

Ashford and St Peters MRI

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



Summary of findings

Letter from the Chief Inspector of Hospitals

We rated it as good overall because:

- Staff were provided with mandatory training and professional development to ensure they could safely meet patients' needs and received an annual appraisal of their work.
- The safeguarding adults and children policy reflected national guidance. Staff were aware of their role in protecting patients from the risk of abuse. Safeguarding concerns were reported in line with the policy.
- The MRI unit was visibly clean and we saw environmental audits which showed high levels of infection control compliance. Equipment was visibly clean, serviced regularly and records showed staff checked equipment daily.
- There were sufficient numbers of staff to meet the needs of the service, to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Clinical incidents were reported, investigated, learned from and used to improve the quality of the service. Policies and procedures reflected best practice and national guidance.
- Staff understood their role in ensuring consent was obtained using the three-point check before patients had any examinations.
- Patients were cared for by kind, respectful and professional staff. Staff understood their patients' individual needs, because they involved them in decision making about how their care should be delivered.
- Emotional support was provided to patients by staff, this included extended appointments for those who suffered from anxiety related conditions.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- The leadership, governance and culture was used to drive and improve person-centred care. Staff were committed to the vision, strategy and aligned to a culture of ensuring clinical priority and customer service.
- Governance and performance management arrangements were proactively reviewed and reflected best practice. Risk management processes were linked to ensure all risks regardless of severity were identified, graded, mitigated, rated and reported to the quality and risk manager.
- Staff told us they were proud of the organisation and spoke highly of the leadership and the culture. Staff felt free to raise comments and concerns.
- There was strong collaboration and support across the service, and a common focus on improving quality of care and people's experiences. This included good working relationships and feedback processes with the referrers and external organisations.
- Feedback was welcomed by staff and used to improve the service and patient experience.

However,

- Contrast media was not always recorded in inpatient records of care.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals

Summary of findings

Overall summary

Ashford and St Peters MRI is operated by Alliance Medical Limited who took over the service in August 2006. The service registered with Care Quality Commission in 2010. Alliance Medical Limited has a lease of building agreement with a co-located hospital until April 2029 providing Magnetic Resonance Imaging (MRI) scans. An MRI is a type of scan that uses magnets and radio waves to produce detailed images of the inside of the body. MRI services are provided to self-funded and NHS patients within the setting of a co-located hospital in Chertsey. The service also had a contract in place to scan patients from other co-located hospitals.

The service specialises in neuroradiology, orthopaedics, neonatal and cardiology. The service provides scans to the co-located hospital accident and emergency departments, outpatient department and in-patient services.

The service also delivers two specialist cardiac MRI clinics. Cardiologists from the trust supervise cardiac stress scans with a specialist gynaecology MRI clinic once a week. The unit manages diaries to accommodate in-patients daily.

The service currently has one scanner with a weight limit of 150kg. However, the organisation has secured a contract extension with the trust, under which two new scanners will be installed and operational by April 2019.

The two new scanners will replace the current scanner at the unit to meet the demand for MRI diagnostic scans within the area. The two new scanners will be a 1.5 Tesla and 3 Tesla machines.

The MRI unit operates between 8am to 8pm, seven days a week supported by experienced staff, working in accordance with staffing guidelines.

We last inspected this location in March 2013. Our inspection found the provider compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 11 January 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.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating Summary of each main service

Good



- The service provided safe scanning pathway to patients. There were sufficient numbers of staff to meet the needs of the service and we found risks related to infection was well controlled.
- Policies and procedures reflected best practice and national guidance.
- Patients were cared for by kind professional staff. Patients' feedback was consistently positive and proactively sought to improve the service.
- Information on service fees was freely available to patients.
- The service delivered, took account of the needs of the local community. Patients' individual needs and preferences were central to the planning and delivery of services.
- The services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- The service was flexible, provided choice and ensured continuity of care by ensuring reports were available within twenty-four hours, or immediately in the event of a finding requiring urgent treatment.
- We found effective risk management and governance systems. These took account of, and provided oversight of the risks and quality of services.
- There was a clear leadership structure and team that provided good support for staff.
- The culture of the service was cohesive, proactive and held patients at the centre of the service. Staff felt valued by the leadership team, and were proud to work in the service.

Summary of findings

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Good



Ashford and St Peters MRI

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Ashford and St Peters MRI

Ashford and St Peters MRI is operated by Alliance Medical Limited who took over the service in August 2006 and provided diagnostic healthcare services in Chertsey. The diagnostic service delivered magnetic resonance imaging. The service primarily serves the communities of the Ashford and Chertsey area. It also accepts patient referrals from outside this area.

The provider is registered for the following activities:

- Diagnostic and screening procedures

The service has had a registered manager in post since 2016. We last inspected this location in March 2013. Our inspection found the provider compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Our inspection team

The team that inspected the service comprised of two CQC inspectors. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Ashford and St Peters MRI

Alliance Medical Limited took over the contract for Ashford and St Peters MRI in August 2006 and have renewed their lease until 2029. The service currently provides diagnostic healthcare within the area of Ashford and Chertsey.

The service is registered to provide the following activities:

Diagnostic and screening procedures

During the inspection, we spoke with seven staff including; radiographers, the service manager, administration and reception staff. We spoke with four patients. We also reviewed a large sample of patient feedback comments and suggestions completed prior to our inspection. We reviewed three patient records during our inspection.

