InHealth Limited

Croydon MRI Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Inspected but not rated
Are services caring?	Insufficient evidence to rate
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this location went down. We rated it as requires improvement because:

- The service did not always control infection risk well. The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff did not always assessed risks to patients.
- Staff did not always respected patient's privacy and dignity. They did not always provide emotional support to patients, families and carers.
- People did not always have access the service when they needed it and sometimes had to wait for treatment. The service did not always take account of patients' individual needs.
- Leaders and teams identified and escalated relevant risks but had not always identified actions to reduce their impact. Leaders and teams did not always have plans to cope with unexpected events.

However

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse. The service managed safety incidents and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff supported them to make decisions about their care and had access to good information.
- The service planned care to meet the needs of local people and made it easy for people to give feedback.
- Leaders ran services using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Staff were clear about their roles and accountabilities. The service engaged with patients and the community to plan and manage services and all staff were committed to improving services continually.

Following the inspection, the provider told us they had addressed some of the concerns found during the inspection. These will be followed up at the next inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Requires Improvement 	See the summary above for details

Summary of findings

Contents

Summary of this inspection

Background to Croydon MRI Centre

InHealth Croydon MRI Centre is operated by InHealth Ltd. The service provides Magnetic Resonance Imaging (MRI) for adults and children.

This report relates to Magnetic Resonance Imaging (MRI) services provided by Croydon MRI Centre for adults, children and young people. The service provides a wide range of magnetic resonance imaging (MRI) examinations and primarily serves the host NHS hospital. The service also accepts referrals from private patients and NHS patients referred from the NHS through clinical commissioning group (CCG) contracts directly with InHealth and GP referrals.

The service has a Registered Manager in post. During a comprehensive inspection in January 2019 we rated this service as good overall.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 9th November 2021.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations.

Action the service MUST take to improve:

- The service must establish clear protocols and risk assessments for possible machine failures or changes to service provision to ensure safety to patients and staff.
- The service must ensure that identified risks are managed effectively and that any mitigations, action plans or changes to service provision are recorded, dated and implemented effectively.
- The service must use the pause and check system at all opportunities to ensure patient safety.

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

Action the service SHOULD take to improve:

- The service should ensure all furnishings and equipment is fit for purpose.
- The service should ensure staff follow covid 19: putting on personal protective equipment (PPE) standard infection control procedures.

Summary of this inspection

- The service should ensure access to the patient area of the internal patient scanner is secure.
- The service should ensure the key protocol for the outside scanner is reviewed and followed.
- The service should ensure computer screens showing personal confidential information is not visible to patients entering the mobile unit.
- The service should ensure clear information is provided to direct people to the MRI reception in the X-ray main reception.
- The service should ensure children and young people have a separate waiting area.
- The service should ensure staff update patients on waiting times.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Requires Improvement	Inspected but not rated	Insufficient evidence to rate	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Inspected but not rated	Insufficient evidence to rate	Good	Requires Improvement	Requires Improvement

Requires Improvement

Diagnostic imaging

Safe	Requires Improvement
Effective	Inspected but not rated
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Requires Improvement

Are Diagnostic imaging safe?

Requires Improvement

Our rating of safe went down. We rated it as requires improvement.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Staff told us they had completed mandatory training and data provided showed mandatory training completion was 95%.

The mandatory training met the needs of patients and staff. Mandatory training included a range of topics such as equality and diversity, fire safety and evacuation, moving and handling patients and basic life support.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Records showed 96% of staff had received safeguarding children level 2 and 100% of staff had received safeguarding adults training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had up to date safeguarding children and adult policies. Staff knew who to inform if they had concerns and could access support from the host NHS trust and InHealth safeguarding lead if needed.

The service had an up to date chaperone policy.

Relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check and professional registration checks.

Requires Improvement

Diagnostic imaging

Cleanliness, infection control and hygiene

The service did not always control infection risk well.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The service did not generally perform well for cleanliness. In the scanner room and preparation area we observed clutter on the floor which meant the floor could not be properly cleaned or kept dust free. Cleaning equipment was also stored in the preparation area. We raised this with staff and the clutter and cleaning equipment were removed during the inspection.

Furnishings and equipment were not always well maintained and were an infection control risk.

The seat in the changing cubical in the mobile unit was torn and a large foam wedge had a tear exposing its foam innards.

