

JM Radiology LTD

Reporting site

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We have not inspected this service before. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience.
- There were effective systems to act on urgent referrals and escalation processes for reporting radiologists in the event of a significant finding.
- The registered manager had the skills and ability to run the service using reliable information systems. They were visible and approachable in the service.
- Staff felt respected, supported and valued. The service had an open culture where referring clinicians, and staff could raise concerns without fear.
- Referrers could access the service when they needed it and received the report within the agreed time frame.
- The registered manager monitored the effectiveness of the service and made sure those working under practicing privileges were competent.
- The registered manager was committed to improving services continually.

However:

- Although radiologists completed regular calibration of their reporting monitors, this was not recorded in one place. We raised this with the registered manager who addressed this immediately and provided the necessary evidence.

Nicola Wise

Interim Director of Secondary and Specialist Care

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

Diagnostic Imaging was the main activity at this service. See the overall summary for details. We rated this service as good overall, as we found it good in safe, responsive and well led. We do not rate effective for diagnostic imaging services. Caring was not inspected during this inspection as it was a teleradiology reporting service which meant the service did not see patients and patients did not visit the premises.

Summary of findings

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Summary of this inspection

Background to Reporting site

Reporting Site is operated by JM Radiology Limited, providing specialist dental cone-beam computed tomography (CBCT) and teleradiology reporting services. CBCT is a specialist scan which is used when regular dental or facial x-rays are not sufficient. Teleradiology is the transmission of patients' radiological images between different locations to produce a primary report, expert second opinion or clinical review. The service does not provide direct scanning or diagnostic services to patients and has no direct contact with patients. The majority of the reports were for adult images with less than one percent for children images. The service receives referrals from private dental practices.

The clinic has a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The main service provided is diagnostic imaging. The service opened in May 2019, having previously offered services under a different location. The service moved location in April 2021, and this is the first inspection of the service. Our inspection team was led by a CQC lead inspector, an assistant inspector with remote support from the CQC National Dental Advisor.

Between 13th Feb 2022 and 13th Feb 2023, the service completed 4991 reports.

Track record on safety:

- Zero incidents.
- Zero complaints.

How we carried out this inspection

We reviewed documents that related to the running of the service including policies, meeting minutes, staff training records, results of surveys, reports, audits and feedback from referrers.

We interviewed all permanent staff members which included the registered manager (director of the service), two personal assistants and two consultant radiologists working under practising privileges.

We carried out a short announced inspection on 21 February 2023. During the inspection, we visited the office location.

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

Areas for improvement

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

Summary of this inspection

Action the service **SHOULD** take to improve:

- The service should continue to ensure there is a central log to record the completion of monitor calibrations.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Not inspected	Good	Good	Good
Overall	Good	Inspected but not rated	Not inspected	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	Inspected but not rated 
Responsive	Good 
Well-led	Good 

Are Diagnostic imaging safe?

Good 

We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of staff. The training was delivered via an e-learning platform by an external provider. As of February 2023, the mandatory training compliance for all permanent staff was 100%. The registered manager monitored mandatory training using the dashboard on the digital platform and alerted staff when they needed to update their training.

The registered manager also worked as a consultant within the NHS. We saw evidence that they had received and completed training as part of their substantive role. The registered manager monitored the mandatory training undertaken by consultants working for the service through practicing privileges. During the inspection, we saw evidence of completed training by the radiologists from their substantive roles in the NHS.

Safeguarding

Staff had training on how to recognise and report abuse and they knew how to apply it.

The service ensured all staff remained up to date with the principles of safeguarding. Although the service was not patient facing and did not provide treatment, staff completed Safeguarding Level 1 and 2: Understanding the Laws Surrounding Safeguarding for Children & Adults at Risk, as part of mandatory training. We were provided with evidence of safeguarding training completion for all permanent staff and consultant radiologists working under practising privileges.

The safeguarding policy was version controlled, in date and identified the registered manager as the designated person with responsibility for safeguarding issues. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could access the service's safeguarding policy on the internal drive.

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Although the service had no cases of safeguarding concerns, the consultant radiologists showed awareness for safeguarding concern and accidental injury (in line with the *Royal College of Radiologists (RCR)* guidance). The service had an established process if they identified or suspected non-accidental injuries in a scan, including an urgent notification to the referrer and escalation through the local procedure. The registered manager told us the service had not seen such cases.

Cleanliness, infection control and hygiene

Not applicable in these services. The service did not provide any onsite reporting services and did not work directly with patients.

