

Alliance Medical Limited

# Alliance Medical House



## Inspection report

4 Dorking Road  
Epsom  
KT18 7LX  
Tel:  
[www.alliancemedical.co.uk](http://www.alliancemedical.co.uk)

Date of inspection visit: 22 June 2021  
Date of publication: 09/08/2021

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

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Insufficient evidence to rate	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Overall summary

We have not previously rated the service. We rated it as good because:


- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Services were available six days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for a diagnostic procedure.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients.

However:

- We reviewed five patient specific direction (PSD) records. A patient specific direction 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. Of these, three of the PSD forms had the radiologist's signature but no printed name.
- Not all staff were aware of the medicines stored on site and the medicines management policy needed updating to include all the PSD medicines kept on site.
- The name of the radiographer taking consent could not always be assured. We reviewed five consent forms and three had the radiographer's signature but no printed name..
- The location's website needed updating as it referenced x-ray and ultrasound scans which the service no longer undertook.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We have not previously rated the service. We rated it as good.

# Summary of findings

## Contents

### Summary of this inspection

Background to Alliance Medical House

Page

5

Information about Alliance Medical House

5

---

### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

---

# Summary of this inspection

## Background to Alliance Medical House

Alliance Medical House is operated by Alliance Medical Limited. It is a diagnostic and screening service clinic in Epsom, Surrey. The service primarily serves the communities of Surrey. It also accepts patient referrals from outside this area. On average 70% of patients are NHS referrals and 30% are privately funded.

The service has a registered manager, who has been in post since 2012, and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The service was last inspected in 2014 under a different methodology and was meeting all relevant regulations.

The service sees patients on a day case basis and has no overnight beds. Currently the only service provided is magnetic resonance imaging (MRI). This is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body. Alliance Medical House has one MRI scanner housed in a scanning suite with a changing area and specialised in cardiac patients. There was a waiting area and upstairs consulting rooms.

The unit had two radiographers, a manager and two administration staff employed full time.

In the past twelve months the unit had carried out 3334 MRI scans.

We carried out a short notice announced inspection on 22 June 2021 using our comprehensive inspection methodology.

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.

## How we carried out this inspection

During the inspection, we visited all areas within Alliance Medical House. We spoke with the senior radiographer, a lead radiographer, the registered manager (who was also the site manager) and a member of the administration team. Due to limitations caused by COVID-19 we were unable to speak with patients on site. However, we reviewed several feedback responses and observed patient interactions throughout the day.

During our inspection we reviewed five sets of patient records, five consent forms and five patient specific drug directions. We also reviewed policies, guidance, and information on performance and feedback provided to us before, during and after the inspection.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

# Summary of this inspection

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

## Outstanding practice

We found the following outstanding practice:

- The service showed an outstanding approach to continuity of care and emotional support. Staff supported patients when they were referred or transferred between services. If there was a need to move the patient urgently (due to an adverse scan result) the radiographer worked with the local NHS trust and accompanied the patient to the accident and emergency department. The service arranged for the patient to be met by the appropriate consultant and stayed with them until the consultant arrived.

## Areas for improvement

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

- The service should update its medicines management policy and make clinical staff aware of the medicines stored on site.
- The service should correctly sign and print all consent forms.
- The service should consider updating the website to reflect up to date information for patients.





# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Insufficient evidence to rate	Good	Good	Good	Good
Overall	Good	Insufficient evidence to rate	Good	Good	Good	Good

# Diagnostic imaging

Safe	Good 
Effective	Insufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are Diagnostic imaging safe?

Good 

We have not previously rated the service. We rated it as good.

### Mandatory training

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

All staff received and kept up-to-date with their mandatory training. The most recent figures showed 97% of staff had completed their mandatory training. This was better than the corporate target of 95%.

The mandatory training was comprehensive and met the needs of patients and staff. Staff had time to complete training and were not expected to do this outside of normal working hours.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Clinical staff also undertook in depth dementia training as the unit took referrals from an elderly care residence locally.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were sent email reminders at 60 and 30 days to complete upcoming mandatory training. The registered manager followed up and supported staff who had not completed training on time.

### 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 received training specific for their role on how to recognise and report abuse. Staff were all trained to level two. There was a regional safeguarding lead for both adults and children to support staff.



# Diagnostic imaging

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff could access contact details of the local safeguarding teams and a flow chart of actions in the safeguarding adults policy and procedure, dated 2019.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There had been no recent safeguarding issues but staff showed a good knowledge of what actions they would take if they had concerns.

## Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. An external company cleaned before the clinic opened and at the end of the day. Between patients the radiographers cleaned the MRI suite including frequent touch points, machinery, and equipment. Patient appointments were scheduled with a longer gap between them to allow for extra cleaning in line with COVID-19 guidance.

The service generally performed well for cleanliness. Recent hand hygiene audits showed 100% compliance in May 2021.

Cleaning records were up-to-date and showed that all areas were cleaned regularly. Staff followed cleaning checklists which were audited and reviewed by the unit manager.