Disposable curtains were in use to screen patients in the patient preparation area these were dated to indicate when they came into use and when they were due to be renewed.

At the reception desk, we observed staff wiping down clip boards and pens after patient use. Staff also told us they routinely cleaned down the workstation as they hot desk. Antibacterial wipes and sanitising hand gel were available.

The service had a up to date Covid 19 infection control standard operating procedure (SOP). The service provided staff with personnel protective equipment (PPE). We observed staff donning fresh aprons and gloves between patients however staff were not observed using hand gel or washing their hands when donning and doffing PPE. This meant staff were not following Covid 19: putting on personal protective equipment (PPE) standard infection control procedures.

Staff were bare below elbow. Hand hygiene audits were undertaken monthly, recent audits for the period May to November 2021 demonstrated the service scored between 89% and 100%. The audits also demonstrated in May and October 2021 staff had been recommended to wash their hands when they removed their PPE.

Cleaning records were up-to-date and demonstrated that areas were cleaned regularly. A daily cleaning log was in place. An infection control audit undertaken in August 2021 showed the service achieved 100% compliance. Radiographers were responsible for the cleaning of the diagnostic equipment.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff managed clinical waste well.

At the time of the inspection the service was undergoing a major refurbishment and the internal inpatient MRI scanner had quenched (quenching refers to rapid expulsion of the liquid cryogen used to maintain the MRI magnet in a superconducting state), it was not in operation and under repair. Following the inspection, the provider confirmed the internal scanner became operational on the 10th November 2021. All scans undertaken during the inspection where were carried out in the mobile unit.

Requires Improvement

Diagnostic imaging

The MRI mobile unit was located permanently outside the host hospital close to the accident and emergency (A&E) Department. The service prioritised inpatients who were able to walk or could be transported in a chair by a radiographer. Inpatients were taken outside via the A&E department and were able to access the unit via a ramp. However, there were no plans in place for inclement weather.

The mobile unit had a preparation area, changing cubical, an MRI scanner / examination room and MRI control room with the post processing and reporting area. In the preparation area we saw the cannulation chair was unable to tip back as other equipment was stored in the area. A random check of equipment found four 3 ml syringes were out of date.

Staff were not following the key protocol for the outside scanner and the protocol had not been reviewed since November 2019. This meant if a staff member was lone working other staff would not be able to access the scanner in an emergency as they would only be able to open the external door and not the scan room.

The internal inpatient scanner area included the preparation and changing areas, an MRI scanner and control room. During the inspection we observed staff from the host NHS hospital and patients walking into the secure patient area they should not have access too, as the doors were left open which compromised the safety of the unit.

MRI local safety rules were in place and reflected best practise. There was signage in place which detailed the magnet strength and safety rule. The MRI scanners were fitted with emergency buttons which stopped scanning and switched off power to the magnet.

The service had enough suitable equipment to help them to safely care for patients. All the equipment used in the scanner met the Medicines and Healthcare products Regulatory Agency (MHRA) safety guidelines for MRI equipment. However, no handover forms were used when equipment was handed to engineers and physicists for servicing and testing, which is contrary to guidance and best practice. Staff advised they had not been in use for 10 years.

Resuscitation equipment and defibrillators were checked daily by staff. Staff completed a checking chart and the seal tag number was recorded and the contents of drawers were checked. This ensured the resuscitation equipment was safe and ready for use in an emergency. However, in the mobile unit the grab bag did not have a valve bag mask or suction device. Emergency procedure sheets were in place for the mobile and internal MRI scanners.

Staff disposed of clinical waste safely. Clinical and non-clinical waste was correctly segregated and collected separately either in clinical waste bins or sharps instrument containers which were not over filled.

The service undertook quarterly health, safety, and environmental checks, these demonstrated the service achieved greater than 90% compliance during the year.

Assessing and responding to patient risk

Staff did not always complete and update risk assessments for each patient and removed or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.

Requires Improvement

Diagnostic imaging

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service used The Society of Radiographers "Pause and Check" system. Pause and Check consisted of the three-point demographic checks to correctly identify the patient, as well as checking with the patient the site to be imaged, the existence of previous imaging and for the operator to ensure the correct imaging modality was used.

