Sloane Diagnostic Imaging

Quality Report

The Sloane Hospital
125 Albemarle Road
Beckenham
BR3 5HS
Tel:02084648197
Website:www.alliancemedical.co.uk.

Date of inspection visit: 8 February 2019
Date of publication: 01/05/2019

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?	Not sufficient evidence to rate
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Sloane Diagnostic Imaging is operated by Alliance Medical Limited.

The service provided diagnostic imaging. We inspected diagnostic imaging.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 08 February 2019.

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

Services we rate

Summary of findings

We rated it as **good** overall.

We found good practice in relation to:

- Staff were provided with the necessary training to allow them to keep people using the service safe from avoidable harm. There was good compliance with mandatory training among all staff groups.
- There were sufficient numbers of suitably qualified and skilled staff to meet patients' needs. Staff were encouraged to develop in their role and were supported to attend further training.
- We saw staff apply infection control measures in line with best practice guidance. Hand hygiene audits had been undertaken and showed good compliance.
- Policies and procedures reflected best practice and national guidance.
- There were systems in place to ensure equipment was maintained and serviced, in line with recommendations.
- Staff understood their patients' individual needs, and made every possible effort to accommodate these.
- Patient feedback was positive about the service. Staff maintained patient's privacy and dignity in the unit and a chaperone was always available, if required.
- Staff spoke positively of the local leadership and felt engaged and able to contribute to improvement to the service.

However, we also found the following issues the service provider needs to improve:

- The service did not have an up to date radiation risk assessment in place at the time of the inspection.
- Staff had not all signed off the local rules to indicate they had read and understood the rules. This was not in line with the provider's policy.
- Staff had also not signed to confirm they had read a number of core policies relevant to the area of practice, as required by the corporate policy.
- Patients did not have the opportunity to read the information leaflets available for each modality ahead of their appointment.
- The unit did not monitor waiting times in clinic, despite this being raised in several complaints in the last year.
- The service did not offer mental capacity act training for staff.

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.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London)

Summary of findings

Contents

Good

Sloane Diagnostic Imaging

Services we looked at
Diagnostic imaging

Summary of this inspection

Background to Sloane Diagnostic Imaging

Sloane Diagnostic Imaging is operated by Alliance Medical Limited. Alliance Medical Limited provides imaging technologies to improve patient care and support NHS and independent sector organisations with on-going imaging requirement.

Sloane Diagnostic Imaging is a unit located on the ground floor of BMI The Sloane Hospital in Beckenham, Kent. In 2006, Lodestone Patient Care entered into an agreement with BMI to provide all diagnostic imaging services at BMI The Sloane Hospital. Alliance Medical acquired Lodestone Patient Care in 2009 and continued to offer diagnostic services to the local community under both NHS and private referral pathways.

The unit offered the following services: x-rays, magnetic resonance imaging (MRI), computerised tomography (CT), fluoroscopy, ultrasound and mammography.

The service offered diagnostic imaging to both adults and people under the age of 18 years.

The service had a registered manager who had been in post for two years.

During the inspection we spoke with six members of staff, including the registered manager, radiographers, radiologist, and clinical assistant and administrative staff. We spoke with three patients and reviewed five sets of patient records.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in radiology. The inspection team was overseen by Amanda Williams, Head of Inspection.

Information about Sloane Diagnostic Imaging

There were no special reviews or investigations of the service ongoing by the Care Quality Commission at any time during the twelve months before this inspection. The service was inspected on one other occasion, and this inspection took place in July 2013 which found that the service was meeting all standards of quality and safety it was inspected against.

Track record on safety

- There were no never events within the inspection time frame. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- A total of 15 clinical incidents were reported between September 2017 to September 2018 which were graded as no harm or low harm.
- No serious incidents were reported within the last twelve months.
- The service received nine complaints, of which seven were upheld.

Services accredited by a national body: (For the whole organisation)

- Imaging Services Accreditation Scheme
- International Organisation for Standardisation- Information security management system ISO27001 October 2017 to October 2020
- Investors in people award- 2017 to 2020

Services provided at the unit under service level agreement:

- Building maintenance

Summary of this inspection

- Waste management
- Emergency medical support

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **good** because:

- The service provided mandatory training in key skills to all staff. Mandatory training compliance was above the target of 90%.
- There were sufficient staff with the right skills and experience to people safe from avoidable harm and to provide the right care and treatment.
- The unit was visibly clean and staff adhered to infection prevention and control practices in their interaction with patients.
- There was a system in place to ensure equipment was serviced in line with guidance and any equipment breakdown was addressed in a timely manner.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- < >
  Equipment which was not MRI safe was not clearly indicated.
- Although staff were aware how to access the provider's corporate policies, not all staff had signed off the local rules to confirm they have been read, understood and will be adhered to. This was not in line with policy.
- At the time of the inspection, the service did not have an up to date radiation risk assessment.

Are services effective?

Not sufficient evidence to rate

Are services effective?

