' posters to remind staff to carry out their checks.
- We saw 90% compliance rate for staff who demonstrated additional checks they carried out called a 'paused and checked' system, this system consisted of the three-point demographic checks to correctly identify patient, as well as checking with the patient, correct site to be imaged and any history of previous imaging scans.
- We saw protocols were in place for intravenous contrast administration, staff we spoke with trained to recognise and treat severe contrast reactions, including anaphylaxis. The registered manager told us they had never had an incident on the unit where this happened.

Radiographer staffing

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

- There were sufficient radiographers on duty to maintain patient safety. Staffing followed Alliance's 'staffing requirements in support of a safe scanning pathway' procedure. The staff calculator is a standard template used to assess staff levels against volume and opening hours required to ensure the service is safe and effective and that the service key performance indicators are met for the turnaround of staff.
- This ensured there was always two radiographers on duty at any time and a clinical assistant for the period of 7am to 7pm and 9am to 9pm Monday to Friday, and 8am to 8pm Saturday and Sunday when the unit was open. This was further supported by an administrative member of staff who covered the hours of 8 am to 4 pm.
- There was no staffing vacancy for a radiographer but if there was a shortage on certain days due to annual leave or sickness this was supplemented by the regular use of a bank radiographer.
- The registered manager was also a radiographer who carried out a clinical day once a week to maintain their clinical competencies.
- Radiographers told us they could contact a radiologist at the referring site for advice at any time. They gave examples of contacting a radiologist to discuss contrast imaging in a patient.
- Alliance Medical were not required to employ medical staff, however, they had access to the resident medical officer (RMO) provided by Cannock Chase hospital who was present on site and available to attend if required.

Medical staffing

Records

Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

- Patients completed a MRI safety consent checklist form, which recorded the patients' consent and answers to the safety screening questions. This was later scanned onto the electronic system and kept with the patients' electronic records.
- Patients personal data and information was kept secure and only staff had access to that information. Staff received training on information governance and records management as part of their mandatory training programme. At a corporate level Alliance Medical diagnostic imaging static sites, which Cannock chase Alliance Medical MRI falls under, reported a 100% compliance rate with information governance training.
- Staff completing the scan updated the electronic records and submitted the scan images for reporting by the relevant organisation. They had two systems which they could switch between depending on the referral organisation.
- The quality of images was peer reviewed locally and quality assured on a corporate level. Any deficiencies in images was highlighted to the member of staff for their learning.

Diagnostic imaging

- The radiology information system (RIS) and picture archiving and communication system (PACS) was secure and password protected. Each staff member including bank staff had their own individual username and password.
- Staff told us that scanning pathways were supported by RIS for those patients referred through a service. On distribution from the system, summary reports from the MRI were either automatically emailed if an email was provided, or paper copies were sent to the referring clinicians through a record tracking first class post. All patients scanned, regardless of referral pathway were put on RIS for audit and accurate record.

Medicines

The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.

- A medicines management policy was in place which was accessible to staff. This was in date and followed national guidance.
- The service used only a small amount of medicines which were found to be stored appropriately.
- Specialist pharmacy support was available through a service level agreement with the host hospital. This advisor assisted to support staff and ensured compliance with national recommendations on medicines.
- Medications were prescribed on an individual basis by a doctor. This was predominantly intravenous contrast for enhanced MRI imaging. This was decided by the radiologist consultant prior to appointment. The service did not use patient group directions in the service, patient group directions are documents that permit the supply of prescription-only medicines to groups of patients, without individual prescriptions.
- We reviewed records such as helium and oxygen levels on the online daily MRI checks and found them signed, dated and within the required range.

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.

