

# Epsom Alliance MRI Unit

## 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

<b>Overall rating for this location</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?		
Are services caring?	<b>Good</b>	
Are services responsive?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

## Overall summary

Epsom Alliance MRI Unit is operated by Alliance Medical.

The service provides diagnostic imaging. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the service on 26 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.

The only service provided was diagnostic imaging.

### Services we rate

# Summary of findings

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

We found good practice in relation to diagnostic imaging

Staff used a technique called 'feed and wrap' if there was a young child that was attending for a scan. Staff would put a sign up asking people in the unit to keep quiet as there was a baby trying to sleep.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

**Nigel Acheson**

Deputy Chief Inspector of Hospitals Acute

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	

# Summary of findings

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Good 

# Epsom Alliance MRI Unit

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to Epsom Alliance MRI Unit

Epsom Alliance MRI Unit is operated by Alliance Medical. The unit opened in January 2000 and Alliance Medical have been providing the service since. The service works under a dual policy agreement with the host trust to provide MRI scanning for the local Epsom community. The opening hours have been 8-8, 7 days a week since 2010. The service scans around 25 patients a day, inpatients and outpatients, for a variety of different MRI

procedures. The service is unreported but works closely with the radiologists and other trust staff to deliver a "joined up" end to end process when dealing with two-week rule and urgent referrals.

This was the first inspection of the service under the CQC's comprehensive inspection programme.

The service has had a registered manager in post since 10 January 2011.

## Our inspection team

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

## How we carried out this inspection

This was the first inspection of the service under the CQC's comprehensive inspection programme.

## Information about Epsom Alliance MRI Unit

The unit has one MRI scanner and is registered to provide the following regulated activities:

### Diagnostic Imaging

During the inspection, we visited the MRI unit. We spoke with five staff including the unit manager, radiographers, administration staff and consultants from the host NHS hospital. We spoke with three patients and one relative. 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. The service had been inspected once, and the most recent inspection took place in November 2013 which found that the service was meeting all standards of quality and safety it was inspected against.

The unit has capacity to see approximately 6500 patients per year from the host NHS trust and approximately 200 patients per year, referred from a local clinical commissioning group. All patients seen were NHS funded.

### Track record on safety

- Zero Never events
- Zero serious injuries
- Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- Zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- Zero incidences of hospital acquired Clostridium difficile (c.diff)

# Summary of this inspection

- Zero incidences of hospital acquired E-Coli
- 1 complaint

Imaging Services Accreditation Scheme (ISAS) –  
Accredited from July 2018 – July 2021

**Services accredited by a national body:**

# 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 been previously rated. We rated it as **Good** because:

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

Mandatory training and safeguarding training completion rates met the AML target.

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

**Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary. The service used a radiology information system and saw that it included a messaging system which allowed double reporting on the same scans and allowed the radiologists to feedback any discrepancies and / or learning to the radiographers.

However;

Some equipment had areas of thick dust on them.

There was no formal verbal handover and patients were generally left with staff by the porters.

**Good**



### Are services effective?

The effective domain is **Not rated**

#### **The service made sure staff were competent for their roles.**

Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

Staff competence was monitored through the performance appraisal system. Each member of staff had had an appraisal in the last year.

Staff told us that the appraisals were valuable and that they were well supported in their continuing professional development.

Training courses relevant to their roles were available when necessary.

#### **Staff with different roles worked together as a team to benefit patients**



# Summary of this inspection

There were formal multidisciplinary team meetings held twice weekly as well as the consultants offering an open door to their reporting room for informal learning to take place on cases of interest.

## Are services caring?

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

### Staff cared for patients with compassion

We saw that staff interacted well with patients and those close to them. They were polite, explained the procedure they were going to go through and allowed patients to ask questions. Patients we spoke with told us that they had been treated well and that they felt looked after during their visits.

### Staff involved patients and those close to them in decisions about their care and treatment

Patients were given clear information about the length of time they would need to wait for their results, what would happen next and how they could contact the referring clinician in the period between their scan and next appointment.

**Good**



## Are services responsive?

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

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

The service had started seeing up to 12 patients per week as part of an arrangement with a major London hospital. This meant that cancer patients could attend, see a urology radiologist, have a scan and biopsy all on one day as part of a cancer staging fast track. This arrangement meant that patients could have all their appointments in one place, on one day.