We **do not rate** effective in diagnostic imaging, however we found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff were competent to meet the needs of patients. They were provided with an annual appraisal and supported to learn and develop professionally.
- Information about the outcomes of people's care and treatment was routinely collected and monitored.
- Staff were aware of the need for informed consent and we saw that each patient signed a consent form prior to their procedure.

However:

- The service did not offer mental capacity act training to staff.

Summary of this inspection

Are services caring?

Good

We rated caring as **good** because:

- Patients were treated with dignity and respect. Staff interactions were kind, caring and professional.
- Patient feedback was actively sought and used to improve the service.
- Staff provided emotional support to patients to minimise their distress.
- Patient feedback was positive about the service. The service could provide a chaperone if required.

Are services responsive?

Good

We rated responsive as **good** because:

- The service planned and provided services in a way that met the needs of local people.
- Services were planned in response to host hospital and the local NHS trust requirements.
- Services were planned to take account of the needs of different people.
- Patients were offered a choice of appointments and we saw that the service was planned in a way to allow for timely access to diagnostic imaging.

However:

- The service did not audit in clinic waiting times, despite this being a concern raised in several complaints in the last 12 months.
- Although there was a range of patient information leaflets available in the waiting area, the service did not routinely provide these leaflets for patients to read ahead of their appointment.
- There was no leaflet on how to raise a concern available to patients on the day of our inspection.

Are services well-led?

Good

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

- Staff told us they felt supported, respected and valued by the organisation. Staff told us the local leaders were visible and approachable.
- Staff understood the values of the organisation.
- There was an effective governance framework to support the delivery of good quality care.
- The unit manager was present on the unit daily and had oversight of the service and performance.

Summary of this inspection

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Patients' views and experiences were gathered and acted on to shape and improve the services and culture.

However:

- The risk register provided by the service did not detail all the risks highlighted by the service. Some risks had been on the register since 2015 and it was unclear what steps the service had taken to address these risks.

Detailed findings from this inspection

Good

Diagnostic imaging

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We rated safe as **good.**

Mandatory training

- All staff completed a programme of mandatory training though a combination of e-learning modules and face to face training. Staff told us they were allocated time to complete all their mandatory training and received reminders to alert them when any training was due.
- Mandatory training completed via e-learning included training such as information governance, infection prevention and control and health and safety awareness.
- Staff at Sloane Diagnostic Imaging completed some elements of their face to face training alongside staff from the private hospital where the unit was situated.
- The mandatory training target set by the provider was 90% and we saw that all staff at Sloane Diagnostic Imaging had achieved this level of compliance with their training. We saw training compliance records were held electronically on a central database for easy oversight.

Safeguarding

- Staff we spoke with were aware of their responsibilities in relation to safeguarding vulnerable adults as well as children and young people. Staff knew how to access the corporate safeguarding policies via the intranet.
- There was a dedicated safeguarding lead, with level 4 safeguarding training, for both adults and children, at corporate level. Staff were able to access the safeguarding lead for specific advice, if required.
- All staff completed level 1 and level 2 safeguarding training for adults and children. The registered manager also completed level 3 safeguarding training for children and was the local lead for safeguarding.
- We saw compliance with safeguarding training was 100% for all staff.
- Staff were aware of how to raise a safeguarding concern with the local authority safeguarding team. We saw contact details for the local authority safeguarding team was displayed in the unit.

Cleanliness, infection control and hygiene

- Staff completed hand hygiene audits monthly and we saw evidence that compliance over the last 12 months was at 98%. The area of improvement noted was related to staff not consistently being bare below the elbows. During the inspection, we observed all staff were bare below the elbow.
- We also saw that compliance with monthly insertion of peripheral vascular devices audits was 100%.
- There had been no reported incidents relating to infection prevention and control during the last 12 months.
- There was easy access to personal protective equipment (PPE) and staff used PPE during their activities as required. We observed staff complying with infection prevention and control practice such as hand decontamination between patients.

Good

Diagnostic imaging

- The clinical areas we visited were clean and all the patients we spoke with were satisfied with the level of cleanliness.
- We saw cleaning logs which showed staff routinely cleaned the equipment in between patients. We saw some gaps in the daily cleaning logs for the clinical rooms. Staff explained that this was due to the room not being in use on that particular day.
- Hand gels were available around the clinic. They were full and we saw staff used them during the inspection.