- The service had an incident reporting policy in place which was an Alliance Medical corporate policy. This was aligned to national guidance. Staff we spoke with understood their responsibilities on how to raise concerns, and how to record safety incidents and near misses.
- Staff reported incidents using an electronic reporting system and staff could show us how they accessed the reporting system online.
- The service reported 23 clinical incidents in the reporting period March 2018 to October 2018, 11 low harm, 12 moderate harm, zero severe harm, zero death.
- The service had a duty of candour policy in place and staff were familiar with this. There had been no notifiable safety incidents that met the requirements of the duty of candour in the last 12 months. 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.
- Learning from incidents was shared through staff meetings and emails on a monthly performance reports and bi-monthly contract meeting.
- Alliance Medical had reported no incidence of a 'never event' in the last 12 months. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systematic protective barriers, which are available at national level and should have been implemented by all healthcare providers.

Safety Thermometer (or equivalent)

The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

Diagnostic imaging

- The service had a performance dashboard maintained on a corporate level. This was circulated monthly and gave data on performance for Cannock Chase Alliance Medical MRI. The dashboard indicated number of patients scanned, number of areas scanned, patients that did not attend appointment, and any cancellations. Registered manager told us this was reviewed on a weekly basis to investigate themes, concerns and how to improve their findings.
- The monthly dashboard was displayed in the waiting area for members of the public to review. The October 2018 Dashboard was currently on display and registered manager told us this would be changed to November 2018 once the dashboard had been reviewed.

Are diagnostic imaging services effective?

Our rating for effective is not rated.

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.

- The registered manager was responsible for updating staff of any changes to guidance that may impact on the unit. At a corporate level this was also fed down if changes were to be made. Any new practice or procedure was reviewed and signed off by staff to confirm understanding and application.
- The service, care and treatment were delivered, and clinical outcomes were monitored in line with and against the national institute for health and care excellence (NICE) such as colorectal cancer, spondyloarthritis when joints become inflamed, majority of patient pathways were mainly around MSK. Radiographers followed evidence-based protocols for scanning of individual areas or parts of the body. We saw numerous examples of patient pathways, most up to date guidelines and policy on display in hard copies in folders and available electronically on staff intranet.

- Staff assessed patients' needs, planned and delivered care in line with evidence-based guidance, standards and best practice. Alliance Medical carried out annual reports to assess clinical practice in line with local and national guidance.

Nutrition and hydration

Staff gave patients enough to drink to meet their needs.

- Patient had access to a water dispenser in the main waiting area whilst they wait for their scan. During our inspection we observed administration staff offering patients water whilst booking in. Their nutrition and hydration needs were met whilst they were in the care of the service.

Pain relief

Staff assessed and managed pain on an individual basis and regularly monitored throughout patient care.

- We observed staff throughout our inspection reassuring and checking if patients were comfortable or in pain during their scans, they were advised to alert the radiographer if they had any concerns. If necessary, their scan could be abandoned or postponed if they were unable to continue.
- Patients were individually responsible for their own medication and staff would ask during the procedure if they have taken any medication prior to having a magnetic resonance imaging (MRI).

Patient outcomes

The service 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.

- Audits of the quality of images were undertaken at a corporate level. Any issues were fed back to local services for learning and improvement. The registered manager told us there are no formal local audits in place for reporting, however 10% of private patients were subject to audit through a private organisation audit process. External reporting groups were also subject to their own audit process.

Diagnostic imaging

- Staff audited and compared key areas such as referral times to scan being booked and time from scan to report, these were then benchmarked with other Alliance Medical locations, Cannock MRI were one of the highest performers of 90% and 95%.
- The service reported to their national accredited governing body. The Royal College of Radiologists and College of Radiographers 'Imaging Services Accreditation Scheme (ISAS) - July 2018 to July 2021. International Organisation for Standardisation - information security management systems - ISO 27001 - June 2018 to July 2021. Investors in people (IIP) - March 2017 to March 2020.

