

Medical Centre East Stand

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

Medical Centre East Stand is operated by Medical Imaging Partnership. Facilities include two treatment rooms providing x-ray and ultrasound scanning procedures.

The service provides diagnostic imaging.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 14 May 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.

Summary of findings

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

This service had not previously been rated. We rated it as **Good** overall.

We found the following areas of good practice:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service managed infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept the equipment and the premises visibly clean.
- 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.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- The service provided care and treatment based on national guidance and evidence-based practice.

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- 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.
- 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.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They supported staff to develop their skills and take on more senior roles.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

Nigel Acheson

Deputy Chief Inspector of Hospitals (Acute)

Summary of findings

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Summary of this inspection

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Good 

Location name here

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Medical Centre East Stand

Medical Centre East Stand is operated by Medical Imaging Partnership. The service opened in February 2016. It is a private Diagnostic Imaging Centre in Falmer, near Brighton, East Sussex. The centre primarily serves the communities of Brighton and the surrounding areas.

The service only saw patients over the age of 13.

The centre has had a registered manager in post since 22 February 2016.

This was the first inspection of this service.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Medical Centre East Stand

The service had two clinical rooms, one for ultrasound and one for x-ray and is registered to provide the following regulated activities:

- Diagnostic imaging

We spoke with three staff including service leaders, radiographers and radiography assistants. We spoke with four patients. During our inspection, we reviewed four sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (March 2018 to February 2019)

- In the reporting period March 2018 to February 2019 there were a total of 3,284 patient scanning episodes.
- There were 492 attendances for X-Ray, 2,152 for ultrasound and 640 for ultrasound guided injections

Track record on safety

- No never events, clinical incidents or serious injuries
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff) or E-Coli
- No formal complaints

Services accredited by a national body:

- The service was accredited by the Imaging Services Accreditation Scheme (ISAS)

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?

The service had not previously been rated. We rated it as **Good** because:

- Staff were trained and knew how to safeguard patients.
- The environment and all equipment were visibly clean and cleaning records demonstrated that this was done frequently.
- Patients records were comprehensive, easily accessed and there were secure systems to transfer information between the service and referrers.
- There was a strong incident reporting culture. Incidents were reported, investigated, discussed at the services governance committee and lessons learned were fed back to the team.

Good



Are services effective?

We do not rate the Effective domain for diagnostic imaging services.

- The service worked to national guidelines and had received accreditation from the Imaging Services Accreditation scheme
- Pre-employment checks and a system of audit ensured staff had the correct skills to undertake their roles.
- Staff used their knowledge and judgement when obtaining consent from all patients, including those with complex and / or special needs.

Are services caring?

The service had not previously been rated. We rated it as **Good** because:

- Staff treated patients with compassion and did all they could to put them at ease during the scanning process.
- Staff were clear with what they could expect during the scan and clearly explained what would happen next at each stage of the process.
- Patients we spoke with during the inspection were pleased with all elements of the care they had received.

Good



Are services responsive?

The service had not previously been rated. We rated it as **Good** because:

- Patients could access the service through being referred by a range of healthcare professionals.

Good



Summary of this inspection

- Patients bookings were completed from a central location. patients were provided with a range of information about the procedure they had been booked for. Patients were also given information about the best way to get to the clinic.
- Patients were seen within two weeks of referral in nearly all cases.

Are services well-led?

The service had not previously been rated. We rated it as **Good** because:

- Leaders for the service were visible and staff told us that they listened and acted on concerns that were reported to them.
- The vision for the service was to become a centre of excellence for pathway management, particularly in sports injury and prostate scanning. The first phase of implementing the strategy had begun following the recent arrival of a new chief executive officer.
- There was a positive culture among the small number of staff that worked at the service, the senior leaders and the clinicians that referred patients to the service.
- The service had a governance committee that oversaw the work it did. This committee did not solely cover the service at the medical centre east stand but other Medical Imaging Partnership sites as well.

Good







Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Information about the service

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Are diagnostic imaging services safe?

Good 

Mandatory training

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

- Mandatory training was completed online, staff were given time during their normal working pattern to complete it or if time did not allow, they could complete it in their own time.
- Mandatory training completion was monitored from the company's head office and local leaders would ensure that it was completed on time. We saw that all staff had completed their mandatory training modules.

Safeguarding

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

- There was a written process for raising safeguarding concerns. This was linked to the incident reporting process.
- The service had a safeguarding lead that had been trained to level three in adult and child safeguarding in line with national guidance.
- Safeguarding training up to level two for adults and children was provided to all staff that worked for Medical Imaging Partnership. We saw that all the staff that worked at the service had received the training which was current at the time of the inspection.