Environment and equipment

- The unit was purpose built to accommodate a magnetic resonance imaging (MRI) scanner, a Computerised Tomography (CT) scanner, a fluoroscopy suite (imaging technique that uses x-rays to obtain real time moving images), X-ray, Ultrasound and a Mammography unit. There was also a reception and waiting area, changing cubicles as well as a separate reporting room. Scanning observation areas for both CT and MRI allowed staff visibility of the patient during scanning.
- There was a MRI safe wheelchair and trolley available and these were clearly labelled. There was also a second trolley used mainly for patients coming for X-rays from the wards of the host hospital. This trolley was not MRI safe and we noted that although there was a sticker indicating this, the sticker was torn and faded. We highlighted this to the manager during our inspection.
- We also noted that a metal drip stand and a pair of scissors were stored immediately outside the MRI room, which could pose a risk. We highlighted this to staff and noted that the items were removed immediately.
- There were processes in place for checking equipment and reporting any faults or errors. Staff we spoke to were aware of how to report faulty equipment. Staff told us engineers were very responsive and attended quickly. Staff gave us an example of how the CT scanner was faulty the day before our inspection and this had been repaired on the same day. CT scans were taking place again on the day of our inspection.
- There was a planned preventative maintenance programme in place to ensure servicing and maintenance of all equipment and premises were carried out within the appropriate timescale.
- Access to all clinical areas including those where imaging equipment was kept was restricted by the use of key-coded locks and restricted areas were clearly signed.
- There was a portable defibrillator and equipment for adult resuscitation. We observed that this equipment was readily available and checklists were completed to ensure equipment was ready for use when needed.
- Sharps bins were available in each clinical room and on the emergency equipment trolley. All bins we inspected were correctly labelled and none were filled above the maximum fill line.
- Staff told us they had access to the necessary equipment to provide safe care to patients.
- We found appropriate signage displayed outside of clinical areas to indicate rooms were in use and should not be entered.
- We saw evidence that film badges and x-ray lead gowns were regularly tested. A lead gown is a type of protective clothing that acts as a radiation shield. A film badge is a personal dosimeter used for monitoring cumulative radiation dose.
- The service had access to the host hospital backup generator and staff we spoke with told us this was tested monthly.
- There were procedures for the evacuation of a patient from the magnetic resonance imaging (MRI) scanner in the event of collapse or emergency.

Assessing and responding to patient risk

- There was a dedicated radiation protection supervisor who took responsibility for radiation safety in the service. The service was supported by a dedicated radiation protection advisor and all staff we spoke with were aware of who the supervisor and advisor were.
- There were local rules and procedures in place, which protected staff and patients from unnecessary exposure to ionising radiation. However an internal

review from the quality and risk team had identified that the local rules had not been signed off by the radiation protection advisor, as per the provider's policy. During the inspection, we saw that not all staff had signed to confirm they had read, understood and would adhere to the local rules.

- The radiation protection supervisor completed six monthly radiation risk assessments for the unit. However during the inspection, we noted that the last radiation risk assessment was completed in May 2018 and was therefore not up to date. The template used for the risk assessment also referred to out of date legislation. The registered manager informed us a new corporate template was available and the radiation protection supervisor was planning to complete the risk assessment as a matter of urgency.
- All patients who presented for a diagnostic imaging had to fill out a safety checklist. Each form was reviewed by the radiographers and the patient prior to any imaging procedure. We saw radiographers reviewing the checklist with patients during our inspection to ensure there were no reasons why the procedure the patient was about to receive would be contra-indicated.
- Where patients required administration of contrast prior to imaging, there were additional checks and screening questions which included consideration of any existing medical conditions that may be contraindicative to the use of contrast. Staff told us in some cases they would delay non urgent contrast scans until they obtained blood results to confirm it was safe to do so.
- Staff told us they used the Society of Radiographer 'Pause and Check' system to ensure that the right patient received the right scan at the right time. We witnessed several procedures and observed staff using the system for each patient.
- There was a clear process in place for staff to escalate any unexpected or unusual findings during diagnostic procedures. The radiographers would escalate immediately to the reporting radiologist, who would review the images urgently. The radiologist would then contact the referrer as required. We witnessed a radiographer escalating an unusual finding during an MRI scan to the radiologist and all staff we spoke with told us they were always able to speak to a radiologist when needed.
- Clinical staff had all received immediate life support training to assist them in managing an unexpected deterioration in a patient's condition whilst in the department. All staff were clear of the process to deal with a medical emergency. Staff explained they would immediately contact the crash team from the host hospital and would therefore have access to a team of doctors and nurses to support them. We saw evidence that staff rehearsed such a scenario with the crash team yearly. The service had a corporate Alliance Medical policy for the management of medical emergencies.
- Staff had access to a resuscitation trolley and anaphylaxis kit. There was also an extravasation (leakage of contrast fluid under the skin) kit in the department. Staff were clear of the procedure to manage any cases of extravasation, although these were rare.
- There was a process in place in the event of a medical emergency in the MRI room. Staff explained they would use the MRI safe trolley to transfer the patient out of the MRI area where they would assess the patient alongside the host hospital crash team.