We observed staff did not always use the three-point demographic checks which meant

staff were not handing over patients in line with the correct procedure. Following the inspection, the service provided a pause and check safety audit which had been undertaken after the inspection. The audit showed 16 records were reviewed and three-point ID checks had been checked against the referral. Validating radiographers were required to print their name and sign however on six (66%) of the records the radiographers had not printed their names. Further monthly audits were planned to review compliance and two action points were identified.

All patients were required to complete MRI safety questionnaires. The safety questionnaires included asking patients if they had cardiac pacemaker, defibrillators of other devices in their chest and female patients were asked if they were pregnant. We saw these were completed. Family members were asked to complete a visitor's safety questionnaire prior to the scan. The service had an up to date pregnancy policy.

Gowns were available for patients to change if their clothing contained metal, such as metal zips.

All referrals included patient identification, contact details, clinical history and examination requested, and details of the referring clinician/practitioner.

Staffing

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

The service had enough clinical and support staff to keep patients safe. Staff included a one whole time equivalent (WTE) superintendent radiographer, senior radiographers, radiographers and one WTE apprentice radiographer. The service had nine WTE clinical assistants.

The service had two bank clinical assistants who were used based on the demands of the service. A local induction checklist was in place for bank and agency staff.

The service did not have any vacancies and during the inspection the actual staffing levels were as planned.

Medical staffing

The service did not employ any medical staff. Ten radiologists held practising privileges with InHealth and reported private patients. For NHS patients medical staff employed by the host NHS trust reported on their scans.

Radiologists who had practising privileges were required to provide an up to date appraisal. At the time of the inspection two (20%) of the radiologist appraisals were overdue. The service had an up to date practising privileges policy.

Requires Improvement

Diagnostic imaging

Records

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

Patient notes were comprehensive, and all staff could access them easily. Electronic patient records were used to document patient's diagnostic needs and scan results. Patients' personal data and information was kept secure and only staff had access to the information. Staff received training on data security training as part of their mandatory training programme.

Patients MRI safety consent checklist recorded the patients' consent and answers to the safety screening questions were scanned onto the patient record.

We reviewed three patient care records during this inspection and saw records were accurate, complete, legible and up to date.

Medicines

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

On the mobile outside unit staff had access to contrast media and medicines which were securely stored. Emergency medicines were kept in an accessible container. Medical oxygen cylinders were stored, staff told us these were administered under patient group directions (PGDs) and standard operating procedures (SOP's).

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents; however, it was not clear how lessons were learned with the whole team.

Staff knew what incidents to report and how to report them. During the period October 2020 to October 2021 staff reported 118 incidents. Themes included clinical incidents, booking issues and MRI safety issues. The service used an electronic system to report incidents.

The service had no never events in the 12 months prior the inspection.

Whilst learning from incidents was shared via a monthly newsletter, it was not clear how learning was shared by the service as staff team meeting minuets provided by the showed local incidents were last discussed in February 2020.

Are Diagnostic imaging effective?

Inspected but not rated

We do not currently rate effective for diagnostic imaging

Requires Improvement

Diagnostic imaging

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff assessed patient's needs. Scans were planned and delivered in line with evidence-based, guidance, standards and best practice.

The service had an MRI operational procedure and local safety rules. These had been reviewed in November 2021 and were due to be reviewed in May 2022. We found these were in date and reflected best practise.

The service had local MRI protocols which had been approved for different pathways which were in date.

Nutrition and hydration

Patients had access to drinking water as needed or required. There was a water dispenser for patient use located in the patient preparation area next to the main inpatient scanner.

Pain relief

Staff said patients did not routinely require pain relief. Staff assisted patients into comfortable positions for imaging wherever possible.

Patient outcomes

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

Managers used information from the audits to improve care and treatment. Clinical audits of private patient MRI scans were undertaken by an external provider. The audits looked at the reporting and image quality. Data provided for the three month period January 2021 to March 2021 showed a total of 65 MRI scans were reviewed. There were no action points from the audits.

Image quality audit data was also collated for NHS patients. During the period January 2021 to October 2021 out of 47 scans reviewed two had to be repeated.

The service and host NHS Trust had monthly KPI's monitoring meeting which covered all relevant areas of the service level agreement (SLA). The meetings reviewed performance focusing areas such as current activity, capacity, waiting times, and complaints and incidents.