Environment and equipment

The environment was suitable for the reporting of imaging services and there were processes in place to maintain equipment remotely.

The service provided permanent staff with laptops and printers to work remotely at home. Both personal assistants had received new laptops within the last year and dates of purchase had been noted on the equipment. The registered manager used a computer and a specialist single screen reporting monitor which conformed to the Royal College of Radiologists (RCR) guidance on primary reporting workstation compliance.

The registered manager told us that consultant radiologists working under practising privileges used their own equipment and had to ensure compliance with RCR requirements. The practising privileges agreement included the RCR requirements for the radiologists to comply with. The reporting radiologists had the training, competency and skills needed to correctly and safely use the equipment. The registered manager kept a record of completed declarations from all the radiologists working under practising privileges stating that their own reporting equipment was compliant with RCR requirements. Although individual radiologists completed quality assurance (QA) calibration checks for their reporting monitors, this was not collated in one central place. We raised this with the registered manager who told us they would address this. After the inspection, we saw evidence of a central log which collated all the calibration dates.

In line with policy, all permanent staff were given appropriate training on the health and safety aspects of display screen equipment (DSE). Eye tests were arranged on request and corrective eyewear, if required for use with DSE, was provided. A footrest and wrist pad were provided if required by staff.

Assessing and responding to patient risk

The service prioritised urgent reports when needed. Staff identified and quickly acted upon report findings which were unexpected.

The service did not provide direct scanning or diagnostic services to patients. The service received most of their referrals from private dental surgeries. This meant that compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 17) medical exposure of ionising radiation regulations was the responsibility of the referrer. The IRMER 2017 is a legislative framework intended to protect patients from the harm associated with ionising radiation.

The service only provided the diagnostic report of patients' images and therefore only completed part of the medical pathway for the patient. Although the service did not deal directly with patients, the service had a significant findings pathway to alert the referring provider of unexpected or significant discoveries from diagnostic reports. Unexpected, significant or urgent findings were managed by the registered manager who notified the appropriate referring provider via e-mail and followed up with a telephone call with the referring clinician. The service used report identification numbers in email correspondence which meant patient details were kept confidential.

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The registered manager provided examples of cases where findings were escalated although the numbers were minimal as the service did not receive complex cases. The registered manager monitored each escalated finding and had an incidental findings document which recorded the recommendation given and the outcomes from the referrer as part of reflective learning. We saw evidence of this during the inspection. The registered manager used these as case study examples when delivering radiology teaching sessions.

Staffing

The service had enough staff with the right skills and experience to meet the imaging reporting needs of patients.

The registered manager was the director and the lead consultant dental and maxillofacial radiologist for the service. The service employed two permanent personal assistants and had three consultant radiologists working under practising privileges.

The registered manager told us that the total number of hours worked by the consultant radiologists was two to three hours a week. The registered manager had oversight of all the referrals to avoid delays in reporting and ensured that radiologists were only given referrals in modalities that they were qualified to report and within their field of expertise. If there was additional work than planned for, the registered manager reviewed the availability of the radiologists to ensure they could cover the reporting demand.

For the last 12 months, the service did not use agency staff and the staff sickness rate was 0.1%.

Records

Records were kept secure and were only accessible to authorised staff, to maintain confidentiality. Records were clear, up-to-date and easily available to all staff providing the report.

The service used a secure encrypted portal that had been designed by an external provider in line with specifications from the registered manager. Access to the portal was with a secure remote login.

Records were comprehensive and contained all information needed for the scan. This included: the referrer details, patient details, clinical indication and history, questions to the radiologist, previous images and where required reconstructed images and measurements. The registered manager told us that images were deleted automatically once reports had been completed and only reports were saved on the server. Once reports had been completed, referrers received a notification and they could export a PDF copy of the report to save on their patient files in their dental practices.

Reporting radiologists had access to the same patient information as they would in the referring clinic and could request previous imaging or reports if required. The referral form enabled referrers to provide all the necessary information including relevant clinical history and previous images within the referral form. The service did not amend or alter the patient's clinical history. The referrer could contact the reporting radiologist to discuss any report findings or queries when required. The service used the addendum function within the portal which allowed clinicians to securely discuss cases and ensured that all the information exchanged was stored in the portal securely. An addendum is a description of revisions made to an earlier signed report or record. The referrer would be informed by the registered manager if an addendum was added to a report.