Staffing

- The service employed one part-time lead radiographer, 4.0 whole time equivalent (WTE) equivalent senior radiographers, 1 WTE graduate radiographer, 1.5 WTE clinical assistants and 3.0 WTE equivalent administrators. There was also a full time unit manager, who was also a practicing radiographer and was able to support during busy periods or assist more junior staff as required.
- Staffing requirements were assessed taking into account the volume and type of scanning appointments. There was a standard operating procedure which set out the minimum staffing requirements.
- There were no vacancies at the time of our inspection.
- Information provided showed that the unit had used bank radiographers to cover 44 shifts in a three

months period. There had been 27 bank administrator shifts for the same period. The unit manager explained that they only used regular bank staff who had received a full induction and were familiar with the unit. Agency staff had not used in the last 12 months.

Medical Staffing

- The corporate provider, Alliance Medical Limited, had a number of radiologists working under practising privileges (the granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent hospital).
- We saw that there was a radiologist present on the unit daily on weekdays. There was a corporate system in place to monitor the granting of practising privileges and monitor radiologists were up to date with their training and appraisal.
- We looked at the radiologist rota and saw that each day was split into three sessions; 9am to 12pm, 2pm to 5pm and 6pm to 8pm. A different radiologist covered each session.
- There was also a weekly radiologist on call rota. This ensured that staff were always able to access a radiologist when required.
- The radiologists completed reporting on site but facilities were also available for remote reporting, if required.
- There was a dedicated lead radiologist for the unit, who worked closely with the unit manager to monitor safety and quality on the unit. The lead radiologist also worked at the local NHS trust.

Records

- We found records were generally stored in line with guidance and kept confidential. However, we found one record with patient identifiable information that was left unattended on an unlocked computer screen. We highlighted this to staff who took appropriate actions to secure the information.
- The service used an electronic radiography system and all patient records were readily available for staff to view.
- The service communicated with referrers via email which ensured swift and effective communication following diagnostic procedures.
- Patients completed safety checklists for the diagnostic imaging procedure they were referred for. The radiographer then reviewed the form with the patient prior to all procedures. The form was signed by the patient and radiographer and was scanned onto the electronic system following the appointment.
- We reviewed five sets of patient records during the inspection and we saw that all of the records were complete, accurate and up to date. This included scanned safety consent checklists signed by the radiographer and patient.

Medicines

- We found that medicines were stored appropriately in accordance with manufacturer's guidance. Staff monitored stock levels and placed regular order with the nominated medicine supplier. Staff had access to a pharmacist if they have any questions relating to medicines used on the unit.
- Staff told us there were no issues with obtaining medicines. We noted there was no system of stock rotation in place. Staff explained that this was because they did not hold a large amount of stock and the medicines therefore were used very quickly.
- Staff used patient specific direction (PSD) for the administration of contrast media. A PSD is a written instruction signed by a registered prescriber to administer/ a medicine to a named patient. The radiologist reviewed all referrals and relevant blood test results and completed a PSD for each patient that required contrast scan.
- Staff were trained in the safe administration of contrast medium including intravenous contrast. We saw that staff underwent competency training prior to administering contrast independently. For example, one of the graduate radiographers has not been approved and was being assisted by a senior radiographer to complete a contrast MRI scan.
- Allergies were clearly documented when patients received medications. Emergency medicines were available in the event of anaphylaxis (severe allergic reaction).

Good

Diagnostic imaging

- We saw that anaesthetists from the host hospital carried out some injections under image guidance alongside radiographers on the unit. Some of the patients attending for this procedure required sedation. We saw that the patients were accompanied by a nurse from the host hospital and the controlled drug required for sedation was administered by the nurse, who monitored the patient throughout the procedure. There were no controlled drugs stored on the unit and staff employed by the provider did not administer controlled drugs.

Incidents

- The provider had systems and processes to make sure incidents were identified, reported, investigated and learned from.
- There was an up to date incident reporting policy available which provided guidance for staff on how to raise a concern and outlined the process of investigation.
- There was an online system for reporting safety incidents. Learning from incidents was shared across the Alliance Medical Limited group and staff at Sloane diagnostic imaging could learn from when things went wrong elsewhere. Staff we spoke to were aware of how to report an incident and could give examples of lessons learned from incidents.
- There were 12 incidents reported between October 2017 and September 2018. We reviewed all the incidents reported and noted that three were extravasation (leakage of contrast), two were related to lost dosimetry badges and three were adverse reaction to contrast injection. All of the incidents were reported as low harm or no harm incidents.
- Information provided by the service showed there had been no never events or serious incidents in the previous 12 months to the inspection and the information provided by the service stated there had been no incidents requiring duty of candour notifications in that period. Staff we spoke with understood the duty of candour requirement.
- The service reported no Ionising Radiation (medical exposure) Regulations (IRMER), 2000 incidents to the Care Quality Commission (CQC) in the last 12 months. A radiation protection advisor (RPA) was available for advice regarding incidents if required.

Are diagnostic imaging services effective?