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 radiographers were registered with Health and Care Professional Council (HCPC) and met standards to ensure they were delivering and providing safe and effective service to the public. All clinical staff were required to be re-register every two years in accordance with HCPC, meaning staff were expected to maintain their own Continuing Professional Development (CPD).
- Alliance Medical provided all staff with a corporate induction programme. This required all staff to complete all required competency skills prior to starting their role. All competency assessments were role specific.
- Bank and agency staff were given a local induction to include the unit and the hospital and its facilities. This included health and safety information such as local fire alarm and medical emergency procedures. The induction documentation included major policies and procedures introduction and where to find them. All Information Technology (IT) access was requested for all bank and agency staff.
- All regular bank staff completed E-learning modules, and clinical assistant staff worked through core competencies and received a magnet safety and patient care training by a qualified senior radiographer on site.
- Clinical bank staff attended Intermediate Life Support (ILS) training or an NHS standard Basic Life Support (BLS) as a minimum. Agency staff were acquired when necessary through the Health Trust Europe Framework where minimum skills and competencies must be completed.
- Staff had the right skills and training to undertake the MRI scans they were undertaking. This was closely monitored on a corporate level and by the registered manager.
- Staff told us they had the opportunity to attend relevant courses to their role to enhance the professional development and felt very supported by the organisation and managers to attend the courses.
- Radiographers scanning performance was monitored through peer review and any issues were discussed in a supportive environment. The service undertook periodic competency assessments for radiographers.
- Staff had regular one to one meetings with their manager and a performance appraisal biannually. Records we checked showed all staff in the service had received their appraisals.

Multidisciplinary working

Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

- The service had good relationships with other external partners and undertook some scans for local NHS providers. We saw good communication between services and there were opportunities for staff to contact refers for advice and support.
- The service worked closely with the host hospital and felt supported when they needed additional advice. Staff told us they all worked well as a team and ensured patients journey went smoothly between the service.

Diagnostic imaging

- Staff we spoke with said they felt they could contact anyone from the host hospital anytime when they required advice. One staff member said they speak with outpatient department at host hospital on regular basis and all worked well as a team.

Seven-day services

The department provided MRI scans for the local population seven days a week.

- Appointments were flexible to meet the needs of patients, they were available at short notice. Patients were also able to call the unit and request a time and date to suit their availability.
- We spoke with two patients who said the receptionist is “very kind, thoughtful, I rang to see if they had any cancellation and here I am today being seen sooner” another patient told us “opening times are great, I work different shift patterns and having evening appointments has saved me from taking time out of work”
- The unit was open seven days a week, 7 am to 9 pm Monday to Friday, and 8 am to 8 pm on Saturday and Sunday. Alliance Medical MRI at Cannock did not scan patients under the age of 14, this was also mainly due to the fact there was not a specific paediatric unit based at Cannock chase hospital.

Health promotion

Staff always had access to up-to-date, accurate and comprehensive information on patients’ care and treatment. All staff had access to an electronic records system that they could all update.

- Information leaflets were provided for patients in the waiting area on what the scan would entail and what was expected of them. Information and advice leaflets was also sent out to the patients through the post along with their MRI checklist and appointment details.
- We saw advice posters for patients in the unit, for example patients who are or could be pregnant to seek advice.

Consent and Mental Capacity Act and Deprivation of Liberty Safeguards

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

- The service correctly used a MRI safety consent form to record patients’ consent, which also contained their answers to safety screening. A consent policy with national guidance was available for all staff on the intranet.
- We followed two patients’ pathways and observed staff obtaining consent to treatment and re-reviewing the MRI checklist to ensure patient has understood the questions and answers are accurate.
- All staff had received training on the Mental Capacity Act and was at 100% compliance rate. Staff we spoke with knew what to do if they had concerns.
- Staff we spoke with were aware of the need for consent and gave patients the option of withdrawing their consent and stopping the scan at any time.

Are diagnostic imaging services caring?

Good 

We rated caring as **good**.

Compassionate care

Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

- Staff demonstrated a kind and caring attitude to patients. This was evident from the interactions we witnessed on inspection and the feedback provided by patients. We saw staff introducing themselves and explained their role and described what would happen next. Staff also reassured patients that they would be speaking with them during the scan and at any point they feel the need to stop to call out and they will stop.
- Staff ensured that patients privacy and dignity was maintained during their time in the facility and MRI scanner.