We reviewed five teleradiology reports and found that there were comprehensively completed. In all the records reviewed, the following had been completed: clinical details, description of findings, summary or conclusion of key

Diagnostic imaging

findings and advice on next steps. Although all the records included the name and professional status of the reporting radiologist, we saw that professional registration details were not included. We raised this with the registered manager and although we had no concerns regarding the competencies for the reporting radiologists, the service addressed this immediately by raising this with their IT specialist. We saw evidence that general medical council (GMC) or the general dental council (GDC) registration numbers had been added to reports on the portal during the inspection.

The service had a data security policy which assured confidentiality from initial enquiry to final review. We saw office computers were locked when not in use. This prevented unauthorised access and protected patients' confidential information.

Medicines

The service did not see patients or manage their care.

The service did not store or administer any medicines or controlled drugs.

Incidents

Staff knew what incidents to report and how to report them. The registered manager would investigate incidents and share lessons learned with referrers and radiologists working under practicing privileges.

The service had a system for reporting incidents and a policy which was within review date. The incident reporting form was clear, and staff knew what incidents to report and how to report them. The policy outlined the registered manager was responsible for investigating incidents. In the last 12 months, the service has not reported any serious incidents, never events or non-reportable incidents.

Are Diagnostic imaging effective?

Inspected but not rated 

We currently inspect but do not rate this domain.

Evidence-based care and treatment

The service provided diagnostic reporting services based on national guidance.

Policies and procedures were reviewed and updated, in line with national guidance. We reviewed eight policies and saw the review dates and dates for the next review were clearly documented. Staff told us that policies were reviewed annually.

Policies were referenced against national guidance to ensure the service worked in line with legislation, standards and evidence-based guidance. The registered manager was the President of the British Society of Dental and Maxillofacial Radiology (BSDMFR) and kept informed of guidance changes through this role.

The diagnostic reports followed the Royal College of Radiologists (RCR) standards for interpretation and reporting of imaging investigations and RCR standards for the communication of radiological reports. The service followed the selection criteria for dental radiography by the College of General Dentistry and the European Commission Guidelines on Radiation Protection (No. 172).

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Nutrition and hydration

Due to the nature of the service, this key line of enquiry was not inspected as it was not applicable to the service.

Pain relief

Due to the nature of the service, this key line of enquiry was not inspected as it was not applicable to the service.

Patient outcomes

The registered manager monitored the effectiveness of reporting and used the findings to improve the service.

The registered manager completed discrepancy audits as part of a quality assurance review of radiological reporting for each radiologist. We reviewed the audit results for one radiologist where reporting data was extracted between the period of 1 October 2021 to 31 July 2022. A total of 79 scans were analysed and no significant discrepancy was identified. Although there was a slight difference in some of the wording in the report, the content remained the same and the registered manager told us that this was due to variable styles between different radiologists. The registered manager completed audits for each radiologist once a year and the next audit was due in July 2023. In the event of a report discrepancy identified by the referrer, the service had a policy and process to investigate this. The registered manager told us there had been no cases of report discrepancy identified by the referrer.

The service encouraged a multi-disciplinary approach to radiological reporting. The radiologists involved in reporting, communicated regularly and requested peer review of certain scans. The service kept a record of scans where a second opinion was requested. This ensured the provision of high-quality radiological reports and improved patient outcomes. We saw evidence of the records kept for each reporting radiologist. The registered manager gave us examples where feedback from clinicians had been requested and received following the recommendation of additional tests such as biopsies.

Competent staff

The service made sure reporting staff were competent for their roles.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of referrers. All the radiologists that reported for the service were registered with the general medical council (GMC) or the general dental council (GDC). For reporting radiologists working under practising privileges, the service had completed appropriate employee checks which included Disclosure and Barring Service (DBS) checks, professional and specialist registrations, evidence of appraisal, completion of mandatory training, evidence of indemnity cover, identification checks, right to work evidence and qualifications. We viewed documentation held by the service for the three reporting radiologists and found all records were up to date.

The registered manager and radiologists reported good working relationships between them and told us they worked together in the NHS. The registered manager was employed by a University to teach one day a week and work one clinic day in the NHS. The registered manager attended meetings with the British Society of Dental and Maxillofacial Radiology (BSDMFR) and the American Academy of Oral and Maxillofacial Radiology (AAOMR).

The registered manager supported staff to develop through yearly appraisals of their work. Staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge. As of February 2023, the appraisals completion rate was 100% for all staff.