Not sufficient evidence to rate

We do not rate effective, however we found:

Evidence-based care and treatment

- Policies and guidelines referenced national guidelines and were developed in line with the health and care professions council (HCPC) standards of proficiency for radiographers. These were accessible to staff online.
- The policies also reflected the medicines and healthcare products regulatory agency (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2015).
- New policies or those that had been reviewed were ratified by the quality and risk team who were responsible for ensuring such policies were in line with national guidelines.
- All staff were required to sign to confirm that they had read each policy as it was introduced or updated and staff could do this online meaning that a record was kept for each policy and procedure. However when we reviewed the online system, we saw that staff at Sloane had not signed off for a number of core policies relevant to the area of practice. The registered manager explained staff were signing off policies but due to the number of policies, this was taking some time to complete.
- The service used diagnostic reference levels (DRL's) for each piece of scanning equipment that produced radiation. DRLs are used as a guide to help promote improvements in radiation protection practice. They can help to identify issues relating to equipment or practice by highlighting unusually high radiation doses.

- Quality assurance reviews were carried out a minimum of annually for the service by the quality and risk team. The most recent review had been completed in January 2019 and the service had worked to address actions within the action plan relating to this. During our inspection, we saw that a number of areas on non-conformity noted during the review had been addressed.

Pain relief

- Staff did not formally assess pain level but patients were encouraged to take their regular painkillers prior to attending the imaging procedures.
- Staff comfortably positioned patients during scans, by using cushions and padding, to minimise any discomfort patients may experience during the investigation. Staff also regularly checked on patients during scans to ensure they were comfortable and able to maintain the position.

Nutrition and hydration

- Patients were offered water and hot beverages while they were in the department.

Patient outcomes

- The unit manager carried out regular audits of the referral pathway. We saw evidence of six monthly audits of x-ray referral form to ensure compliance with IR (ME) R regulations.
- A regular audit of the quality of images and reports was undertaken independently by one of the insurance companies. We saw the latest audit report for scans undertaken between July to September 2018. The auditor scored each scan out of a possible score of five for image quality and clinical interpretation. We saw that out of the 29 scans audited, 20 scored five for both image quality and clinical reporting.

Competent staff

- Staff told us they received yearly appraisals and all staff we spoke with told us they had an up to date appraisal. Staff told us the appraisals were very useful and they had the opportunity to discuss their professional development and were encouraged to develop their skills further.
- Data submitted by the provider showed that 100% of clinical staff and 80% of administrative staff had an up to date appraisal. The manager explained this was due to one of the administrative staff being on long term absence.
- Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment or took on new responsibilities. This was assessed as part of the recruitment process and through continuous competency based training.
- All radiographers had had their professional registration checked in the last 12 months. They had also all undergone revalidation in the last 12 months.
- The provider had a process and policy in place for the granting of practicing privileges and to ensure radiologists with practicing privileges remained up to date with their training and appraisal.
- We saw evidence that staff underwent competency based training and were assessed as competent before they were able to use each modality on the unit.
- Staff told us that there were opportunities for additional training and development. The radiologists could also provide training to radiographers and other members of staff.
- The unit manager told us there was a local induction and corporate induction available to staff. Staff we spoke with told us they had received an induction when they joined the unit.

Multidisciplinary working

- We saw evidence of good multidisciplinary working between radiologist, radiographers, clinical assistants as well as administrative staff. Staff told us they all worked well as a team and were able to support each other as required.
- We also saw that staff on the unit worked well with staff from the host hospital to ensure patients admitted at the hospital or attending appointments received their diagnostic procedures. Staff from the host hospital escorted patients to the unit and gave a thorough handover to radiographers prior to the procedure.

- The unit manager also attended the daily huddle for the host hospital to understand the activity levels and any pressures the host hospital may be under.

Seven-day services

- The service was provided between 8am and 8pm daily, Monday to Friday, and Saturday from 8 am to 1 pm.
- There was an on call radiographer out of hours. This was usually limited to any urgent investigation that may be required for inpatients at the host hospital. Radiographers told us they were rarely called out.

Health Promotion

- The service did not undertake health promotion activities.

Consent and Mental Capacity Act

- A corporate consent policy was available to staff, which was in line with national guidance.
- All patients were required to sign a consent form prior to diagnostic procedures. Radiographers provided patients with all the information they needed to give informed consent.
- The 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. Patients we spoke with confirmed their consent had been obtained throughout the scanning process.
- Mental capacity act training was covered as part of the safeguarding and dementia training. Staff we spoke with were aware of their roles and responsibilities with regards to gaining consent from vulnerable adults. Staff told us they would seek advice from the unit manager and referrer if they had any doubt about a patient's ability to consent.

Are diagnostic imaging services caring?

Good

We rated caring as **good.**

Compassionate care

- During the inspection we observed staff treating patients with dignity and kindness. Staff introduced themselves to patients and spent time explaining the procedures prior to obtaining consent.
- Patients we spoke with told us all staff had treated them with kindness and compassion.
- Most staff maintained patients' privacy and dignity throughout their time in the unit.
- The service ran mammogram clinics on specific days and these were usually performed by a female radiographer. The manager told us this was preferred by female patients due to the nature of the procedure.
- Reception staff welcomed patients into the centre and directed them to refreshments in the waiting area. We observed the reception staff answering patient enquiries and interacting with patients in a friendly manner.
- There was a corporate chaperoning policy in place.Staff informed patients about the availability of chaperones and staff were readily available to act as chaperones when needed.
- We reviewed the patient satisfaction data for the period of November 2018 to January 2019 during the inspection. The unit had received 51 responses, of which 47 stated they were satisfied or extremely satisfied, three patients with neither satisfied nor dissatisfied and one person was dissatisfied.