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

Track record on safety

- No never events reported within the inspection time frame. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
- Twenty two clinical incidents reported, mostly reported as low harm, with seven reported as moderate harm.
- One reported serious incident within the inspection timeframe.
- Four complaints received from October 2017 to September 2018
- One complaint was managed under the formal complaints procedure and one was upheld.
- No incidences of service acquired infections

Services accredited by a national body:

- Imaging Services Accreditation Scheme – Whole organisation
- ISO27001- Whole organisation
- Investors in People- Whole organisation

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?

We rated safe as Good because:

- There were systems and processes to ensure patients received safe care.
- The service provided sufficient mandatory training to ensure staff could meet the needs of patients.
- Staff were aware of their role in protecting patients from the risk of abuse. Staff reported concerns in line with national guidance.
- The risks associated with the spread of health acquired infection were reduced because staff followed best practice.
- There were sufficient numbers of staff to ensure the service was delivered.
- Patients had their individual needs risk assessed before a procedure.
- We found systems and process to ensure incidents were reported, learned from, and used to improve the service.

However:

- We found the door to the restricted area did not always lock after use and we could open the door without using the keycode.
- We found it was not regular practice for radiographers to document in the patient's inpatient notes any contrast administered for the scan. This meant in the event of a patient reacting to the contrast post scan, ward staff would be unaware of the cause which could result in a delay in recognising and managing contrast reactions.

Good



Are services effective?

We do not rate effective for this service. However, we found that:

- Service policies and guidelines reflected best practice and national guidance.
- Audit processes monitored the image quality and suitability of the referrals against the Society of Radiographers best practice guidance. There was a clinical lead who had overall responsibility for the audit activity in the service.
- Staff were competent to meet the needs of patients. They were provided with an annual appraisal and supported to learn and develop professionally.
- There was a multi-disciplinary approach to service delivery.
- Consent was obtained in line with the service's guidelines.

Summary of this inspection

Are services caring?

We rated caring as Good because:

- Patients were treated with dignity and respect. Staff interactions were kind, caring and professional. They provided detailed information to patients and gave them enough time to ask questions about their planned procedures.
- Patients were provided with emotional support by staff. They were also provided with additional therapies to manage claustrophobia or other anxieties if required.
- Patient feedback was actively sought and used to improve the service. It was consistently positive.

Good



Are services responsive?

We rated responsive as Good because:

- Services were tailored to meet the needs of individual people.
- Patients could access services without delay and at a time that suited them.
- People's individual needs and preferences was central to the planning and care delivery.
- The provider had a complaints review process which directly involved patients. Service improvements were made from comments and complaints.

Good



Are services well-led?

We rated well-led as Good because:

- Governance and performance management arrangements were proactively reviewed.
- Risk management process were linked to ensure all risks (regardless of severity) were identified, mitigated, rated and reported to the quality and risk manager.
- The registered manager demonstrated an inspiring shared purpose, and motivated the team to succeed.
- The culture of the service was cohesive, proactive and held patients at the centre of the service. Staff felt valued by the leadership team, and were proud to work in the service.
- Staff at all levels are actively encouraged to raise concerns.

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 

Are diagnostic imaging services 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. The service had enough staff with the right qualifications, skills and training.

- There was a comprehensive mandatory and statutory training programme for all clinical and non-clinical staff which ensured relevant knowledge and competencies were maintained and updated. Mandatory training was offered by both the host trust and Alliance Medical Limited, delivered via a combination of online training and face to face sessions.
- Alliance Medical Limited provided mandatory training and competencies on infection control, basic life support, safeguarding and MRI safety and intravenous cannulation. There were joint training schedules with the host trust who provided staff training on safeguarding, fire and health and safety training. A number of practical assessment days were available for clinical staff covering specific areas of imaging. All radiographers were competent in cardiac imaging as the service specialised in cardiology.
- Training compliance records were held electronically on a central database and we observed staff mandatory training records for the site. We observed most staff's mandatory training was 100% compliant.

Clinical staff were 85% compliant in immediate life support and non-clinical staff were 100% compliant in basic life support. However, only 76% of staff had completed the information governance training. Staff records showed that the staff who had not completed all mandatory training were staff who were new and currently in the process of completing their mandatory training.

- Training was easy to access and staff were reminded when it was due. Staff and the registered manager were given notification via email three months before training was due to expire and regular emails were sent until training was completed. Staff we spoke with said the training was easy to access and there were opportunities to attend other facilitated training.

Safeguarding

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

- Staff completed safeguarding training provided by both the host trust and Alliance Medical Limited. All staff followed the in house safeguarding processes for reporting and liaising any safeguarding concerns. Staff we spoke with knew who the designated safeguarding leads were for adults and children in both the trust and Alliance and Medical Limited, and both leads provided additional support and advice to staff when needed. Staff demonstrated good awareness and knowledge of their role in regard to protecting patients from harm and abuse.
- Data provided by the service showed that 100% of both clinical and administrative staff had completed

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level one and level two adult and children safeguarding training provided by Alliance Medical limited. The lead and senior radiographers who were responsible for the scanning of all children and young people had completed level two adult and level three children safeguarding training. This met national guidance Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2014).