### The service took account of patients' individual needs.

All staff that work within the service had attended courses run by the dementia society to ensure that they can meet the needs of people living with dementia. Staff wore badges that demonstrated that they were 'dementia friends'.

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

We reviewed complaint files that demonstrated that the service investigated and learnt from complaints.

**Good**



# Summary of this inspection

## Are services well-led?

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

**Managers in the service had the right skills and abilities to run a service providing high-quality sustainable care.**

The unit manager had the respect of their colleagues at Alliance Medical and the host NHS hospital. Staff we spoke with told us that the manager was visible, approachable, would listen to and act on any concerns.

**The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**

The services vision was to continue to provide diagnostic imaging services for the host NHS hospital and were looking into the possibility of potentially extending the opening times to meet the needs of the hospital.

### Learning, continuous improvement and innovation

The service had worked in partnership with the host Trust to accommodate the 12 weekly slots required for the RAPID prostate pathway initiative and try to review diary allocation to create as many scanning slots as possible every week.

However,

The unit staff had not met with the host trust to review the fire evacuation procedures, particularly relating to those who may not be able to negotiate the stairs.

**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

## Notes

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## 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.**

There were 12 modules that formed the mandatory training for the administrative staff in the service, and 15 for the radiographers. Safeguarding children's training completion was at 91% and adult safeguarding training was at 90%. These figures included a new member of staff that had only been in service for approximately two weeks at the time of the inspection which had pushed the total percentage down. Immediate life support training compliance was at 88% but also included the new member of staff in the figures.

Immediate life support and safeguarding training was provided in house.

### 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.

All staff within the service, including clinical and administrative staff had been trained at level one in child safeguarding. All radiographers had been trained to either level two or level three in child safeguarding and the service had access to a clinical lead in child safeguarding that was trained to level four.

All staff involved in the care of adult patients were trained to level two, adult safeguarding.

Staff we spoke with confirmed that they knew what to do if they had any concerns about any patient or anyone attending the unit and were confident that they be supported by the service leaders.

### Cleanliness, infection control and hygiene

**The service generally controlled infection risk well.**

Although staff kept themselves and most of the equipment and the premises clean, there were areas and some pieces of equipment that were visibly dirty.

Cleaning of the common areas throughout the unit was undertaken by the host NHS hospital staff. Although this was completed daily Monday to Friday, it was not completed at the weekends despite the unit being open seven days a week. Most of the areas we looked at were clean and the tops of cupboards and other surfaces were free from dust. However, we saw that two items of equipment had thick dust on them. These were the oxygen cylinder and the wheelchair. We reviewed the cleaning schedule which demonstrated which areas had been cleaned but did not show which individual items had been.

Cleaning of the clinical areas was undertaken by the radiographers and was performed daily. However, while most dates had been signed as completed, there were 12 dates for February that hadn't been signed. This meant that it could not be guaranteed that these areas had been cleaned.

We saw record of hand hygiene audits that were carried out monthly. The hand hygiene audit had been completed for all clinical staff every month during the

# Diagnostic imaging

period September 2017 and August 2018, with the mean score being 98%. One area of development noted related to staff being bare below the elbows (BBE). This had been addressed by the unit manager.

However, we did see one member of staff wearing a jumper with their sleeves down in the scanning room.

Infectious patients those with TB or Flu were planned were planned on to the list following advice from the host hospital's infection prevention and control nurse. The status of each patient was checked in advance with the ward staff.

## Environment and equipment

### **The service had suitable premises and equipment and, in the main, looked after them well.**

The Alliance Medical Epsom MRI Unit was located to the side of a main block of the host hospital. It was accessed through a motorised door from a level external surface to a level internal surface. There was a reception desk which had sliding windows that were kept shut until someone entered the building. There was a small waiting area in the reception with seating for seven people. There was a drinks machine where visitors could get free hot drinks and water. The reception desk always had a member of staff available.

From reception there was a door through to the main corridor in the unit. Off the corridor was the scanning room, with the observation room adjacent to it.

There were two changing areas which could be curtained off from the rest of the unit. These contained lockers where patients could leave their belongings during their scan. Across the corridor from the main door entrance was a chair and arm rest that was used for cannulation. However, staff told us that cannulation usually (around 70% of the time) took place on the table. The cannulation area could be curtained off by using a moveable screening curtain.

To the right-hand side there was a small kitchen area that staff could use. This also contained the medicines cupboard. This area was also curtained off.