Emotional support

- Staff were aware of how to deal with patients who may have complex needs and were able to give examples of how they had dealt with patients who may be anxious.
- Staff told us patients who were particularly anxious were allowed to visit the unit before their scan. We saw feedback from the patient survey where patients had praised staff for making them comfortable when they had been very nervous before their scan.
- Staff told us they would stop any procedure immediately if the patient became too anxious or requested it. They would then either offer the patient another appointment or contact the referrer.

Good

Diagnostic imaging

- We observed staff providing reassurance throughout the scan and keeping the patient informed of how the scan was progressing.
- Patients were able to listen to music of their choice during their scan, by bringing in their own CDs.
- Staff were aware of the importance of providing emotional support to patients to ensure they have a good experience during their diagnostic imaging procedure.

Understanding and involvement of patients and those close to them

- Staff introduced themselves to patients and explained to patients how long the procedure may take. Staff escorted patients from the waiting room and gave them an opportunity to ask any questions they may have.
- Patients reported that they were satisfied with the information they were provided by staff. They also told us that when they called the department with a question, staff were always quick to answer with detailed information.
- Patients reported that their conditions and treatment were explained to them in way that they understood.
- We saw that there was a range of information leaflet explaining each modality offered in the waiting area. However there was no information about cost available. Staff told us they would provide information about costs to paying patients but the majority of patients complete insurance claim forms instead.

Are diagnostic imaging services responsive?

Good

We rated it as **good.**

Service delivery to meet the needs of local people

- The service provided planned diagnostic imaging for patients at their convenience through the choice of appointment days and times to suit their needs.
- The facilities and premises were appropriate for the services that were planned and delivered. There was sufficient comfortable seating, toilets, changing rooms and a drinks machine.
- The service was commissioned to provide MRI scans on two weekdays by the local NHS trust in order to meet the needs of the local population.
- The service provided all the diagnostic imaging for the host independent hospital, including an image intensifier in theatres, when requested by surgeons. There was also a portable x-ray machine if patients could not be escorted to the department from the wards.
- The service also accepted referrals directly from GPs for non NHS patients.
- The unit manager told us services were planned in response to the host hospital and the local NHS provider requirements.
- Patients were able to bring their referral and book an appointment in person immediately following their consultation at the host hospital. Alternatively patients were able to send in their referral electronically and the service would then book an appointment at a time convenient for the patients.

Meeting people's individual needs

- An MRI compatible wheelchair was available to support patient who had mobility impairments.
- The unit was situated on the ground floor of a private hospital and was fully accessible. Car parking was available free of charge in the main hospital car park .
- Reasonable adjustments were made so disabled patients could access and use the service. All patients were asked if they had any special requirements at the time of booking. Administrative staff told us they would discuss special requirements with the unit manager so these could be accommodated.
- The provider also had a pathway in place for referring patients exceeding the MR weight limit. Pathways also existed for patients who required an open scanner due to severe claustrophobia or physical needs which may have meant they could not access the existing MR scanner easily.

- Staff also had access to a telephone translation service and knew how to access this.
- Staff made patients comfortable with padding aids, ear plugs and ear defenders to reduce noise during their scans. Patients were given an emergency call buzzer to allow them to communicate with staff should they wish. Microphones were built into the scanner to enable two-way conversation between the radiographer and the patient. Patients could bring in their own music for relaxation.
- There were a range of patient information leaflets available in the waiting area. However the administrative staff did not provide patients with these leaflets so they could read these prior to their appointment. This meant that although the provider had information leaflets available, patients did not have an opportunity to read these before they attended for their diagnostic imaging. There were opportunities to either hand the leaflets in person when patient arrived in the department to book a procedure or when sending appointments letter to those patients who sent in their referrals electronically. We discussed this with the unit manager, who explained that the only leaflet staff routinely sent out prior to the appointment was the one for corticosteroid injections. We checked the provider's internet page and saw that these leaflets were also available online. However staff at the clinic were not directing patients to access this information electronically either.
- Reception staff were able to immediately offer appointments to patients who brought their referral to the unit in person. Patients were informed of available slots and they could choose a convenient time for them. However, we noted that these conversations between patients and the reception staff could be overheard by other patients in the waiting area. This had been acknowledged as an information governance risk by the manager and was included on the local risk register. However there were no immediate plans to address the issue as the building belonged to the host hospital.