- Staff had access to the organisation's safeguarding policy and procedures on the intranet. The policy was in date and reflected national guidance. The trust's safeguarding team liaised with the service manager and senior radiographers to inform of any child referred who is part of a child protection plan and there was good communication between the service and the trust.
- All children and young people who were seen in the service were either accompanied by a trust member of staff or a parent or carer.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.

They used control measures to prevent the spread of infection.

- We observed the service and MRI environment to be visibly clean and clutter free. The service had an infection control lead and a prevention and control policy. Regular audits were completed and staff were 100% compliant in completing infection prevention and control training.
- Alliance Medical Limited completed an infection prevention and control report in September 2018 and found staff were 98% compliant with the hand hygiene audit.
- Staff were seen to be bare below the elbows, wore personal protective clothing when required, washed their hands and cleaned equipment between each patient. This was in accordance to NICE QS61 Statement 3: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care.
- The service scored 100% in a monthly audit on the insertion of peripheral vascular device (PVD). A

peripheral vascular device is a device inserted into the veins for diagnostic or therapeutic reasons for administration of medication to reduce the risk of blood borne infections.

- We observed staff cleaning reusable medical equipment such as immobilisation foams and radiofrequency coils (radiofrequency coils are essential for producing high quality images). They used disinfectant wipes after every use.
- Daily cleaning of the service was completed by the trust cleaning staff and an outside contractor completed a deep clean of all MRI equipment monthly and provided a cleaning certificate. The manager completed a quarterly cleaning check of all areas and equipment.
- There was a clear pathway in line with the services policy for scanning patients with suspected communicable diseases. The service manager and trust staff liaised with the infection prevention and control team to find out if a patient was safe to undertake an MRI scan. Patients with infection risk were scanned as the last case of the day and a deep clean of equipment occurred following the scan.
- Handwashing sinks were observed in the treatment area with effective systems for the segregation and disposal of domestic and clinical waste. Sharps boxes were available in treatment areas, they were secure and labelled with the correct information. This was in line with Health and Safety Regulations 2013 (The Sharps Regulations), 5(1) d. This required staff to place secure containers and instructions for safe disposal of medical sharps close to the work area.
- Gloves were available to protect staff and patients against infection and we saw that staff adhered to use of gloves where clinically indicated. Sanitising hand gel dispensers were available for use in all clinical areas.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

- The MRI unit was located within the host trust since 2006. This lease had been extended until 2029. To meet the demand for MRI scanners in the local area there was a redevelopment currently underway to

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extend the environment and to increase the MRI scanners from one to two. The redevelopment was to provide better facilities for staff and patients with better equipped changing rooms, a better patient preparation area and a larger treatment room.

- The clinical room had two changing rooms, lockers for patients, patient preparation area, reporting room, one toilet and the MRI scan room.
- There was a partition wall behind the control room, whilst construction work was being carried out on the other side. During our inspection the work taking place did not impact on patient care. We found there to be limited noise and consideration had been given to ensure appropriate lighting was in place for reviewing images. The room temperature was well controlled. The controlled area had a key code lock to ensure the access was secure. All patients were escorted into the room by a clinical member of staff.
- All areas were clean and uncluttered. The waiting area was bright and looked onto an outside garden area.
- There were MRI safe fire extinguishers in the clinical room and documentation to show regular checks of equipment took place. The MRI safe equipment was marked to make it easily identifiable in line with Medicines and Healthcare Products Regulatory Authority (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2015). MRI safe equipment is made from non-metal materials so not to interact with the magnetic field of the scanner.
- We conducted a random check of equipment and consumables and found the equipment to be in date and checked daily. The trust provided equipment and consumables for the resuscitation equipment placed in the clinical room and we observed the MRI department completed the checks daily. The MRI resuscitation trolley was not MRI safe. However, staff told us of a recent incident where the resuscitation equipment was required. We observed through the incident documentation and outcome that staff responded quickly and effectively which resulted in the best outcome for the patient.

- There was an effective system for recording faulty equipment. The service had a handover form which recorded the equipment checks. The form contained detailed information about each check and actions taken for any identified faults.
- A keycode lock was in place to access restricted areas. However, we found that the door did not always lock after use and we could open the door without using the keycode. We reported this concern to the service manager who informed us they would report this and ensure the lock was fixed.

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.

- We observed all patients were asked by administrative staff whether they had received and completed the medical safety questionnaire when confirming appointments. All referrals were risk assessed by the radiographers to make sure the service could safely meet their needs. The service had a standardised proforma which asked questions related to pregnancy, pacemakers, shrapnel or metal. It also included the reason for referral, patients' current condition, and any existing medical condition and history.
- All chaperones or carers completed the medical safety questionnaire before accompanying a patient into the scan room. On arrival clinical staff would go through the medical questionnaire with the chaperone as well as the patient.
- Staff were observed reviewing the screening forms after completion and undertaking a systematic three-point check to confirm each patient's identity before a procedure. A three-point identity check was undertaken to ensure patients matched the details on the referral. We saw allergies clearly documented on the referral forms. Patients were also asked about their allergies, as part of the routine checks in line with best practice guidance, prior to procedure.
- In-patients attending MRI appointments were risk assessed by radiographers and when necessary accompanied by a trust member of staff. Staff checked patients' observations using an MRI safe monitoring

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equipment and called for medical assistance if a patient's health deteriorated. The MRI bed converted to a trolley which detached from the scanner if a patient needed to be transferred in an emergency.