Diagnostic reports were usually made available for private patients within 48 hours. Data showed 70% reported were turned around in 0 - 2 days with the remaining between 2-5 days. Staff advised the host NHS trusts' radiologists reported on NHS patients.

Competent staff

Requires Improvement

Diagnostic imaging

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

All new staff received a local and corporate induction. We saw radiographers were signed off as competent to undertake different scans. However, one radiographer had not be signed off as competent to undertake shoulder MRI scans and we observed the staff member in the process of scanning a shoulder.

Managers supported staff to develop through yearly appraisals of their work. The service reported their appraisals for 2020 – 2021 were being completed between 26th October to 31st December 2021 and they were on target to achieve this.

The service had an up to date practising privileges policy. Radiologist with practising privileges were required to provide evidence of appraisals, revalidation and professional registrations. Data provided showed 80% radiologist had an annual appraisal in the last 12 months.

Multidisciplinary working

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

The service worked closely with the host NHS Trust, other NHS providers and there were opportunities for them to contact referrers for advice, support and clarification.

Radiology staff worked closely with the referrers to enable patients to have a prompt diagnosis and treatment pathway. If they identified concerns from scans, they escalated them to the referrer. This ensured staff could share necessary information about the patients and provide holistic care.

Seven-day services

Key services were available to support timely patient care.

The service was open Monday to Saturday from 7.00am – 9.00pm and from 8.00am to 8.00pm on a Sunday. The service also offered appointments at another mobile site for two weeks per month.

Health promotion

The provider had a range of health promotion information available via the InHealth website. This included promoting mental health, stress awareness, international men's health week and bladder cancer awareness.

The service had a range of information leaflets for different scans undertaken which included arthrogram, proctogram, small bowel) which detailed what patients should expect during the visit and how patients should prepare for their scan.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Requires Improvement

Diagnostic imaging

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a consent policy which was up-to-date and provided patients with written information about the consent process prior to attending for appointment. The policy also referenced how staff should seek consent from young people under the age of 18 years of age.

Patients attending as outpatients were sent an information leaflet explaining the MRI procedure including what they needed to do prior to the appointment, when they arrived, the examination and results.

Patients we spoke with confirmed they had completed a safety questionnaire and had given their consent for the procedure they had attended for.

All staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards and knew where to access the current polices. Staff could describe how to access the policy on 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. Staff knew how they would carry out and document a capacity assessment if required. In patient records we saw a mental capacity assessment had been completed by a consultant from the host NHS Trust for cannulation.

Are Diagnostic imaging caring?

Insufficient evidence to rate

Compassionate care

Staff did not always respect patients privacy and dignity.

Staff did not always keep patient care and treatment confidential. In the mobile magnetic resonance imaging (MRI) unit patient's confidentiality was compromised as patient information was visible on computer screens to patients entering the mobile unit and the privacy screen was not always drawn when patients were having a cannula inserted.

Friends and Family Test (FFT) results for the period October 2020 to November 2021 showed 91% (63) of patients indicated they would recommend the service.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

We observed when staff checked through the patient's safety questionnaire, patients were given an opportunity to ask questions.

Requires Improvement

Diagnostic imaging

Emotional support

Staff did not always provide emotional support to patients, families and carers to minimise their distress.

We did not observe the staff provide reassurance throughout the scan, they updated the patient on how long they had been in the scanner and how long was left. Patients had a panic button they could press any time during the scan to summon help. Staff could stop the scanning immediately if the patient requested this. Earplugs were available which protected patients' ears and helped to reduce the noise. However, following the inspection the provider told us the level of reassurance which is needed by each patient was different. For those patients demonstrating heightened anxiety, staff provide choice and control to patients, such as use of the call bell, trying the scan beforehand, bringing someone with them, and the use of music during the scan procedure.

Staff told us if patients were anxious, they were able to visit the service before they had their scan.

Are Diagnostic imaging responsive?

Good

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

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. During the period September 2020 to August 2021 96.5 % of the patients were referred and funded by the NHS.

The service was open seven days a week and provided magnetic resonance imaging (MRI) to both NHS patients and private patients. At the time of the inspection service was prioritising NHS inpatients from the host NHS trust, patients with urgent suspected cancer (USC) and patients within six weeks of referral.