Access and flow

- Patients had timely access to scanning. The service was open between the hours of 8am and 8pm on weekdays and also offered appointment on Saturday mornings. The administration staff managed all the appointment bookings, except for patients referred for MRI scans by the local acute trust. These patients were booked by the trust to attend on two specific days per week, where the MRI scanner on the unit was reserved for this contract.
- Patients were able to have x-rays on the day and for all other modalities, patients were usually offered the next available slot. For urgent scans, the referrer usually contacted the unit and staff would accommodate the patients on the same day, if able. Alternatively they could offer an appointment at another Alliance Medical facility locally.
- The service monitored the average time it took between receiving the referral for imaging to completion of the procedure, except for MRI patients booked directly by the local NHS trust. We looked at the data for the period of August 2018 to January 2019 and we noted that patients were usually booked in within five days for MRI scans and within 7 days for CT and ultrasound scans. Waiting times for x-rays was one day or less. Patients waited longer for mammography, with the longest wait being 23 days. Staff explained that mammography sessions did not run daily and delays were often due to patient's choice
- The service also monitored average time taken from the scan being completed to the referring clinician receiving the report. We noted that for the period of August 2018 to January 2019, scans were reported within the key performance indicator of 48 hours.
- In the last 12 months, five appointments were cancelled and 20 were delayed due to the breakdown of the scanning equipment.
- There was a process in place which staff followed when patients did not attend for their appointments. The service would attempt to contact them to rearrange the appointment before referring the patient back to the referring clinician.
- Reception staff would advise patients of any delays as they signed in. Staff would keep patients informed of any ongoing delays through a notice board in the waiting area.On the day of our inspection, we saw that the notice was indicating a 30 minute delay for scans.

- Waiting time had been one of the main areas of complaint in the last year, both from patients and referrers. However, the service did not routinely monitor waiting times in clinics. It was therefore unclear what learning had taken place as a result from these complaints. One of the complaints resulted in a new poster being put up in reception asking patients to speak to reception staff if they had been waiting for more than 15 minutes.

Learning from complaints and concerns

- Alliance Medical had a complaints handling policy and the unit manager had undergone training to support them in management of complaints.
- The service had received eight complaints in the previous 12 months of which seven were upheld. We reviewed the complaints and noted five were from patients and two from referrers to the service. There were five complaints relating to waiting times in the unit. The manager had investigated each complaint and shared the learning with staff. For example one of the complaints from a referrer was that patient sent for an x-ray during a clinic at the host hospital were waiting too long. This delayed them returning to see the consultant, which impacted on the clinic. The manager had audited waiting times for x-ray and as a result signs were now in place in the waiting area asking patients waiting for more than 15 minutes for their x-ray to highlight this to reception staff. However, reception staff did not record how often this was taking place and the manager had not carried out a re-audit to assess the impact of this initiative.
- Staff told us that learning from complaints would be done in the same way as learning from incidents. This would be through the team meetings and the manager providing feedback to staff.
- Although the provider had a leaflet for comments, compliments and concerns, this was not available in the waiting area on the day of our inspection. We also noted that a recent internal review carried out by the provider had highlighted that the service had been displaying an old version of the leaflet. We raised this with the manager who informed us the leaflet would be replenished immediately in the waiting area.

Are diagnostic imaging services well-led?

Good

We rated it as **good.**

Leadership

- The management structure within the unit consisted of one full time registered manager and a part time lead radiographer. The registered manager was supported by a regional manager.
- The registered manager was an experienced registered radiographer, who had the skills to lead the unit as well as support staff clinically.
- Staff told us the registered manager was present on the unit daily and was available to carry out clinical duties during busy periods.
- Staff described both the registered manager and the lead radiographer as approachable and supportive.

Vision and strategy

- The unit worked to the corporate vision and values of Alliance Medical. Staff told us the values were introduced at their corporate induction and their yearly appraisal was also aligned to these values.
- Staff understood the role they played in achieving the aim of the service and in supporting the host hospital and local NHS trust by providing excellent diagnostic imaging and reporting.
- The vision of the service was to provide excellent patient-centred care and all staff articulated this through conversation during the inspection.
- Some staff told us they were aware that there was two years left on the contract with the host hospital. Staff felt that the strategy and vision could not be developed further until they were aware of the long term plans for the service.

Culture

- Staff we spoke with were positive about their role and told us there was openness and honesty in the team. Staff told us there was good teamwork on the unit.

The registered manager told us they regularly organised social events out of work as team building experience. At the time of the inspection, we saw some posters advertising a bowling evening for staff.

- The service promoted a culture of openness and honesty. Staff felt able to escalate concerns and issues to managers within the service.
- There was a positive reporting culture and staff told us the unit had a 'no blame' approach to incidents. Staff were supported and encouraged to learn from incidents on the unit.
- Staff told us they felt very valued and respected in their roles. They praised the leadership support and efforts taken to make them feel valued as a team and as individuals.
- The provider promoted equality and diversity and inclusive and non-discriminatory practice. Staff had access to a whistle blowing policy and a freedom to speak up guardian should they wish to raise any concerns.