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The service had an induction programme for new staff which was tailored to their role. We saw completed induction checklists with evidence of DBS checks for staff employed by the service.

Multidisciplinary working

Staff worked together and supported each other as a team.

Due to the nature of the service, and because reporting radiologists worked remotely, there was limited contact with each other. Although radiologists were able to discuss difficult or challenging cases between themselves as needed, radiologists told us this was not a frequent occurrence as most of the cases were straight forward and complex cases were usually seen in the NHS. The registered manager told us that the referrers requested reports more for reassurance or for a second opinion to ensure that they hadn't missed anything. Radiologists we spoke with told us they were able to contact the registered manager easily and raise any issues or concerns with them.

Reporting radiologists would follow up their written report with a phone call and email to the registered manager if any concerns or issues were identified. The radiologists we spoke with told us that all communication to the referring clinicians went through the registered manager, but the registered manager could arrange direct communication between the radiologist and referrer if necessary.

Seven-day services

The service did not provide a seven-day teleradiology service.

The service operated Monday to Friday 9am to 5pm. However, the registered manager explained that flexible working options were available if needed for service demands. For example, reporting could be completed on evenings and weekends if there had been an increased demand.

The service was clear on their turnaround times for reporting scans and included this information on their website.

Health promotion

Due to the nature of the service, this key line of enquiry was not inspected as it was not applicable to the service.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not see patients directly and they did not visit the premises due to the nature of the service provided. Therefore, consent was initiated at the referring dental practice.

Are Diagnostic imaging responsive?

Good 

We rated it as good.

Service delivery to meet the needs of local people

The service was not patient facing which meant elements of this key line of enquiry were not applicable to the service.

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The service did not see patients and patients did not visit the premises due to the nature of the service provided. However, the service reported on images on behalf of a referring provider. The service ensured that they met the needs of the referrer. The administration staff worked Monday to Friday in staggered shifts: 9am to 6pm or 11am to 7pm. The registered manager explained that flexible working options were available if needed for service demands.

The service was not limited to a geographical area and worked to support the needs of referring services. Reporting radiologists were able to request previous relevant imaging or further clinical information from the referring clinicians and were available on request to discuss reports with the referrer.

Meeting people's individual needs

The service did not see patients directly and patients did not visit the premises due to the nature of the service provided.

Access and flow

Referring providers could access the service when they needed. The service met the key performance indicator for their report turnaround time.

The service did not provide direct care for patients and was not involved in making care and treatment decisions. The service worked with three specialist radiologists under practicing privileges to create imaging reports to support the diagnosis of the patient in a timely manner.

The service had a key performance indicator (KPI) of seven working days for their routine report turnaround time. The registered manager told us the portal facilitated the extraction and monitoring of reporting turnaround times. The service audited the turnaround times for reports twice a year in February and August. The average turnaround times (in working days) was 6.33 for February 2022 and 2.79 for August 2022, which met the KPI.

The service received most of their referrals from private dental practices and 99% of the scans were for adults. Prior to approving the referral, the registered manager reviewed each request to ensure that the correct scan would be undertaken for the requested report. The registered manager told us that on some occasions, recommendations were made to change the volume size of the scan. This ensured radiologists completed reports only when they had enough information to do so accurately and safely. Once the referral was approved, the referring clinician received a notification to inform them so that they could proceed with the scan. The registered manager assigned the report to either one radiologist or multiple radiologists where additional input was required. Radiologists received an email notification from the portal in addition to a phone call from the registered manager when scans were allocated. The portal provided same day notification for urgent requests only and flagged these referrals separately on the portal. For urgent reporting, the registered manager would contact the relevant radiologist before assigning the report to them, explaining the urgency. Radiologists we spoke with told us that the process by which scans were allocated worked effectively.

The service also facilitated the booking process for a specialist dental cone-beam computed tomography (CBCT) scans for clinicians from a list of 12 dental practices. The service had service level agreements (SLA) with each approved dental practice listed on their website. Requests for scans came with the option of with or without a report and once submitted, the request went straight to the dental practice. The service would only see information regarding a CBCT scan request if a report had been requested by Reporting Site.

Learning from complaints and concerns

It was easy for referring providers to give feedback and raise concerns. The service had not received a formal complaint. The service had a policy which set out how complaints would be handled.

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We reviewed the complaints policy and found that it was in date. The policy included information on how to make a complaint, the complaint process and stated the response time was within 10 working days.

The website had clear information for referring clinicians on how to make a complaint and outlined the process. In the last 12 months, the service had not received any formal complaints.