There was a lack of clear signage to direct people to the MRI reception in the X-ray main reception. The reception area had been moved due to the refurbishment. Seating in the waiting area had been reduced with appropriate spacing to comply with COVID 19 guidance.

Meeting people's individual needs

The service did not always take account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Radiographers prioritised referrals by clinical need. At the time of the inspection the service was prioritising inpatients and urgent cancer referrals.

Requires Improvement

Diagnostic imaging

Both the internal and external mobile scanners were accessible by wheelchair and step-free access was provided from street level and the car park. The reception area had been relocated temporarily to the host NHS trusts x-ray waiting area where there was a seating area and toilet facilities for patients and visitors. The service did not have a separate area for children and young people.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Staff could use a telephone interpreting service for patients whose first language was not English. The service had information leaflets and MRI safety questionnaires available in languages other than English.

Staff told us InHealth had a braille provider who could provide documents such as patient information in braille format on request. Large print documents were also available on request.

A new hearing loop system was being installed with the current refurbishment.

Staff made sure patients living with mental health problems and learning disabilities received the necessary care to meet all their needs. Patients with learning disabilities were identified at the time of booking their initial appointment so staff could determine how to modify investigations if necessary and assist with planning their appointment.

During the COVID-19 pandemic the service made arrangements for patients with additional needs to have a relative or carer to support them, while other patients were asked to attend alone.

Staff told us the new MRI scanner had an audio function to make patients feel more comfortable as they could listen to music of their choice during the scan.

Access and flow

People could access the service when they needed it. Waiting times for treatment were not in line with national targets.

The service scanned a total of 18,160 patients scanned in the twelve month period 1st September 2020 – 31st August 2021. This included 759 babies, children and young people under 18 years which was 4% of the patients scanned. A total of 753 (4%) did not attend (DNA) their appointment.

Managers monitored waiting times. The service attended monitoring meetings on a weekly basis to review with the six week waiting times, USC and inpatients. At the time of the inspection the service was not meeting the key performance indicator (KPI) of 100% for scans within 7 days of request for patients with USC and all scans within 6 weeks. In August the service achieved 56% and 83% in September 2021 for patients who were USC. For all patients waiting to be scanned within six weeks, the service achieved 87% in August and 71% in September 2021.

Patients we spoke with during the inspection raised concerns about the length of time they were kept waiting for their appointment. In the mobile scanner, a patient was kept waiting 15 minutes in the changing cubical whilst another patient was being scanned. In the waiting area close to reception one patient told us they had been asked to arrive 15 minutes before their appointment and had been waiting over an hour. Another patient told us they had been waiting 15 minutes, their appointment was after the previous patients. Staff had not updated them on waiting times.

Data showed that waiting times were variable for privately funded patients. During the period November 2020 to October 2021 for 539 privately funded patients, 13.7% of patients waited 0 – 3 days, to (24%) waited over 16 days.

Requires Improvement

Diagnostic imaging

Managers worked to keep the number of cancelled appointments to a minimum. Cancelled or missed appointments were recorded electronically and patients were contacted to rebook appointments.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service received 13 complaints in the previous 12 months. Records showed complaints were acknowledged and investigated in line with the service's complaints procedure.

The service displayed information about how to raise a concern in patient areas, there was a leaflet on how to make a complaint available at the reception desk.

The service had a complaints policy which was up to date.

Are Diagnostic imaging well-led?

Requires Improvement

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was a clear leadership structure. Croydon MRI Service was managed by the registered manager, supported by regional management and central support functions. The corporate regional structure consisted of director of operations for imaging centres, head of operations and head of imaging centres. The registered manager was also the imaging services manager supported by the operations support manager.

Staff were positive about their immediate managers and felt supported. The InHealth staff survey in June 2021 found 72% of staff at the service responded favourably when asked about leadership.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Requires Improvement

Diagnostic imaging

The service had a clear vision and strategy. The mission statement was to 'make health care better by working with hospitals, clinicians, and commissioners across the NHS and independent sector'. This vision was delivered through four values which were trust, passion, care, and fresh thinking.

As part of staff's local and corporate induction staff were introduced to the core values at the organisation and these were linked to staff appraisals.