- The service had recently completed a serious case review following an incident of cardiac arrest whilst the MRI scan was in use. A policy was in place for medical emergencies and staff called 2222 for a medical emergency. Staff told us there was an immediate response and the host trust and MRI department worked well together. We observed a clear root cause analysis for the incident and learning was disseminated to the team.
- Patients were given a contrast media injection as part of their MRI procedure. All patients completed a risk assessment prior to administration of contrast media and a kidney function test occurred for all patients over 65. Contrast scans took place between 9am and 3pm, to ensure a radiologist was available if required. Patients' weight was measured and recorded so contrast media could be given in accordance to patient weight. We observed staff placing the specific sticker from contrast media on a patient's medical questionnaire form which was scanned in electronically, and could be traced if allergic reaction or anaphylaxis occurred. However, we found it was not regular practice for radiographers to record in the patients' in-patient written records that the intravenous contrast had been administered for the scan. This meant in the event of a patient reacting to the contrast post scan, ward staff would be unaware of the cause which could result in a delay in recognising and managing contrast reactions.
- We found there was a clear process to follow if a clinical concern was identified during a scan and an immediate response was required. The service had a 'hot seat' radiologist who reviewed all concerns. This information was reported back to the referrer within 24 hours to make them aware of the scan findings. The service had in place a list of on call specialist radiologists for specialist advice.

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 MRI unit recruited staff in accordance to Alliance Medical Limited national guidelines. Staff completed a corporate induction as well as a host induction. Bank staff were employed by Alliance Medical Limited and completed local and corporate induction as well as local competencies.
- The service had no bank staff working within the Ashford and St Peters MRI site due to the complexity and high need patients scanned at this service. Sickness or absence was covered by regular staff.
- All staff employed at the service worked across two Alliance Medical Limited sites and the service manager managed both areas. The service provided at least two clinical staff members at all times. However, most days and especially during busier clinics we observed rotas where there were three clinical staff in place during 9am to 3pm.
- Administration support was increased during main clinic times.
- We observed staff sickness, to be low with 1% sickness rate for clinical staff over a three-month reporting period and 0.5% for administrative staff. The service manager informed us that staff retention had been difficult due to the area's cost of living and close proximity to London. However, the organisation was looking at how recruitment could be improved and recently introduced a graduate programme for newly qualified radiographers.

Medical staffing

There was medical support available to the service.

- Scans were reviewed by the host trust's radiology team. There was a radiologist on call where staff could get medical advice and the service used 2222 for a medical emergency. The number 2222 is a standardised number used in all hospitals to alert the medical emergency team that assistance is required.

Records

Diagnostic imaging

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

- Patient records were accessed via an electronic hospital system, all data and information were updated onto these. A radiology information system (RIS) was used and reports were shared with clinical referrers. Patients' booking information, scan reports and any communication between service and patients was incorporated onto the host trust's patient electronic notes system. Most of the referrals received were for inpatient scans. However, the service received referrals from GPs and consultants requiring a specialist MRI scan.
- Administrative staff received referral forms in paper form from patients or from the referring practitioner. An electronic patient record was created on both the Alliance Medical Limited and host site's systems once the referral form was approved.
- Staff we spoke with told us when information was needed it was readily available. Records were kept on two electronic systems which could be accessed by both Alliance Medical Limited and host site staff.
- We found patient records had all required information, medical questionnaire and consent forms present. We observed clear documentation of the three-point patient check and all reports were legible and up to date.

Medicines

The service followed best practice when prescribing, giving, recording and storing medicines. The service followed the medicines management policy and a pharmacy advisor provided support and advice on national requirements.

- A service level agreement was in place with the host trust's pharmacy department. Medicines, including contrast media and/or relaxants, were administered using a patient group directive (PGD). PGDs provide a legal framework that allows registered health professionals to supply and administer specific medicines to a predefined group of patients without them seeing a prescriber.

- PGDs were in accordance with nursing and midwifery council (NMC) guidelines for administration of medicine and the health and care professions council (HCPC) standards of proficiency for radiographers. The PGDs used within the service were signed off by the host trust's clinical governance committee. PGDs were read and signed by all clinical staff who were authorised to give contrast injections during scans. All clinical staff completed an online mandatory training for the use of PGDs.
- We found contrast media was in date, and stored in line with best practice guidelines. Radiographers were observed checking the drug used, expiry dates, and batch numbers.
- Fridge temperature logs were checked daily and temperatures were all within the guidelines specified.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. There was an up to date incident reporting policy which provided guidance for staff on how to raise a concern and outlined the process of investigation.

- Learning from incidents was discussed as part of staff meetings. Staff unable to attend meetings could access staff meeting minutes on the intranet. We reviewed four staff meeting minutes and found they were easily accessible to staff.
- Staff were aware of how to raise an incident and felt confident that they would receive feedback from senior leaders. Staff we spoke to told inspectors how the incident reporting system worked and provided evidence of learning from incidents reported in the past.
- Incidents were reviewed and investigated by the service manager. We found incidents were clearly documented and there was evidence that when things went wrong, staff apologised and gave patients honest information and suitable support.
- Incidents were reported internally to Alliance Medical Limited and with the host trust. Incidents were reported through an electronic reporting system and the information was collated internally and shared

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with staff for learning. We observed documentation where duty of candour was applied in accordance to The Health and Social Act (2008). Incidents locally and nationally within Alliance Medical Limited were shared within the organisations monthly risk bulletin along with outcome of investigation and the lessons learned.