Diagnostic imaging

- All patients we spoke with during inspection were consistently positive about the staff delivering the care and the prompt referral time of the service.

Emotional support

Staff provided emotional support to patients to minimise their distress.

- We observed staff providing ongoing reassurance throughout the scan, they updated patients on how long they had been in the scanner and how long was left and asking patients if they were comfortable.
- Staff we spoke with, gave us an example of a patient who was seen the previous day, who had severe claustrophobia. Staff demonstrated what they did to offer their support, such as explaining the layout of the MRI room, step by step of the scanning procedure. Staff also went on to say that they can speak to the patient all way through the scan on a microphone and that they can stop the scan procedure if needed. The scan went ahead with no complications. Alliance Medical also have claustrophobia risk assessment on the intranet.
- Staff demonstrated a calming and reassuring demeanour to support their patients.

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 details of the scan, the precautions and what would happen was fully explained to patients and their relatives on arrival to the unit. Patients told us they were given enough time to ask questions.
- The service allowed a family member or carer to remain with the patient for their scan if this was necessary.
- The registered manager told us they try to have mixed gender teams wherever possible, the unit had a chaperone policy and when requested they would adapt to have carers or family member to accompany patient if they wish this offered reassurance to the patient.

- We saw on display in the waiting area in October 2018 that 100% of patients were satisfied and happy with the service this was reported in the friends and family test.

Are diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

Service delivery to meet the needs of local people

The trust planned and provided services in a way that met the needs of local people.

- The service was planned and designed to meet the needs of the local people. This was initially a mobile scanning unit in the staff car park sharing waiting area facility of the host hospital. The service responded to the demand for a more comprehensive service and the service was converted to a static scanner with a purpose building attached to the host hospital with extended opening hours over seven days a week.
- The service provided evening appointments and weekend appointments to accommodate the needs of patients who were unable to attend during the day.
- Access to the unit for local people was well established, with bus routes that stopped nearby to the unit, with large car parking facilities close proximity to the location with signage that was easy to follow.
- The unit was patient centred with information posters and leaflets on display, there were sufficient seating, patients had access to a water dispenser and toilets. The unit was wheelchair friendly.
- Accessibility to the unit was continuously being reviewed and was compliant with Disability Discrimination Act 1995 requirement.

Meeting people's individual needs

The service took account of patients' individual needs.

Diagnostic imaging

- All patients received an appointment letter or email and were encouraged to contact the unit if they had any concerns or questions about their scanning procedure. At the point of booking, an appointment pack was sent out to the patient with clear instructions on how to find the unit and of the parking requirements.
- All staff demonstrated a good understanding of individuals cultural, social and religious beliefs.
- We observed staff being attentive to ensure patients were comfortable using padding aids, ear plugs or defenders to reduce noise and promote patient comfort. Staff enabled patients to take control throughout the scan by informing them that the scan has a build in microphone to enable a two-way conversation and that the patient could call out at any point they want to stop the scan.
- The scanner could accommodate added sequences and views that may better identify certain pathology, these could be requested by the refer or could be undertaken if identified by the radiographer whilst the scan was in progress. This opportunity was built into existing protocols.
- An MRI compatible wheelchair and trolley was available at the unit. A hoist was also available to use from the host hospital if needed, assistance to use the hoist was provided by the hospital staff.
- Interpreters were available using a language line, to translate at the radiographer discretion subject to appropriate screening MRI checks.
- Nervous, or anxious patients were invited to have a look around the unit prior to their appointments, so they could familiarise themselves with the room and the scanner to decrease apprehension. Staff encouraged this as it helped the scanning examination to run smoothly.
- Staff were able to give us examples on how they would assure and care for patients with learning difficulties or disabilities (LD) and those patients living with dementia. Staff would contact the host hospital lead nurse for additional support if needed.

Access and flow

People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.