Culture

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

Managers promoted an open and honest culture. The provider had a freedom to speak up policy which supported staff to raise concerns and promoted October as the freedom to speak up month. Staff could also access Freedom to Speak Up Guardians for support. Freedom to speak up training was part of the mandatory training programme 88% of staff had completed this training.

All staff (100%) completed equality and diversity as part of their mandatory training. Staff told us they felt they could raise concerns with their line manager.

Governance

Governance processes were variable with some meetings happening infrequently. Staff were clear about their roles and accountabilities but did not have regular opportunities to meet, discuss and learn from the performance of the service.

There were effective structures governance processes which were led corporately. The risk and governance committee met quarterly. Data provided showed these meeting had a standard agenda and minutes with an actions log.

The corporate quality team ensured learning from was shared across the organisation. The Complaints, Litigation, Incident Compliment (CLIC) newsletter was sent out monthly.

At a local level the service provided minutes of staff meetings at the service held in February and December 2020. These demonstrated team meetings were not held on a regular basis.

There was service level agreement (SLA) between the service and the host NHS trust for the provision of MRI services.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. They identified and escalated relevant risks but did not always identify actions to reduce their impact. They did not always have plans to cope with unexpected events.

Requires Improvement

Diagnostic imaging

The service had a local risk management register which identified 183 risks. The majority of the risks had been on the register since 2016. The register demonstrated risks were reviewed quarterly or annually. However, it was not clear if the risks were being dealt with as the action plan had not been updated since November 2020. The register did not include the risks that were identified during the inspection.

The radiography risk assessments listed 26 operational and clinical risks. The risks were reviewed annually and were assessed as either low (14) or moderate risk (12).

The service and the local NHS trust met monthly to discuss and monitor contractual KPI's and using a KPI tracker. These meetings discussed current activity, capacity, waiting times, incidents and complaints.

The service had a business continuity plan which would be put into operation in the event of an unexpected disruption to the service, this included a short-term disruption plan. However, we found there were no risk assessments for the down time of the internal scanner, the pathway for inpatients accessing the outside mobile scanner and for inpatients being taken outside the hospital in inclement weather to reflect how the service was operating at the time of the inspection.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service had access to InHealth and the host NHS trust computer systems. Staff could access policies and resources from the providers intranet.

Electronic patient records were kept secure to prevent unauthorised access and could be accessed easily. Staff were able to locate and access records easily, this enabled them to carry out their day to day roles.

Referrers could review information from scans remotely to give timely advice and interpreted results to determine appropriate patient care.

Records showed 88% of staff had received data security awareness training.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Patient satisfaction was collected electronically. Information provided shows during the period October 2020 to November 2021 109 patients responded. The results of the patient satisfaction survey show the service was rated as good or very good by 89% (97) of the patients.

Requires Improvement

Diagnostic imaging

The service provided ten examples of changes made to the service in response to patient feedback. For example, a sign is left at the reception area for times when the receptionist may be called away from the desk.

The staff survey in June 2021 found 77% of staff would recommend the service as a good place to work was 77% and 85% of staff thought the service was patient focused and 82% of staff at the service responded favourably when asked about engagement.

The service had procedures in place for staff to raise 'whistleblowing' concerns outside of their line management arrangements and staff had access to confidential counselling and support services.

Staff awareness of freedom to speak up guardians was not tested during the inspection.

We requested details of what the service had put in place following feedback from staff, but this was not provided.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

InHealth was working with the host NHS trust to redesign the MRI department in line with demand. Staff told us included within the design they considered visual enhancements in scan rooms aiding those patients that may be claustrophobic, larger rooms and wider bores for patient comfort. Staff have also considered colour contrasts on paint work of walls and door frames to support those patients that would benefit for example patients with dementia.

There was a focus on the utilisation of appointments in the service to ensure the MRI scanners were running at full capacity. This was monitored through the SLA with the host NHS trust.

The service had apprentice radiographers in post. The apprentice model provided an opportunity for clinical support staff to develop their careers and qualify as radiographers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service did not have clear protocols and risk assessments for possible machine failures or changes to service provision to ensure safety to patients and staff. (Regulation 17) • The service did not ensure that identified risks are managed effectively and that any mitigations, action plans or changes to service provision are recorded, dated and implemented effectively. (Regulation 17) • The service did not use the pause and check system at all opportunities to ensure patient safety. (Regulation 17)