- Ashford and St Peters MRI did not report any never events in the 12 months prior to our inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The numbers of incidents reported was low. Of the incidents reported, we found most were low-level reports, resulting in no harm to the patient. The serious incident reported detailed a patient having a cardiac arrest on the scanner. We observed a clear route cause analysis and shared learning between the staff and the host trust as well as corporately within Alliance Medical Limited.

Are diagnostic imaging services effective?

We do not rate effective for diagnostic imaging services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

- Policies and procedures used in the service followed evidence based practice and were developed in line with the Health and Care Professions Council (HCPC) standards of proficiency for radiographers. These standards set out safe and effective practice in the radiography profession.
- The medicines and healthcare products regulatory agency (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2015) and National Institute for Health and Care Excellence

(NICE) guidelines for diagnostic procedures were used when developing policies and local audits. The organisation's policies and procedures were on rolling programme of review and updating.

- Alliance Medical Limited used a quality assurance review framework for auditing and monitoring. The service was reviewed annually for compliance in following the organisation's policy and procedures. We observed monthly minutes of meetings taking place with the service manager.
- There was a clear aim for completing local audits. Local audits were completed by the service manager and we observed documentation of audits and meeting minutes with the host trust and organisation.
- We observed local audits completed to compare the key elements of the referral and scanning pathway. This included, referral to scan time and scan to report issued time to make sure that the service was providing the referrer and patient with information. The scan report was in support of diagnosis as soon as possible.
- There was a clear focus for completing local audits. Local audits were completed by the service manager and we observed documentation of audits and meeting minutes with the host trust and organisation.
- The service had an audit programme which monitored patient outcomes and effectiveness of policies and procedures. Benchmarks were set against other Alliance Medical Limited services across the country. The service did not participate in national audits, therefore could not benchmark themselves against similar services nationally.
- Staff were kept up to date with changes in policies ensuring practice was evidence based. Most policies were reviewed annually and staff signed to state they had read them.

Nutrition and hydration

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

- The waiting room had a water dispenser and a tea and coffee machine accessible to patients and visitors. The

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service ensured patients who were insulin-dependent were monitored during and after scanning to ensure they maintained a normal blood glucose level if needed to be nil by mouth prior to their investigation.

Pain relief

- Patients were not routinely asked about pain. However, if a patient told staff they were experiencing pain during or after a scan, then they were assessed and closely monitored by clinical staff.
- The service had a variety of pads and supports to minimise pain for patients undergoing a scan.

Patient outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve them.

- The organisation had an audit programme which monitored patient outcomes and the effectiveness of policies and procedures. Benchmarks were set against other services within Alliance Medical Limited providing similar treatment.
- Image quality was reviewed by radiologists and local key performance indicators were agreed with commissioners at the point of contract agreement. Image quality reports were available on request and the service manager attended service review meetings weekly with the host trust to review performance indicators. The service manager also attended monthly organisational meetings to review and report on the same data.

Competent staff

The service made sure staff were competent for their roles. The recruitment and induction processes ensured staff had the right qualifications, skills, knowledge and experience to do their role.

- There was a clear induction policy set out by Alliance Medical Limited as well as a corporate induction. All new staff were required to complete skill based competencies which were measured during their three and six monthly probationary meetings.
- Managers appraised staff's work performance, and held supervision meetings with them to provide support and monitor the effectiveness of the service.

Yearly performance review meetings took place for all staff. Staff competence was assessed through competency based assessments and reviewed during the yearly performance review meetings.

- Learning needs were identified for staff, and opportunities for staff development was discussed during annual appraisals. All staff could apply for funding for external courses which would benefit their career progression.
- Staff attended regular clinical training in line with service developments and their area of interest. Records showed that staff were trained in MRI/X-ray safety level responsibilities relating to the use of all equipment.
- All staff working in the service had relevant pre-employment checks before starting employment and we saw evidence that these were in place.
- Alliance Medical Limited supported and offered access to both internal and external funded training. The organisation provided a two-year graduate scheme aimed at newly qualified radiographers. The programme offered a clear competency based training programme with support from experienced mentors with the programme leading to career progression opportunities.
- All staff were registered with the health care professions council. The service supported staff to maintain their professional registration and checked to ensure registration remained current. This was looked at regularly to ensure staff remained competent to carry out the role they were employed for.
- Radiographers completed specialised training and all working at the Ashford and St Peters site were trained to scan cardiology patients.

Multidisciplinary working

Staff from different disciplines worked together as a team to benefit patients.

- Alliance Medical Limited staff worked closely with staff from the host trust to care for patients that were referred to the service.

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- The service manager was responsible for co ordinating the transfer of care between the ward and MRI unit. Staff we spoke with told us that the service had good working relationships with the wards and the host trust's executive team.

Seven-day services

- The service was provided between 8am and 8pm daily, Monday to Sunday. This provided extended accessibility to the service for patients to book appointments.