Cleanliness, infection control and hygiene

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

- Cleaners came every day to clean all areas except for the clinical equipment. Cleaning schedules were prominently displayed in the ultrasound room and showed that cleaning had taken place on every day of the month. All areas we saw were visibly clean.
- Staff always wore personal protective equipment (PPE) during patient consultations. The service used non-latex gloves and had ample supplies of all PPE. We also saw that staff washed their hands thoroughly after patient contact.

Diagnostic imaging

- Clinical waste collection was the responsibility of one of the other providers that sub-let their premises. There were clear accountabilities laid out for who was responsible for what aspects of waste disposal. Clinical and domestic waste was segregated.
- The scanning rooms were cleaned by the radiography assistant after each patient scan had been completed. This was done with cloths and detergents recommended for the purpose.

Environment and equipment

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

- The service was located on the lower level of a modern professional football stadium. Entry was gained through doors which were at ground level. The site was shared with other healthcare providers. There was a reception desk staffed by people who would welcome all patients who were visiting. There was a large, bright and comfortable waiting room with ample seating for the patients of all services.
- The service only had a small part of the overall space. This comprised of a storage room, a male / female and baby change toilet, and two other toilets, one male and one female. At the end of the corridor were two treatment rooms. Opposite the reception area was a room that was used for storage and for staff to use when they needed to report on the scans they had carried out. There was also one other staff office.
- The environment was secure. The clinical rooms were entered using punch code security system. The doors to these room remained locked whenever they are not in use. Other rooms except for the toilets were also locked when not in use.
- Cupboards containing equipment to carry out the scanning procedures were well stocked. The radiography assistant was responsible for ensuring that stock levels were maintained. When stock levels dropped, the team would be able to order replacements through the services registered manager.
- We saw that maintenance worked had been carried out on the clinical equipment and that this was up to

date and in line with manufacturers' recommendations. Oversight of equipment maintenance was conducted by the registered manager with input from the clinical staff.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

- The referrals management team assessed the patient's suitability for examination using a checklist, at the point of booking and was available to discuss any questions or concerns the patient might raise regarding their treatment.
- Prior to patient's attendance for the appointment a booking letter, safety questionnaire (if appropriate) and information leaflet was be posted or emailed, and the referrals management team responded to inbound calls to query any information that has been provided to the patients.
- Patients that attended the unit were mainly attended on foot. Bookings relied on the referrer making sure that the patient was a suitable candidate for a community scanning. There was a notes system that could be used to highlight any known problems patients may have had accessing the service.
- The service has access to the patient's previous medical history through imaging reports and the patient electronic records system.
- Staff told us, and we saw that the referrals they received contained full details of the patient and their current clinical history.
- Medical emergencies were dealt with by means of a 999 call. There were no facilities on site to deal with medical emergencies. There was no resuscitation trolley, however there was an automated electronic defibrillator. This was checked and was ready for immediate use and staff knew how to use it. The service did not see clinically unwell patients.
- All staff had received basic life support training and all radiographers had received immediate life support training.

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- The potential for mistakes and typographical errors made in records was reduced. Reports were completed on templates depending on the body part being scanned.

Staffing

- Staff that worked at the unit worked across other sites that were run by the provider. Therefore, there were no permanent employees at the site. Radiographers were rostered to work at different locations across the Medical Imaging Partnership. This meant that they would be able to move staff at short notice to meet the needs of the clinics that were running.

Nurse staffing

- The service did not have any nursing staff.

Medical staffing

- The service did not have any medical staff although they did have medical staff working under practising privileges. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services. Checks were carried out on all medical staff who were required to show a range of information that showed they could carry out the reporting work required by the service.

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.

- All referral forms were completed electronically and accessed through the electronic records system.
- Reports were completed immediately after the scan and were available straight away.
- Scan reports were completed on the electronic records system and then sent to the referrer. The referrer was then alerted to say the report was available. Reports were completed using a voice recognition tool that could transcribe what the person was saying. This process was instant.

- Previous scan reports were available through the electronic records system. The system was password protected and each log in left an electronic marker to show who had logged in, when and what was accessed.