Opposite the observation room was a reporting room that would be used by the consultants from the host NHS hospital.

Towards the back of the unit, past the observation room was a small flight of stairs that led to a fire door. It was explained to us that the door was the fire escape from the audiology and Ear Nose and Throat outpatient area at the host NHS hospital. This meant that any patients that needed to be evacuated from that area would come through the MRI unit and past the scanning room. Anyone being evacuated through the unit would then follow the path round to the fire escape, which was up another small flight of stairs.

There was a single toilet off the corridor that could be used by patients and staff.

Towards the back of the unit there was a store room, and opposite that, there was a lift that patients and staff from the host trust could use to go up and down. During the inspection there were two large boxes of new equipment for the scanner that had been delivered that day left on the floor outside the store room. They were placed there to await an engineer to come to install. We also saw that there were some boxes stored on the floor of the MRI scanning room.

The service had an MR safe trolley which could be used to move a patient out of the unit in an emergency. This was stored against a wall in the corridor area. There was also an MR safe wheelchair stored against another wall. There was a resuscitation trolley placed in the corner of the corridor. The area where this was stored doubled up as a curtained off changing area. As such, the resuscitation trolley had a cover over the top of it. It was explained that this was done to prevent patients tampering with the contents. It was further explained that the reason it was placed in the corner was because that was where the power source was.

We saw checks of the resuscitation had taken place and been recorded. The Automatic External Defibrillator and the trolley itself were clearly marked with a sticker to say they were not MR safe.

There was an oxygen cylinder next to the resuscitation trolley which was clearly marked with a sticker as not being MR safe.

We saw evidence that all equipment had been serviced at regular intervals and that the next services had already been booked.

# Diagnostic imaging

All systems that operate in the unit were backed up by the host NHS hospital generator. This was tested every Tuesday and scans were performed using the power from the generator.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.

In accordance with Alliance Medical policy, there were two members of staff that were immediate life support (ILS) trained on duty at any one time.

Every referral the service received was triaged by the radiologists daily, so patients were prioritised based on their clinical situation.

If someone had declared that they had a pacemaker, the service would reject the referral and send it back to the clinician to consider if any other method of scanning could be considered.

Any abnormal finding found during a scan were allocated a specific code that would alert all clinicians through the multi-disciplinary team coordinator and the referring clinician, as to what had been found.

If a patient was coming from the host NHS hospital for a scan, there was no formal verbal handover and patients were generally left with staff by the porters. If a patient was the subject of a do not attempt resuscitation order (DNACPR), this would be available at the front of the patient's electronic notes. However, we were told that some alerts were recorded on subsequent pages and the DNACPR may be recorded there.

We reviewed the incident report and investigation regarding a patient that deteriorated suddenly during a scan. It demonstrated that the service followed their protocol and ensured that the patient was transferred to the host hospital in good time. The incident was reviewed by the service to ensure that everything had been done according to protocol.

## Staffing

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

The service employed three full time radiographers with another working supernumerary having started just prior to the inspection.

## Medical staffing

The service did not employ any medical staff directly but maintained close links with the clinicians from the host trust as well as other clinicians from other trusts that used the services provided.

## Records

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

We were shown the services radiology information system and saw that it included a messaging system which allowed double reporting on the same scans and allowed the radiologists to feedback any discrepancies and / or learning to the radiographers.

## Medicines

The service did not use patient group directions and all medicines were prescribed by the trust consultants.

Medicines management was in accordance with policy and AML had an appointed pharmacy advisor who supported national requirements. Patient Specific Directions (A Patient Specific Direction (PSD) is a written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis) were required for all patients requiring intravenous contrast enhanced MRI imaging.

## Incidents

**The service managed patient safety incidents well.**

Staff recognised incidents and reported them appropriately. The reporting, investigation and management of incidents included and supported learning and development at unit level and across the wider organisation. Duty of candour requirements as detailed in policy were applied in accordance with regulation 20, with staff being open and honest in the event of any level of harm. Learning from incidents was shared via a monthly risk bulletin.

# Diagnostic imaging

We saw evidence that incidents were investigated, lessons were learnt and shared. Staff we spoke with knew how to report incidents on the electronic incident reporting system.

## Are diagnostic imaging services effective?

### Evidence-based care and treatment

The service adopted and participated in the Alliance Medical corporate audit schedule at a local level. Audits relating to various topics including, but not limited to patient satisfaction, reporting, imaging, information governance and clinical systems. These audits varied in frequency depending on what was being audited with ranges from one to six monthly.