Are Diagnostic imaging well-led?

Good 

We rated it as good.

Leadership

The registered manager had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The registered manager was a Consultant Dental and Maxillofacial Radiologist and was aware of the responsibilities of their role and understood the issues the service faced.

We spoke with both the personal assistants who described the registered manager as approachable and visible. The radiologists we spoke with said that the registered manager communicated with them via phone or email and was always approachable, efficient and provided support when needed.

Vision and Strategy

The service had a mission statement for what it wanted to achieve.

The service had a mission statement, which aimed to make the service accessible to a larger audience. The registered manager told us that given the infrastructure was in place, there were plans to grow the service. The registered manager recognised that the next focus would be to expand the workforce.

The registered manager had a good understanding of the current demand for the service and its potential growth due to an increase in the popularity of specialist dental cone-beam computed tomography (CBCT) scans, and the limited numbers of specialists able to report on images.

Culture

The registered manager promoted a positive culture that supported and valued staff. The service had an open culture where staff could raise concerns without fear.

Staff we spoke with told us they felt supported by the registered manager. Staff described the environment as friendly and told us they felt listened to if they raised concerns. Staff told us they enjoyed working at the service as there was good teamwork and the culture was supportive.

We spoke with two consultant radiologists working under practising privileges who praised the registered manager and felt supported to raise concerns as the registered manager was approachable.

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The registered manager was open to giving referrers advice or raising concerns should there be any issues with the images received.

Governance

The registered manager operated effective governance processes. Staff were clear about their roles and accountabilities and had opportunities to discuss and learn from the performance of the service.

The registered manager was responsible for the quality and governance of the service. Their role and responsibilities were clearly defined and contributed to consistent practice. The service audited all discrepancies and turnaround times as part of the governance process. Policies and procedures were reviewed and contained future review dates.

The service had 12 service level agreements (SLA) with private dental practices for clinicians to book CBCT scans with. We reviewed all 12 SLAs and found they were comprehensive with clear documentation regarding the requirements for compliance with equipment checks and service checks, Ionising Radiation (Medical Exposure) Regulations (IRMER), CQC registrations, training certificates for individuals carrying out the scans, maintaining professional indemnity insurance and public liability insurance and the referral process work flow details. The registered manager told us that in addition to the SLA, the service carried out random compliance checks with the listed dental practices. The registered manager told us that they were in the process of developing a compliance dashboard for private dental practices with their IT specialist.

The service had an established process for assessing and granting practising privileges for consultant radiologists. We reviewed the agreement for practising privileges for all three radiologists, which detailed the appropriate checks carried out such as regulatory requirements, professional requirements, responsibilities, termination period, payment, conflicts of interest, confidentiality, legal requirements and indemnity insurance. Each agreement was valid for three years and we saw evidence of current agreements in place which were in date. During the inspection we saw the service held an electronic record of all relevant documentation including a full employment history, evidence of appraisal, completed mandatory training, insurance and qualifications.

We saw evidence of Disclosure and Barring Service (DBS) checks and safeguarding training completion for staff employed by the service.

Management of risk, issues and performance

The registered manager used systems to manage performance effectively. They identified relevant risks and identified actions to reduce their impact. They had plans to cope with unexpected events.

Clinical governance systems were focused on identifying and managing risk and performance. The registered manager encouraged a multi-disciplinary approach to radiological reporting and completed discrepancy audits as part of a quality assurance review. The radiologists involved in reporting communicated regularly and completed peer review of certain scans, ensuring the provision of high-quality radiological reports.

The service provided reports in line with the Royal College of Radiologists guidance: 'Standards for the provision of teleradiology within the United Kingdom' (December 2016), which meant patients could be confident that even though their examinations were not being reported within a base hospital, it was being completed to the same standard.

The service had a Business Contingency Plan Policy which we reviewed and found to be comprehensive. The policy detailed preventative and recovery controls to maintain service levels with the minimum of down time in the event of

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system failure. All data and files were backed up daily to an additional server subject to the same security requirements as the live server. In the event of an information technology (IT) failure, there was a manual backup system with an encrypted drive in place which meant that if live and backup servers were to fail, the service could be back up and running within 24 hours.