Medicines

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

- Medicines were kept in a locked drug cupboard within a room with key coded entry. The drug cupboard key is kept in a key safe in another room. The drugs for ultrasound guided injection services are stored in a drug cupboard. There is a drug register which had correctly recorded uses of medicines. We saw that there was a system to reconciled drugs used. The drugs would be prescribed by the injecting clinician.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

- The service used an electronic incident reporting system. Staff we spoke with were aware of how to report incidents and told us that they would receive feedback on incidents they had report following investigation.
- We were told that most incidents related to the appointment bookings or equipment failure. When incidents were reported they were referred to the governance team to review. There was then be a decision on whether to close the incident or undertake further investigation. At the end of the investigation, managers gave feedback with the person that reported the incident.
- We were given examples of where the reporting of incidents had led to reviews of processes to avoid them happening again.

Are diagnostic imaging services effective?

Evidence-based care and treatment

Diagnostic imaging

The service provided care and treatment based on national guidance and evidence-based practice.

- The service was ISAS accredited followed their policies and standards in conducting their scanning procedures. Provider policies incorporated National Institute of Health and care Excellence guidelines.
- These were managed centrally and continually updated. This was led by and was the responsibility of the medical director and changes or amendments were ratified by the governance committee. We were shown the clinical guidance, that was stored electronically, the service used during the inspection.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

- Patients were not routinely provided with food and drink as patients were not on the premises for long periods of time. There was access to water fountains if patients required a drink.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

- Most processes that were undertaken did not normally cause pain. However, pain relief was available for those patients who required it. We did not see any patients that required pain relief during the inspection.
- Staff were conscious that in the process of carrying out a scan they may touch areas that were painful. Staff made it clear that they could stop the scan if the patient was in any discomfort.
- The service carried out audits of the effectiveness of ultrasound guided injections for pain relief. These showed that all patients that had these procedures noticed a marked improvement in the score they gave their pain, pre and post procedure.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

- The service had completed the Imaging Services Accreditation scheme renewal process just prior to the inspection. Staff used this process to review the service they offered to patients.
- All reporting was administered through an electronic system within which there was an automated retrospective auditing programme called "Peer Review". All reporting radiologists had five per cent of their workload across all modalities reviewed and graded through this process. This was in line with Royal College of Radiologists recommendations.
- Any discrepancies flagged by the peer review process were reviewed by the medical director to allow their significance to be decided, remedial actions to be taken and to create the opportunity for shared learning across the group.

Competent staff

The service made sure staff were competent for their roles.

- The work of each sonographer was audited on an annual basis by a consultant radiologist. Staff told us that they believed the system of oversight from referrers and the annual review ensured that they were well supported.
- Pre-employment checks of all staff employed by the service were undertaken to ensure that they were competent for the role they would undertake.
- Staff had a period of induction which included a competency assessment prior to being signed off.
- Permanent staff were placed on a period of probation at the start of their employment.

Multidisciplinary working

Doctors and other healthcare professionals worked together as a team to benefit patients.

- Consultants that worked under practising privileges carried out peer reviews of other consultants'

Diagnostic imaging

interpretation of scans. If there were any discrepancies in the interpretation, these would be sent to the medical director to review and feedback any observations to the consultants and the scanning team.

Seven-day services

- The service did not run seven days a week. Service were provided Monday to Friday, between 8 am and 4 pm depending on the type of scan the patient was having. They also provided a match day service to the host football club, which meant that the clinical rooms and equipment could be used at the weekend or during the evening.

Health promotion

- Because the service was concerned primarily with scanning patients that had been referred to them, there was little opportunity to promote the health of their patients beyond the service that they offered.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

- Records that we reviewed on the electronic records system showed that the staff considered the patients' mental capacity prior to seeking consent to treatment. If there were any concerns they would use their personal judgement to decide whether to go ahead but would not continue with any scan if they did not agree with the referral or ability to understand.
- Consent was obtained by the scanning practitioner. If a patient did not have capacity to decide to consent to treatment, the member of the scanning team would take the decision as to whether to refuse to continue to perform the scan. If they could not, they would explain this to the referring practitioner.

Are diagnostic imaging services caring?

Good 

Compassionate care

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

- Staff treated patients with dignity and respect. Patients were offered a gown prior to being positioned and the equipment being set up. One patient was also offered a blanket to stay warm through the scanning procedure.
- Staff were polite and pleasant when speaking with patients, particularly when telling them what would happen next and explaining how they would send the results back to the referrer, and when they could expect to hear.
- The service conducted patient satisfaction surveys at set times of the year. Patients could record their views on a tablet device provided by the service. Although the comments we saw were positive they were collected centrally which made it hard to distinguish between the individual locations the comments were about.
- The service had a chaperone policy displayed in the main reception area.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

- Patients we spoke with were complimentary of all aspects of the care they received from the ease of booking and the service provided by those they met. We were told that all staff were supportive and helped wherever they could.