The service did not undertake any auditing of their work in accordance with National Institute for Health and Care Excellence. This was because that auditing was carried out by the host NHS trust.

### Nutrition and hydration

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

Due to the length of time patients spent in the unit, there was little need for them to be provided with food or drink. However, patients had access to free drinks including water and a selection of hot drinks.

### Pain relief

#### Staff assessed and monitored patients regularly to see if they were in pain.

Because the scanning process was pain free, the service did not routinely offer pain relief. If patients were nervous they would allow them to attend and be scanned while under mild sedation that had been given to them by their GP.

### Patient outcomes

The service participated in the imaging services accreditation scheme (ISAS) and was accredited until July 2021. The Standard is designed to be patient-focused, cover the functions and systems of a whole diagnostic imaging and interventional radiology service and address quality in delivery and support quality improvement.

### Competent staff

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

Each radiographer had to complete five cannulations per month to demonstrate that they retained their competence to do so. Records of this were kept in the individual member of staff's online file.

New staff had an induction pack that was kept by the unit manager. This detailed the competencies they needed to demonstrate during their period of probation.

Staff competence was monitored through the performance appraisal system. Each member of staff had had an appraisal in the last year. However, the service was in a period of transition from one system to another which meant that for one appraisal cycle there would be a period of 18 months between appraisals.

A member of administrative staff told us how they had started an apprenticeship in management. The training was approved by Alliance Medical and would lead to a recognised management qualification. The development opportunity had been identified through the performance review system.

Staff told us that the appraisals were valuable and that they were well supported in their continuing professional development. Training courses relevant to their roles were available when necessary.

Registration of staff with the Health and Care Professions Council was managed by Alliance Medical headquarters and any issues would be communicated to the unit manager.

Cleaning staff from the host hospital were aware that they worked in an area where there was always a magnet on and did not enter the room. However, we were told that they had had no formal safety training about working in that type of area. Porters who took patients to the scanning area were also aware that they could not enter the scanning room but similarly, did not receive any formal MR safety training.

### Multidisciplinary working



# Diagnostic imaging

## Staff of different kinds worked together as a team to benefit patients

There were formal multidisciplinary team meetings held every Tuesday and Thursday as well as the consultants offering an open door to their reporting room for informal learning to take place on cases of interest. We were told by both the visiting consultants and the radiologists that this system worked well.

We saw an example where the radiologist had already reviewed past scans that day and had been able to discuss these with the radiographers. This meant that they were able to tailor that day's examination to the specific needs of the patient. This reduced unnecessary imaging and ensured that they did the most appropriate scan.

Huddles were held when time permitted to review how the work of the day was progressing. These were not held at the start of the day as the planned workload would be pre-arranged. The huddles were held to ensure that any changes to the planned schedule could be met, ordinarily if there was a no show or if appointments were overrunning.

## Seven-day services

The service was operated between 8am and 8pm, seven days a week. They provided an imaging service to the host NHS hospital and other NHS services.

## Health promotion

Due to the short length of time spent in the unit, there was no access to information regarding health promotion that would ordinarily have been provided by the patient's referring clinician. However, patients were given information prior to their scan to help them prepare physically and psychologically.

## Consent and Mental Capacity Act

**Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.** They followed the service policy and procedures when a patient could not give consent.

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

Patients that could not consent to attend the unit for a scan were consented by the referring clinician. Staff at the unit had previously received patients that were unable to consent to the procedure on the day. This had caused the service to have to send some patients away. They had therefore put the onus on the clinician to ensure that all questions had been answered and the patient had been adequately consented.

## Are diagnostic imaging services caring?

Good 

## Compassionate care

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

We saw that staff interacted well with patients and those close to them. They were polite, explained the procedure they were going to go through and allowed patients to ask questions.

We saw an example that demonstrated that staff were skilled in dealing sensitively with parents attending with young children and babies, treating the needs of the parents equally with that of their child.

Patients we spoke with told us that they had been treated well and that they felt looked after during their visits.

The reception area where patients booked in was part of the main waiting area, so it was not easy to maintain patient's confidentiality during the booking in process if the waiting room was busy.

## Emotional support

**Staff provided emotional support to patients to minimise their distress.**

A patient we spoke with told us how the staff had been pleasant when dealing with them and that they explained exactly what would happen throughout the scan and offered them a pillow to keep them comfortable.