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. The service had an up to date Mental Capacity Act (MCA) policy. The policy set out procedures staff should follow if a person lacked capacity. The Mental Capacity Act and Deprivation of Liberty Safeguards (DOLs) was covered in the host trust safeguarding training.
- There was a consent policy which was in date and gave guidance for adults, children and young people who lacked capacity.
- The service used separate forms for young people and patients who lacked capacity. The necessity of the procedure would be discussed between the patient's consultant and senior radiologist who would sign the consent form and discuss with the next of kin.
- We observed patients giving informed consent before any scan was undertaken. This was verbally confirmed during the patient pre-scan information review process and consent form was completed by the patient and a radiographer prior to imaging.

Compassionate care

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

- We observed staff being kind and compassionate. Radiographers took time to explain the scan procedure to patients. There was a clear chaperone policy. Carers or relatives could accompany patients into scans on their request.
- Staff spoke in a friendly yet professional manner. Staff communicated effectively and addressed patient's individual needs both in person and in telephone conversations.
- Clinical and non-clinical staff introduced themselves to patients. Clinical staff spoke to the patient throughout the scanning pathway.
- The service informed patients if there was not a female radiographer working on their appointment date and were offered either a chaperone or a new appointment.
- Patients we spoke with were happy about the service they received. Patient satisfaction surveys were available to all patients after they have had their scans and staff encouraged patients to complete and submit them electronically. Information from the feedback forms was collated monthly and discussed with the team during the monthly staff meetings.
- Comments received from patient feedback were 'Team very organised, and efficient from booking to test' and 'everyone was lovely, and helped to put us at ease'. We observed the friends and family test results for the last month and 100% of patients were likely to recommend the service.

Emotional support

Staff provided emotional support to patients to minimise their distress, and involve patients and those close to them in decisions about their care and treatment.

Are diagnostic imaging services caring?

Good 

We rated it as good.

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- Staff spent time with patients before the MRI scan, to check on their wellbeing. Staff supported and reassured patients about their scan and continued communicating with patients during the scanning process.
- Staff provided emotional support to patients to minimise their distress. For example, we heard an inpatient waiting for a scan tell the receptionist they were scared. The staff member went over to patient to give reassurance. We listened to administration staff reassure a nervous patient on the telephone and advised that they could bring a family member or friend into the scan with them as the chaperone.
- Children would be cannulated in the ward and only taken to the MRI unit when the team was ready for them, this was to alleviate any anxiety or distress.
- Support available included the provision of headphones to cancel the loud noise of the scanner. Personal play lists were provided if requested.
- Radiographers told patients they could communicate with staff during the scan and there was a call bell to use if they wanted to stop the procedure.
- Patients who were anxious were advised to request a prescription from their GP for oral sedation or the patient had the option of an open scanner at another MRI unit.

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. Staff provided clear explanations about the procedures and encouraged patients to ask questions.

- Patients told us they were provided with sufficient information before and during their appointments. Patients were also encouraged to come to the service to see the MRI equipment prior to their appointment if they were feeling nervous about their upcoming scan.
- All children and young people attending the service went to the paediatric ward to prepare and receive support prior to the MRI scan. Children and young people were always supported by a family member or nurse from the ward.

Are diagnostic imaging services responsive?

Good 

We rated it as 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 planning and delivery of the service provided were in line with the requirements of the local trust and the area that it served. This was a collaborative service between the NHS and Alliance Medical Limited which ensured local people had access to timely MRI scanning services.
- Signage directing patients to the MRI unit was clear, visible and easy to follow. We followed the signs from the main reception to the service with ease. The environment was appropriate and patient centred with comfortable and sufficient seating, toilets, drinks machine with reading materials available and information displayed which was relevant to the service.
- Information was provided to patients by a telephone conversation and a letter with contact details of the service and where the service is located within the host trust. Clear guidelines were given for all patients to complete the medical safety questionnaire prior to their appointment as well as any tests, X-Rays or preparation they may require before attending for the MRI scan.
- The service operated a seven-day service from 8am through to 8pm to meet service demand for patient scans as well as patient's appointment choice.
- There was a private changing cubicle and lockers for patients. There was one treatment area which was small and had a curtain for privacy. We observed a patient being prepared for their scan whilst another patient was in the scanner.
- The service worked closely with clinical commissioning groups (CCGs) to develop the right services for the demographic area.

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Meeting people's individual needs

The service took account of patients' individual needs.

- Cultural and specific needs were identified at the booking stage or at the time of the scan. All patients were asked to inform the service if they required an interpreter and one was provided for them. If an interpreter was not available then language line was used.
- Hearing loop facilities were provided for patients who were hard of hearing.
- Patients were not waiting long periods of time for transport services. Patients who attended the service via transport services had scans booked according to the availability of transport.
- The service provided two specialist cardiac MRI clinics where the cardiologists from the trust supervised cardiac stress scans. Cardiac scan patients were given preparation instructions and booked into the cardiac clinic lists. A specialist gynaecology MRI clinic took place once a week.
- Longer appointments were given to patients who required extra support such as people with learning disabilities or children and young people.
- The service had an open scanner and an MRI scanner with a larger maximum weight available to the service at different Alliance Medical Limited sites to meet the needs of bariatric patients and patients who were anxious.
- Elderly, children and young people were mostly scanned between 9am and 5pm. Children and young people attending for an appointment went to the paediatric ward prior to their scan appointment.
- Accessibility had been taken into consideration and was compliant with the Disability Discrimination Act 1995. The service had a large entrance door and we saw accessible toilet facilities, treatment room and a high/low reception desk.