Understanding and involvement of patients and those close to them

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

- We saw staff clearly explaining to patients what they could expect to happen at their appointment. This was done with tact, in a way that put the patients at ease. Staff quickly built up a good rapport with patients and would ask the patient what they were expecting and then explain what would happen

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- We saw staff giving patients clear explanations as to the purpose of their ultrasound scans, how they can help guide treatment and to confirm or deny a diagnosis. The explanations were given sensitively and considered what the staff already knew about the patient.

There was a facility for the team to provide the scans to the patients. This was an online programme where the patient could log in and receive an electronic copy of the scan.

Are diagnostic imaging services responsive?

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.

- The Medical Centre East Stand provided patients with an accessible, convenient location to have their scanning procedures carried out. There were several means of getting to the location by both public and private transport. The service was sited at a large, modern football stadium which was a focal point for the local community.
- Patients were referred to the service via different routes. The service would accept referrals from consultants and other doctors, paramedics, podiatrists, physiotherapists and other registered health professionals. Any referrals from non-medical health professionals would be under specific protocols and pathways.

Meeting people's individual needs

- **The service was inclusive and took account of patients' individual needs and preferences.**
- The service could see patients that used a wheelchair. The service had access to a small electric vehicle that could be used to transport wheelchair users from the outskirts of the large site that the football ground

occupied. Patients requiring a hoist or had to attend on a stretcher could not be accommodated. This was made clear to any referrers that considered using the service.

- At the time of booking, patients were asked what their first language was and if they would need any assistance from a telephone interpreting service or a face to face interpreter. The patient lists would go to the individual locations who in turn could book an interpreter.
- Patients that had learning difficulties or dementia could access the service and staff were had received training in this area. However, these patients were very rarely referred to the service.

Access and flow

People could access the service when they needed it and received the right care promptly.

- Appointment bookings were made at a central location. Once the booking had been made, the patient would be sent a letter giving details about how to get to the appointment and the travel options available. There was also information about the procedure the patient would undergo. Patients were asked to attend 15 minutes before their appointment time due to the difficulty in accommodating patients that arrived late.
- Medical consultants worked to complete all reports within a five-day turnaround. This was monitored by the service's head of operations. There were occasions where reports could be turned around in the same day if it was urgent or if there were concerns about what had been found on the scan.
- Referrals for ultrasound, ultrasound guided injections and X-ray were processed via the MIP online referral portal to the central MIP referrals management team or via telephone, fax or email. Referrals were checked to ensure contact could be made and the referrals management team contacted the patient to offer the earliest appointment on a date and location that suited them.
- Lists were generally booked two to three weeks in advance with most patients being seen within two

Diagnostic imaging

weeks. They did not book patients in on an ad-hoc basis nor did they receive any urgent referrals as it was not the appropriate place to refer a patient for an urgent scan.

- The lead sonographer at the service explained how they would take a print out of the days list, so they still had the ability to read the referral, in case there were any IT issues that could not be resolved. This ensured that there would be no interruptions to patients if there were IT problems.
- The service noted and reported at a corporate level when patients did not attend their appointment. If the patient did not attend, they were be contacted to rebook.
- The radiography assistant contacted as many patients as possible on the day of their scan. Staff told us that most patients that did not attend were those scheduled for an early appointment before they were contacted.

Learning from complaints and concerns

Although the service had not received any formal complaints. However, it was easy for people to give feedback and raise concerns about care received.

- Information on how to complain was provided in information leaflets and on line via MIP's website. Complaints could be made in person, by telephone, email or in writing.
- All complaints were managed through the complaint's procedure. All complaints received were forwarded to the service quality and contracts manager. They acknowledged receipt in writing and advised the complaint would be investigated, and a response provided together with timescales.
- The complaint was then forwarded to the appropriate manager for investigation and a preparation of a draft response. In some cases, the manager made direct contact with the patient to discuss their concerns.
- Once the investigation was completed, a formal written response which provided an explanation of what happened, apologies for any shortcomings in service standards (if this was applicable) and information on the action being taken to prevent a recurrence is reviewed and signed by the chief executive officer and sent to the patient.