The service identified risks and recorded them on a risk register. The registered manager reviewed the register annually, or when a risk presents itself and medium level risks were reviewed every six months. We reviewed the risk register which included information such as description, risk grading, risk level and impact, actions taken to mitigate the risks and timescale for actions. The nature of the service meant most key risks related to information security and data protection in event of electrical and IT failure. The service was trialling and seeking feedback from referrers regarding the introduction of two step authentication process as part of logging into the portal. The registered manager was mindful that additional log in steps may not be well received but felt it was essential as an added measure to prevent the system being hacked.

The registered manager told us that the service had appropriate insurance in place to cover all relevant insurable risks to ensure it was protected from financial loss, equipment failure or malfunction.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure.

The service was compliant with the “General Data Protection Regulations (GDPR) 2016/679”. We reviewed the GDPR policy, which was in date. Staff completed training in data security and protection part 1 and 2 and GDPR as part of their mandatory training.

The registered manager had worked with an external company to develop the secure platform which was configured to the specifications of the service and was GDPR compliant. Appropriate access and security safeguards protected the provider’s radiology information system. The system permitted designated user permissions for access and although each user could be assigned different levels of access, the registered manager had oversight of user permissions. The secure portal was encrypted which meant images were transferred securely. The registered manager explained that once reports had been completed, images were not retained on the portal. The service could obtain any relevant images from the referrer if needed for any future addendum reports. The service had systems in place to back up and store reports on server securely.

In the event of any information technology (IT) issues, staff had access to an external specialist company, who could access systems remotely to resolve any issues and provide support. Although the registered manager told us that IT support was available 24 hours a day, seven days a week, staff and radiologists we spoke with told us that the portal had been reliable with no issues to date.

Information governance is the way organisations ‘process’ or handle information. It covers personal information relating to patients/service users, employees and corporate information. We saw evidence that all radiologists including the registered manager had completed training in information governance which was in date.

During the inspection, we saw training records which showed that all permanent staff and consultant radiologists working under practising privileges, had received training on how to use the service’s portal, issue a report and add an addendum. This training had been completed with the registered manager and the IT specialist.

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The service previously received images for reporting on CDs and the service had appropriately stored and arranged secure disposal of them. The service now charged an administration fee to deter referrers from using CDs and encouraged submissions via the portal to maximise data security. The registered manager told us the service had not received images on CDs for years.

Staff had access to all the information they needed through their laptops. Staff were aware of how to use and store confidential information.

Engagement

The registered manager actively engaged with external organisations and regularly sought feedback from referrers.

The service regularly consulted with referrers to assess the efficiency of service delivery using annual clinician satisfaction surveys. We reviewed the results for January 2023 which had a 100% response rate. Data showed that 100% of the referrers were very satisfied with the overall service and 100% felt administrative staff were knowledgeable and helpful. Results showed that 100% of referrers felt the reports were clear and informative, addressed the clinical questions asked and clearly highlighted incidental findings with clear recommendations on how to deal with them. With regards to reporting times, 86% were very satisfied and 14% were satisfied. Results showed that 100% of referrers felt able to access an expedited service in cases of clinical urgency and 100% felt there was easy access to the radiologist for further clarification and advice.

The website had a section for testimonials from referring clinicians and we found the feedback was all positive.

Due to the size of the small team, staff had daily catch ups with the registered manager (director). Staff told us they felt supported despite working remotely. Although there was no formal team meeting due to the size of the team, the registered manager told us that meetings were scheduled as needed. We reviewed the staff meeting minutes for two meetings in February 2023 and found there was a record of attendees. Discussion topics included mandatory training, audits and system updates.

Learning, continuous improvement and innovation

The registered manager was committed to continually learning and improving services.

The registered manager was involved in presenting lectures for post graduate courses. The registered manager was the president of the British Society of Dental and Maxillofacial Radiology (BSDMFR) and had set up a collaborative working group to produce UK guidance for CBCT by liaising with the presidents of several speciality societies. These included the British Endodontic Society, British Association of Oral Surgeons, British Society of Periodontology, British Orthodontic Society, British Society of Restorative Dentistry, British Society of Paediatric Dentistry, British and Irish Society of Oral Medicine, British Society of Prosthodontics, Association of Dental Implantology and the International Team for Implantology.

The side arm of the service focused on delivering teaching and the registered manager was the founder of the Dental and Maxillofacial Radiology Academy, which offered courses such as CBCT Interpretation Masterclass. The registered manager had delivered teaching sessions nationally on CBCT in practice.

The registered manager and radiologists working for the service had published a pictorial review on Dental Updates. The review looked at anatomical variants and incidental findings on CBCT in order to increase awareness of potential incidental findings using CBCT.