## Understanding and involvement of patients and those close to them

**Staff involved patients and those close to them in decisions about their care and treatment.**



# Diagnostic imaging

We saw several compliments that had been left by patients about how the staff had made them feel comfortable and addressed their fears about becoming claustrophobic.

Patients were given clear information about the length of time they would need to wait for their results, what would happen next and how they could contact the referring clinician in the period between their scan and next appointment.

## Are diagnostic imaging services responsive?

Good 

### Service delivery to meet the needs of local people

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

The service planned its work by seeing patients that were attending the hospital as outpatients between the core hours of 9am and 5pm as these patients would ordinarily require contrast enhanced scans. They would then see patients from the host hospital out of hours, predominantly between 5pm and 8pm.

The service had started seeing up to 12 patients per week as part of an arrangement with a major London hospital. This meant that cancer patients could attend, see a urology radiologist, have a scan and biopsy all on one day as part of a cancer staging fast track. This arrangement meant that patients could have all their appointments in one place, on one day.

Paediatric patients would predominantly be seen on Wednesday's as that was the day that the paediatric consultant radiologist. Paediatric patients between the ages of zero to three months would be seen using a 'feed and wrap' technique to ensure that they were asleep through the scan. They would not routinely scan children over three months of age and seven years of age as they did not use sedation or general anaesthetic.

When planning the visit of a paediatric patient, a member of staff would call the parent to discuss what would happen during the scanning process. The staff would also direct the parent to a short video that was available online. The video showed the child and parent the

journey they would take when attending for a scan. Older children were provided with an information sheet that they could read. We saw that this was written in simple English and could reasonably be understood by those between the ages of seven and 12.

The service was able to add urgent appointments in if there was capacity before 5pm.

### Meeting people's individual needs

#### The service took account of patients' individual needs.

All staff that work within the service had attended courses run by the dementia society to ensure that they can meet the needs of people living with dementia. Staff wore badges that demonstrated that they were 'dementia friends'.

The service did not have a hoist, or immediate access to one. However, the service was able to pre-book a hoist if required and could get staff in that were trained in its use.

We spoke with one patient who described how they had had their original appointment cancelled, had no call from the hospital to re-book and was then called to be told that the scan had been re-booked for the following day. They also described how they were not told how long the scan would be and that the information leaflet wasn't clear.

Staff told us about how they would use a technique called 'feed and wrap' if there was a young child that was attending for a scan. During the inspection we saw that there was a young baby attending for a scan. Staff put a sign up asking people in the unit to keep quiet as there was a baby trying to sleep. This was shown to be effective as the baby was able to have their scan without delay.

Parents of children attending the unit for a scan were offered the opportunity to visit prior to their appointment to familiarise them with the environment.

If there was a delay in seeing patients, staff would go and tell patients directly that they were running late and did not display any signs. We also saw that there was a notice in the waiting area that told patients that they could reclaim their parking expenses if they were seen after their appointment time.

# Diagnostic imaging

Consent forms were available in 12 languages if a patient was not able to read or speak English as a first language. Telephone interpreters were also available should a patient require one.

## Access and flow

### People could access the service when they needed it.

The service had a 'did not attend' policy. The service would call the patient before 2:30, the day before their scheduled appointment. If the patient did not attend, the booking remains in the system and arrangements would then be made with the patient to re-schedule their appointment. If the patient did not attend on three occasions, they would be referred to the clinician that referred them.

## Learning from complaints and concerns

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

We reviewed the services complaints log which detailed the complaints that had been made and included the date received and the date that the response was sent as well as the topic of the complaint.

We reviewed one complaint in detail. We saw that the complaint had been responded to within the services 14-day timeframe. The response addressed all the points raised in turn. The complaint had been thoroughly reviewed and key people had been spoken with. Several the issues that were raised were dismissed with an explanation as to why. However, there were areas where the service recognised things hadn't gone as planned. Where this had happened, we saw that the service had taken learning from this and communicated the learning with staff.

## Are diagnostic imaging services well-led?

Good 

## Leadership

### Managers in the service had the right skills and abilities to run a service providing high-quality sustainable care.

The manager of the service was an experienced unit leader who ensured that patients attending were provided with the best possible service.

We saw how the manager had the respect of their colleagues at Alliance Medical and the host NHS hospital. Staff we spoke with told us that the manager was visible, approachable, would listen to and act on any concerns.