- If the complainant was dissatisfied with the outcome, the complaint was handled by the chief executive officer. If the complainant, then wanted to escalate further they would be given the details of the Parliamentary and Health Service Ombudsman for NHS patients or the Independent Healthcare Sector Complaints Adjudication Service for non-NHS patients.
- Staff at the service told us that most complaints received related to the patients' expectations surrounding the outcomes of the scans. On occasion, patients wanted the person carrying out the scan to discuss the findings. The team had to explain that that was the responsibility of the referrer; because of this, complaints rarely became formal. The service had however worked with the referrers to ensure that patients were fully aware of the process prior to their scan.
- Complaints were discussed at the services governance meetings. Complaints reviewed by the governance committee to identify any themes or trends that were emerging and feedback to the local teams.

Are diagnostic imaging services well-led?

Good 

Leadership

Leaders had the skills and abilities to run the service.

- The service was led by a registered manager that worked across more than one site. The radiographer led the day to day running of the site and ensured that patients were seen and cared for. There was also a head of operations that covered more than one site but who was available during the inspection.
- Staff we spoke with told us that the leadership team always made themselves available, were approachable, visible and listened to any concerns. The leaders we spoke with demonstrated a passion for the service they provided and were proud of the team that worked for them and what they did.

Vision and strategy

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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 for the service was to become a centre of excellence for pathway management, particularly in sports injury and prostate scanning.
- The service had recently recruited a new chief executive officer (CEO) to oversee the development of the wider organisation. There had been events where the chairperson and CEO had met with staff to explain what they were doing and how they were going to change. This was described as the first part of the engagement process.
- Company values were reviewed and refreshed with staff involvement.

Culture

Staff felt respected, supported and valued.

- Staff at the service told us that there was a nice feel to the organisation and that while it was small, they cared about their patients and the service they provided. They spoke of a supportive culture from management and the clinicians that largely worked behind the scenes
- Staff were encouraged to report concerns. A Freedom-to-Speak-up Guardian (FTSUG) was appointed in April 2018 as an independent role reporting to the CEO with quarterly attendance at information governance meetings.

Governance

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

- The service had a governance committee that oversaw the work it did. This committee did not solely cover the service at the Medical Centre East Stand but other Medical Imaging Partnership sites as well. The governance committee comprised of a governance lead, local leaders, registered managers, the medical director and a freedom to speak up guardian. They

met once a quarter. We saw the most recent minutes of the governance meeting which showed meetings covered a comprehensive range of topics and were relevant to the service being provided.

Managing risks, issues and performance

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

- The service had visiting consultants that used the services provided for patients to undergo ultrasound guided injections. The consultants used the services under practising privileges granted by the medical director of the service. Medical staff that wanted to use the services needed to provide a set amount of information to the service. If the information was not provided, they suspended practising privileges until they had supplied the correct information.
- The service held quarterly joint service reviews with operational and contractual colleagues. Each party was able to review how the services were working and suggest how improvements could be made and mitigate any risks. The outcome of the joint service reviews was then be fed back through the governance committee.
- There was a radiation protection adviser and medical physics expert assigned to the service. The registered manager took the role of radiation protection supervisor.

Managing information

The service collected reliable data and analysed it.

- Reporting on the scans performed at the service was done remotely through a centralised IT system. This could be accessed from the homes of those completing the reports.
- All medical practitioners that held practising privileges with the service were given information governance training and had a workstation assessment to ensure that the place where they carried out their reporting was suitable

Engagement

Diagnostic imaging

Leaders and staff actively and openly engaged with patients, staff and collaborated with partner organisations to help improve services for patients.

- Staff engaged with MIP project groups, had regular one-to-one meetings, company days and team meetings to obtain feedback and steer changes. Corporate functions supported clinical activity at site level with policies, procedures, resource and effective communication cascade ensuring that provision met objectives for patient care.
- The service, across Sussex had created an information snapshot which was available to all staff. This was a one-page snap shot of what was happening in the service, including a brief overview of incidents, complaints, policy and procedural updates and information about the work of the freedom to speak up guardian.
- The service asked patients to complete an online survey following their appointments. This was emailed

to patients to complete. There was also a paper version of the form for those that would prefer to complete it in writing. There were no separate figures for the Medical Centre East Stand as the data was collected Sussex-wide.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

- The service was working to develop its links with the local university research centre that provide other modalities of diagnostic imaging. This was with a view to providing a more joined up service which would mutually benefit all parties.
- There were initiatives where the service had worked with the host football club's charity arm by bringing in consultants to run health education sessions.

Outstanding practice and areas for improvement

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.

This section is primarily information for the provider

Enforcement actions

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.