Governance

- There was an effective governance framework to support the delivery of the corporate strategy and good quality care. There was an audit programme in place and information from the audits carried out on the unit assisted the manager and staff in driving improvement.
- The registered manager was based on the unit and had complete oversight of the service and performance. Managers from Alliance Medical site across the area met regularly to discuss shared concerns, incidents and other quality and risks matters. The meeting was also attended by a member of the corporate quality and risk team. This enabled managers to escalate any issues to corporate level as well as received corporate information to pass onto staff.
- Corporate governance meetings were held monthly. We reviewed minutes from these meetings and saw evidence of discussions around incidents, complaints, policies and performance.
- The service had a local governance process, which was achieved through local team meetings, where local and corporate incidents were discussed. During these team meetings, local performance was also discussed.
- There was a quality and risk department within Alliance, which regularly reviewed complaints, incidents and risks and produced a monthly newsletter entitled "Risky Business". Information within the newsletter was discussed at monthly team meetings within the service.
- The corporate radiation protection committee met quarterly and oversaw compliance with relevant ionising radiation legislation with the aim of reducing radiation risk to staff, patients and the public.
- The quality and risk team also carried out regular internal reviews of the service and inspected against a set of standards expected for each Alliance Medical site. We saw the last review took place the month before our inspection and the unit was noted to be non-compliant in a few areas. The unit manager discussed the action plan devised following the review and we saw that some of these issues had already been addressed and plans were in place to address the outstanding ones.
- The unit manager attends regular clinical governance, health and safety and operational management team meetings with the host hospital.

Managing risks, issues and performance

- The service had systems in place to identify actual and potential risks to the service and these risks were recorded on the risk register. We reviewed the local risk register and observed that the unit manager was the named person with responsibility for the local risks.
- The risk register included information governance, infection control, health and safety of staff and patients and the risks were all reviewed regularly. However we noted that some of the infection prevention and control risks had been on the register since 2015. The manager informed us there was a plan to replace the sink as part of the host hospital planned upgrade programme but they were unaware of the timescale in which this work would be carried out.

- Staff told us some of the equipment was ten years old and likely to be approaching the end of their working lives. While the service had service level agreement to ensure all pieces of equipment were regularly checked and serviced, the service did not have a plan to replace the equipment. This was not on the local risk register.
- Managers attended service review meetings and information provided by the organisation highlighted this was where key performance indicators were reviewed.
- There was a corporate Alliance Medical risk management strategy and operational policy. This had a review date of July 2020.

Managing information

- There were systems and processes in place to maintain security of information including patient records. There were minimal paper records for patients and these were scanned on to an electronic system for retention and destroyed at the end of an episode of care.
- All staff had undergone information governance training and we saw that staff practiced in accordance with General Data Protection Regulations.
- There were sufficient computers available to enable staff to access the system when they needed to.
- Staff were able to locate and access relevant and key records easily, which enabled them to carry out their day to day roles
- Information from scans could be reviewed remotely by authorised referrers to give timely advice and interpretation of results to determine appropriate treatment plans.

Engagement

- The service used patient surveys to collect feedback. Patients were contacted via email with a copy of the survey for completion. Staff told us this had recently changed from a paper version which patients were able to complete immediately after their appointment. Staff felt the response rate had decreased since the introduction of the electronic feedback. Staff attributed this reduction to some patients not having an email or patients forgetting to action this once they had left the unit. So the provider was now looking at other ways to capture patient feedback electronically while patients are present in the unit.
- The unit manager reviewed the patient feedback monthly. If patients who reported they were not satisfied with the service had left their contact details, the unit manager contacted them to offer an apology and identify some learning for the team from their experience.
- We reviewed the patient feedback survey for the period of November 2018 to January 2019 and saw the the registered manager contacted individual patients who were not completely satisfied with the service they received. This enabled the manager to discuss their concern in details and feedback anylessons learned during staff meetings.
- A corporate Alliance Medical staff satisfaction survey was carried out annually to seek views of all employees within the organisation. Staff told us the provider took actions following the feedback.
- Staff on the unit were encouraged to actively participate in the team meeting and suggest ideas for improvement.

Learning, continuous improvement and innovation

- The unit recruited graduate radiographers and supported them through their training to become competent in all the modalities used on the unit. This enabled the service to retain competent staff at the end of their training.
- There was a very good working relationship with the host hospital and we saw evidence of how the host hospital and Sloane diagnostic imaging supported each other in order to provide quality care to patients using the services.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure all staff sign off the local rules to demonstrate these have been read and understood.
- The provider should look at ways to give all patients the opportunity to read through the relevant patient information leaflet prior to attending their appointment.
- The provider should monitor waiting times in clinic.
- Staff should comply with the provider's policy of signing off policies when these have been read.
- The provider should ensure all risk assessments are updated within the required timeframe.
- The provider should ensure the local risk register reflects all the risk.