The service adopted wider Alliance Medical Corporate values and staff we spoke with were able to tell us what those were.

## Vision and strategy

### The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.

The services vision was to continue to provide diagnostic imaging services for the host NHS hospital and were looking into the possibility of potentially extending the opening times to meet the needs of the hospital.

The service was also looking to continue to carry out the work for a specialist NHS trust as part of a programme that had already been started.

It was recognised that to expand the service they would require more staff and that the balance they had now was effective.

## Culture

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

Staff we spoke with felt that they were valued by the leadership team and the wider organisation. There were opportunities provided for staff to develop and this was actively encouraged. Staff described a positive working culture where they were free to raise concerns and believed that they would be listened to.

Administrative staff described good relationships with the clinical staff and believed that there were opportunities to communicate and raise concerns when necessary.

## Governance

# Diagnostic imaging

## **The service did not have a comprehensive local governance framework that allowed them to review performance and safeguard high quality care.**

We were told that there were only infrequent meetings with the host hospital to review the services performance and that there had only been a couple in the last year. There were no records of these meetings or what was discussed. However, this situation was likely to change after Alliance Medical had appointed a new regional manager.

The service manager met monthly with the trust executive committee. The meeting was attended by the lead radiologist and other radiology staff as part of the multi parametric prostate work the service was providing.

The whole team had monthly meetings to discuss governance requirements which applied to all units. They would discuss incidents, complaints, scan reports, health and safety issues, delivery against business plan, information governance issues, what went well and what didn't go so well.

## **Managing risks, issues and performance**

We reviewed the risk register and saw that reactions to contrast media and patients having a pacemaker were the top risks. However, the environmental risks, such as the fire evacuation route from the main hospital passing through the unit, were not identified as risks.

While we were satisfied that there was a clear plan to evacuate anyone from the unit, as well as those evacuating from the host hospital, this was not on the risk register and the unit staff had not met with the host trust to review the fire evacuation procedures, particularly relating to those who may not be able to negotiate the stairs. Staff told us that occasionally the fire door is pushed from the other side and that this triggers an alarm that then had to be reset by security.

During the inspection there were four workers present who were changing the light fittings in the unit. During the time they were there, the scanning room was closed but there was no barrier preventing them from entering. It was also noted that not all of the workers had visible identification.

Staff we spoke with were aware of the business continuity plan in the event of a loss of power or IT systems. However, when asked about the quench (A "quench" is an event that occurs only in superconducting magnets and results in a loss of the magnetic field of the MRI magnet) procedure and fire plan, some staff were unable to show us the plan immediately although all staff knew what the procedure was. The quench procedure was explained in the local rules.

## **Managing information**

Although it was an 'unreported service' as all the reporting was done by the host NHS trust. the unit manager kept all original forms in the reporting room to ensure that scans were reported on time.

## **Engagement**

The service had taken several patients from Imperial Hospital to scan as part of a piece of work with the staging of cancer. They were able to offer appointments to fast track patients for their scan and have a biopsy on the same day to avoid the need for two appointments. This arrangement had been in place for approximately two years and was due to end in the summer of 2019. However, the service wanted to continue offering patients the places due to the successes they had achieved.

Consultants from the host NHS hospital told us how the relationship with Alliance Medical was very successful and that the service was accommodating to their needs when workload was high.

## **Learning, continuous improvement and innovation**

The service had worked in partnership with the host Trust to accommodate the 12 weekly slots required for the RAPID prostate pathway initiative and try to review diary allocation to create as many scanning slots as possible every week.

The confirmation of appointment process was a local initiative which had led to reduced 'did not attend' (DNAs).

A daily meeting was held to try and identify any potential threats to service delivery to allow them time to act to prevent them happening.

# Outstanding practice and areas for improvement

## Outstanding practice

Staff used a technique called 'feed and wrap' if there was a young child that was attending for a scan. Staff would put a sign up asking people in the unit to keep quiet as there was a baby trying to sleep.

## Areas for improvement

### Action the provider **SHOULD** take to improve

#### Action the provider **SHOULD** take to improve

Ensure that dust is not left to build up on equipment.

Implement a formal verbal handover so patients aren't left with staff by the porters.

Ensure boxes of equipment should be stored safely.

Discuss the fire evacuation procedure with the host NHS trust and consider the risks associated with it.