- Staff told us that referrals would arrive by email, fax and post. Referrals that directly came from NHS trusts were electronically requested. Staff were able to explain referral pathways including explanation of vetting and triaging. All referrals were triaged by radiographers at the unit with the agreement of their senior radiologist. Trust referrals were triaged by trust radiologist or radiographers, and any request outside the unit parameters are seen by the radiologist prior of any booking.
- There were no planned procedures or examination cancelled for a non-clinical reason in the reporting period of October 2017 to September 2018.
- There were 349 planned procedures or examination delayed in the reporting period of October 2017 to September 2018. When we asked the registered manager about this they explained that in October 2017 they were faced with a terminal malfunction of the scanner, which meant scanner had to be removed and replaced. In the interim period December 2017 to October 2018, they were operating the service from a mobile scanner that was located outside the department. Since 22 October 2018, they have been operating from the static unit using a stand-alone scanner. The service no longer has a backlog.
- In the reporting period of October 2017 to September 2018, 750 patients did not attend (DNA) their appointment at the service and 37 patients were seen but were not scanned this was due to personal choice from individual patients, examples given were anxiety, refusing to remove any removal metal work and claustrophobia. We asked the registered manager the reasons behind the high volume of DNA and the reason behind this was due to the terminal malfunction of the scanner and the temporary environment unit which was not fit for purpose. The service will continue to monitor and compare data since moving to the new unit.
- This organisation undertook the MRI scanning of patients only, the images and summary report taken were sent to the referring organisations for reporting.

Diagnostic imaging

Scans could be reviewed and reported remotely and instantly if necessary. This was particularly if something was identified during the scan by the radiographer or if the scan was deemed urgent.

- Referrals were prioritised by clinical urgency. If patient symptoms were deemed as a clinical urgency, patients were often seen within 48 hours.
- Waiting times in the unit itself were short. Evidence showed there were very few delays and appointment times were closely adhered to. This was supported by what we saw on our inspection and the feedback from patients.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

- A corporate 'Management of Concerns and Complaints Policy and Procedure' was in place, in date and accessible to staff.
- There were two written compliments received at the unit in the reporting period of October 2017 to September 2018.
- There were eight complaints received at the unit in the reporting period of October 2017 to September 2018, of these complaints, eight were managed under the formal complaints procedure. Of these eight complaints two were upheld.
- The service worked closely with the host hospital to share information on complaints, concerns and compliments that may be relevant to the MRI scanning facility. Results of feedback was displayed on the service notice board. 'What we did well and what we could do better' was detailed on the notice board together with actions taken to improve issues of concern.
- We saw advice leaflets on display in the waiting area on how to complain, this was also available on the providers website. Staff told us complaints leaflet and patient feedback form were sent along with MRI checklist and appointment letter.
- Concerns, complaints and lessons learned were featured in their monthly newsletter that was shared with all staff.

- Staff told us they tried to resolve complaints and concerns locally without it being escalated. Staff also informed us if they require further support they would seek advice from their manager.

Are diagnostic imaging services well-led?

Good 

We rated well led as **good**.

Leadership

The provider had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

- The unit consisted of a unit manager, a senior radiographer, clinical assistants, administrators and an office manager. The registered manager who was also the unit manager, supported and monitored all staff, ensuring all training is up to date and any areas of development to be addressed.
- The service 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. They told us they felt supported and empowered by Alliance Medical to take forward initiatives and adjust the service if warranted and necessary and if they were within capacity to affect.
- The manager was visible and approachable. They worked alongside other staff within the MRI facility, undertaking scanning duties as necessary and aimed to do this once a week. They were also available for advice and guidance to other staff.
- All 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.

Vision and strategy

Diagnostic imaging

The provider had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

- The service was aligned to the Alliance Medical strategy and aligned to the local plans of the host hospital and the organisation's strategy. The provider had its own informal strategy around increasing the range of scans provided, improving the productivity and scan take up, and to work well within the partnership to provide good customer service.
- Staff in the unit were invested and committed to Alliance Medical vision. Staff understood the part they played in achieving the aims of the service and how their actions impacted on achieving the vision.
- The service had core values in place which staff were familiar with. The appraisal process for staff was aligned to these values and staff had to provide examples how they demonstrated the organisational values.