Access and flow

People could access the service when they needed it.

- The service had contractual key performance indicators agreed with the trust. The contract was in

line with the NHS six weeks diagnostic times. Routine patients were to be scanned within two weeks of the referral being made. Inpatients were scanned within 48 hours of referral received. Appointments were blocked for urgent and cancer pathways, so urgent and cancer patients were seen rapidly.

- Patient's received clear information regarding their scan appointment and were given the opportunity to choose the date of their scan. In some circumstances patients were asked which site they would prefer to have their MRI scan. Administrative staff rang patients to book their MRI appointments. Following a telephone conversation, an appointment letter was sent confirming the appointment time and date as well as who to contact if they would like to discuss their scan.
- New patients were triaged by a radiologist according to the urgency and patient's condition. Patients who required an urgent scan were scanned on the same day as referral was received. These urgent cases had their scan images and report sent to the referrer within 24 hours. If the service lacked capacity for urgent referrals they would review the list and decide whether or not to rearrange outpatient appointments.
- Patients were offered a date and time which was convenient for them. The centre was open 8am-8pm on Monday to Sunday to provide appointments for patients outside normal working hours. Patients told us they could access the service in a timely manner and mostly appointments ran to time and they did not experience long delays.
- The Alliance Medical Limited administration team scheduled all appointments for all patients undergoing procedures in the MRI facility. The service manager reviewed the waiting list daily to ensure capacity was adequately available and utilised. The list was also reviewed to determine whether patients were booked within the required timescale and to avoid breaches where possible.
- The service worked across two sites and routine patients were offered the choice of whether they would like their appointment at this site or at the second. Appointment cancellations were rare. Staff offered procedure slots to accommodate patient availability.

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- From October 2017 to September 2018 there were no cancelled procedures. However, during that time there were 71 delayed procedures due to equipment failure. When delays did occur, patients were informed and given the opportunity to reschedule their appointment to ensure waiting times were not breached. Staff felt that the service ran on time and any disruptions were communicated effectively with patients.
- Scan reports were to be reviewed and complete within 10 working days by the host trust's radiologists. However, the service manager informed us that over the last month there had been delays in reporting scans due to annual leave. We observed documentation which showed communication between the service manager and the host trust which outlined any potential breaches to key performance indicators. To alleviate patient waits for scan reports the service used an outside company to review and complete reports for all routine scans. Key performance indicators and breaches were shared with the host hospital's operational director weekly.

Learning from complaints and concerns

The service treated concerns and complaints seriously and investigated them. Lessons were learned from the results, and shared with all staff.

- The service had a complaints policy which highlighted how to manage patient feedback and complaints.
- Records showed patients could be confident their complaint would be acknowledged and properly considered. Staff told us they encouraged patients to make a complaint following their treatment if they were unhappy. Staff would address the concern with the patient and if this was not possible they were informed of how they could complain. Patient information leaflets detailing how to make a complaint were available in the waiting room.
- The service manager collated all complaints and followed up concerns raised. We saw the service treated complaints fairly, politely and with respect.
- Patient or relatives concerns or complaints were shared with staff. We observed meeting minutes and staff bulletins which stated actions agreed and implemented following a complaint or lessons learnt.

Common complaints observed regarded communication or delayed appointments. We observed a staff newsletter which spoke about the importance of communication and explaining procedure to relieve anxiety and patient concerns.

- From October 2017 to September 2018 four complaints were received. These were managed under the formal complaints process and one complaint was upheld. Complaints were investigated by the service manager and formally responded to within the twenty days outlined in the service policy.

Are diagnostic imaging services well-led?

Good 

We rated it as good.

Leadership

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

- The unit manager had been in post for two years. Staff told us the unit manager was visible and worked alongside other staff within the unit.
- Staff spoke positively about the management of the service. They found the unit manager to be approachable, supportive, and effective in their role.
- The service had a clear organisational structure with a registered service manager who managed this, and the second service site. The registered manager reported directly to the regional director for Alliance Medical limited.
- Leaders were knowledgeable about the quality and future development of the service. The service had recently been successful in securing a further 15-year contract from the host trust to continue delivering scanning services.
- Leaders at all levels were visible and approachable and staff were complimentary of the service manager. Staff told us the service manager knew the department well, liaised well with host trust staff and was respected by all staff we spoke to.

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Vision and strategy

The service had a vision for what it wanted to achieve.

- Alliance Medical Limited's vision as an organisation was to support a high-quality service to all and delivered through a set of four values which were: collaboration, excellence, efficiency and learning. The values were seen on the Alliance Medical Limited sign in the waiting area. Staff knew what the values were and staff's personal development reviews were aligned to the corporate values and objectives.
- A redevelopment was taking place within the service and there was a clear strategy known to all staff as to the expectations of the extension and the new scanners. The service manager had clear expectations of what the service would be providing following the redevelopment.

Culture as an organisation

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

- There was an open culture and staff spoke of a flat hierarchy. Staff said they could challenge anyone despite their seniority.
- Staff we spoke with, told us they were proud and happy to work for the service. Staff felt valued and respected in their roles and the team worked well together.
- We observed positive working relationships between Alliance Medical Limited staff and staff from the host trust. Staff felt they could raise concerns and were encouraged and supported by their managers to do so.
- Staff told us they could make suggestions and could talk freely. The service manager was well respected by the team and staff felt the service was well managed and organised.
- Alliance Medical Limited collected and published Workforce Race Equality Standards (WRES). WRES data is used to help providers to close the gap in workplace experience between white and black and ethnic minority (BME). Alliance Medical Limited's last WRES

report was published in July 2018 and found there was a significant increase in the proportion of recorded ethnicity data since 2016 from 13.5% to 82%. The organisation could make a meaningful analysis across the most of the nine WRES indicators. For example, workforce indicator seven: Percentage believing that Alliance Medical provides equal opportunities for career progression or promotion had increased for both white and BME staff from the 2017 to the 2018 survey. The percentage for white staff increased for 70% to 75%, while BME staff increased from 69% to 76%.

- Alliance Medical Limited suggested this increase was due to their heavy investment in education, learning and development initiatives which included management development, clinical development, and an apprenticeship scheme.

Governance

The service had a comprehensive governance framework that ensured clear lines of responsibilities and that quality and performance were understood and managed.

- The framework drew upon examples of good practice developed for patients and commissioners. There was a clear organisational governance structure for the service, with clear guidance to the roles and responsibilities set out for the governance team.
- The service complied with the corporate vision, values and governance framework. The team had monthly meetings including incidents, complaints, scan reports, health and safety issues and information governance. The team fed back regarding what went well and what didn't go so well over the monthly period. We reviewed three months of team meetings and we saw a process where recording of actions took place.
- The registered manager attended both the clinical governance meetings held monthly with the host trust and the quarterly quality and risk meetings at the Alliance Medical Limited's head office. Information across all the organisational services were reviewed and discussed. Performance data was routinely collected and collated to make sure the service was meeting the key performance indicators outlined in

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service contracts. This data was presented and challenged at the governance meetings. Regulatory updates and corporate information would be fed down by the service manager to the service.

Managing risks, issues and performance

The service had effective processes to identify, understand, monitor and address current and future risks.

- The unit manager kept a record of service specific risks. The likelihood and the impact of the risks were considered and the likelihood and impact to the service if the risk occurred. All risks had controls put in place to reduce the likelihood of the risk occurring. The service had a risk assessment system, which was clearly identified and managed risks, with a process of escalation onto the corporate risk register.
- There was a corporate and local risk register in place which was RAG (Red, Amber Green) rated. This traffic light approach was applied to easily identify the severity and risk of each entry. The overlap of each register made sure that all the organisation risks were captured, reviewed and addressed by the senior team regardless of their origin or type.
- The local risk register was reported annually at the quality assurance review and this was aligned to national guidance to support a safe and effective service. Actions from the quality assurance review report and other audits were monitored locally and at corporate level.
- A quarterly brief form was shared with the team to allow the opportunity for all staff to feedback areas they thought were important to them, to support the service.
- We reviewed the risk register and noted that all risks were reviewed regularly. Risks were updated monthly which was in line with Alliance Medical Limited policy. There was a clear risk management strategy with clear guidance on how to control and review risks.
- Organisational leads had oversight of each centre's risks and performance. The service manager had a clear understanding of the risks for the service. The manager could confidently describe what was on the risk register and the service was mitigating the risk.

Managing information

The provider collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

- The organisation had an easy to navigate and informative website offering information on the service and treatment.
- The service had introduced a new mandatory training session on data security and awareness. We found not all staff had completed this training yet. Staff we spoke with understood their responsibilities around information governance and risk management.
- We observed information from performance and patient outcomes from all Alliance Medical Limited were submitted for review by the organisations executive team. All data collated was reported in the monthly governance report.
- Information technology staff within Alliance Medical limited were responsible for ensuring all the IT systems, infrastructure and services provided to the organisation complied with the policies and procedures documented within the information security management system. The organisation had started to introduce data security and awareness training as part of their mandatory training. Staff we spoke with understood their responsibilities around information governance and risk management. Administration staff, service manager and radiographers were seen locking their computers when leaving their desk and work areas.

Engagement

The service engaged well with patients and staff to plan and manage services appropriately, and collaborated with partner organisations effectively.

- Staff attended monthly meetings which had a standardised agenda and were formally recorded. This provided staff with an opportunity to make comments or raise concerns and be involved in the learning from incidents and complaints, review compliments and celebrate success.

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- All staff had access to the organisation's intranet where they could access policies, performance information, and developments at other Alliance Medical Limited sites.
- A monthly 'Risky Business' newsletter was distributed to all staff email boxes which included information on risk, governance and performance information. The service manager collated patient feedback and staff encouraged patient feedback. This information was discussed in staff meetings and ways to address complaints were discussed as a team.
- The service received regular feedback from the host trust in response to referral to treatment time frames and the demands for inpatients. For example, how the service managed appointments in according to the demand from inpatients. The service diary was blocked for patients with a potential cancer so they could be seen rapidly.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

- The service made use of internal reviews of incidents and complaints. Learning from these reviews was shared with staff and across the organisation to make improvements.
- In response to an increase in demand of MRI services, Alliance Medical Limited had negotiated a further 15-year contract with the host trust. To meet demand and improve services the organisation had funded a new MRI unit which will increase capacity, improve the environment to patients and provide two new scanners which will improve the quality of the scans and provide further services such as enhance prostate and musculoskeletal scans.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should consider that staff record contrast media administered for the scan in all patient care records.