Culture

Managers across the provider promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- Staff demonstrated passion and positivity in their work and the service they delivered. Staff were happy with the time they had to support patients 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 Alliance Medical 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 unit.

- Equality and diversity was promoted within the service, training was provided, and inclusive, non-discriminatory practices were promoted.
- Performance Development Reviews (PDR's) were aligned the corporate and unit objectives to support staff development
- Staff told us that on a weekly basis they had a 'touch base' informal meeting to discuss day to day working schedules and plans. This allowed all staff to communicate any positives or negatives from the week, update on IT issues or discussion of new policy and guidelines and discuss any updates from Alliance Medical newsletters.

Governance

The provider used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

- There were bespoke service level agreements in place and shared some governance and policy with the host hospital. This was when there was some cross over in governance processes from the host organisation and the service, such as incident reporting and complaints that may have been relevant to both organisations. This worked well for the service and did not appear to cause any uncertainty. It promoted a coordinated and person-centred approach for patients.
- Corporate governance meetings were undertaken every three months and minutes were recorded from these meetings, which we reviewed September 2018 and October 2018. There was evidence of discussions regarding incidents, complaints, policies, performance and updates from sub committees with actions allocated to individuals with appropriate timescales included.
- Staff were clear about their roles, what was expected of them and for what and to whom they were accountable.

Managing risks, issues and performance

The provider had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

Diagnostic imaging

- Performance was monitored on a local and corporate level. Performance dashboards and reports were produced which enabled comparisons and benchmarking against other services. Information on turnaround times, 'did not attend rates', patient engagement scores, incidents, complaints, mandatory training levels amongst others were charted. Performance dashboards were then shared with local commissioners.
- There was local discussion and communication of society of radiographers' guidance at team meetings and internal emails which included bank staff.
- There were individual risk assessments for any local issues which were monitored by local managers. Risk were held on the corporate risk register and actioned through governance processes.
- The unit has a local risk register and was subject to an annual quality assurance review (QAR) and actions from the QAR report and audits are monitored locally and at corporate level.
- The service had arrangements in place for identifying, recording, and managing risks. The service had an established risk register in place. There were 40 items on the risk register. 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 who 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 a red amber or green. Reds being the highest risk
- 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 patients receive the most appropriate care.
- The unit had seven desktop computer systems this was sufficient to enable all staff on duty to have access to a computer. Electronic patient records could be accessed easily and were kept secure to prevent unauthorised access to data.
- The manager demonstrated how to locate and access relevant key performance records, this enabled them to measure and monitor performance of the unit and individual staff performance against other Alliance Medical locations.

Engagement

The provider engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

- Local team meetings were held monthly, these had an agenda and minutes were recorded. Staff were updated on corporate and local issues, developments in their speciality and hospital wide issues.
- Patient satisfaction surveys were sent to all those who had been scanned in the department to gain feedback on the service received. This feedback was very positive. According to the Friends and Family Test (FFT) 95% of patients would recommended Alliance Medical Limited.
- Staff surveys were conducted on a corporate level, this assessed employees experience of work satisfaction and wellbeing.
- The service worked well with the host hospital, local commissioners and this produced an effective pathway for patients.
- The unit had their local team meetings that were held monthly, minutes were recorded, and we reviewed September 2018 and October 2018. Staff were updated on corporate and local issues, developments in their speciality and hospital wide issues. Staff felt they were given opportunities in these meetings to raise any of their concerns.

Managing information

The provider collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

- Alliance Medical had access to both NHS host hospital and their own organisation computer system, staff were able to demonstrate during our inspection how they accessed policies and other resources from both organisations IT system.

Diagnostic imaging

Learning, continuous improvement and innovation

The provider was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

- Staff were able to provide examples of improvements and changes made to processes based on patient feedback, incidents and staff suggestion, such as changing signage and extending opening hours. Staff were alert to new initiatives and ways of working.
- The registered manager told us following a dementia awareness course, they planned to evaluate their services as a team to improve areas of the unit and for patients living with dementia.