Every three months, there was an IPC audit which looked at all areas of infection prevention and control. The latest audit completed in June 2021, showed 95% compliance. This was an improvement on the previous audit which had an overall score of 85%.

Managers followed up any incomplete actions from audits and checked for completion. Recently a damaged knee support needed to be replaced as it posed an infection prevention and control risk. Staff highlighted this in meeting minutes we reviewed and the knee support was replaced.

Staff followed infection control principles including the use of personal protective equipment (PPE). PPE was readily available and staff followed guidelines around the safe removal of PPE.

## Environment and equipment

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

The design of the environment followed national guidance. The MRI suite had restricted entrance and displayed large warning signage on the floor and doors. There was a private changing room for patients to use within the MRI suite.

Staff carried out daily safety checks of specialist equipment. All equipment within the MRI suite was correctly labelled in line with The Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations.

# Diagnostic imaging

Staff carried out daily safety checks of specialist equipment. Resuscitation equipment was checked daily and records were checked by the clinic manager for completion. Records of when equipment was last serviced with a date for review were accessible electronically. Signage showed where emergency equipment was stored.

The service had enough suitable equipment to help them to safely care for patients. Stock was kept in treatment rooms and a separate storage cupboard. All stock we checked was in date and there was evidence of stock rotation.

There was a service level agreement for maintenance of the MRI machine. There was a clear process for reporting faults. The MRI scanner was prioritised for repair as there was only one on site so any failure had a significant impact on the service. Staff said that the maintenance company always acted quickly to fix equipment and there had been no stoppage to the service in recently.

Staff disposed of clinical waste safely. Sharps bins were correctly labelled and not overfilled. Waste was separated and kept securely until collection. There was a service level agreement for the collection and safe disposal of sharp bins and clinical waste.

Risk assessments and reviews of the control of substances hazardous to health (COSHH) were seen. We reviewed four assessments on site which all referenced dates for a COSHH review.

## Assessing and responding to patient risk

### **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration**

Staff responded promptly to any sudden deterioration in a patient's health. There were pathways for identifying and managing deteriorating patients. An escalation flowchart showed what actions staff should take.

Staff completed risk assessments for each patient on arrival and reviewed this regularly. Staff knew about and dealt with any specific risk issues. We reviewed five patient records and saw that safety questions were asked before scans which included questions around any metal objects that the patient may have; for example, pacemakers or metal pins within the body.

We reviewed 'The Identification and Management of Contrast Drug Reaction and Extravasation Guideline' dated July 2020. It outlined the signs and symptoms of mild, moderate, and severe signs of adverse reactions to contrast agents and other medications. We also saw this printed and displayed in the scanning unit.

Staff shared key information to keep patients safe when handing over their care to others. Radiographers said they were able to escort patients to the emergency department if the MRI had showed a serious or urgent referral was needed. They phoned the local NHS trust and arranged for an appropriate consultant to meet the patient in accident and emergency and continued to support the patient until care had been handed over.

Patients were given information explaining how appointments were managed to minimise risks during the COVID-19 pandemic. We saw this on appointment confirmations and reminders.

## Staffing

# Diagnostic imaging

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.**

The service had enough staff to keep patients safe. The service had a senior radiographer, lead radiographer, manager and two administrative staff. There were always two clinical staff onsite during opening hours.

The manager could adjust staffing levels daily according to the needs of patients. During the COVID-19 pandemic, the service had to reduce the service and the manager (who was clinically trained) and the lead radiographer ran the service on reduced hours. Staffing increased in-line with demand and staff are now working to full capacity.

Managers made sure all bank and agency staff had a full induction and understood the service. The unit used agency from the Alliance Medical Limited bank staff wherever possible and completed an induction checklist relevant to the location. This included making staff aware of any location specific information.

## Records

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

Patient notes were comprehensive and all staff could access them easily. Notes were available via the internal computer system. We reviewed five patient records. Staff saved consent forms and patient specific medication information into patient records. We saw these also included referral letters and patient information; for example, weight and height.

Records were stored securely. Administrative staff printed and scanned initial referrals onto the electronic system which was password protected.

The radiographer then triaged the referrals and ensured any urgent referrals were prioritised. The referrals were entered into the patient management system at which point a booking was made. Failsafe systems were in place to ensure patients were not missed. The system could identify via a dashboard if any referrals were still pending. The manager checked the dashboard weekly for any issues.

## Medicines

**The service used systems and processes to administer, record and store medicines. Some systems and processes when safely prescribing medicines were not followed in-line with guidance.**

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Radiographers described how specific cardiac medicines were used to increase patient's heartbeat during their MRI scans. Patients were reassured throughout the procedure and made aware about the effect of these specific medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medicines were stored in locked cupboards and within a locked room. However, not all staff were aware of the medicines held on site and the medicines management policy needed to be updated to reflect this.

## Diagnostic imaging

The service had systems to ensure staff knew about safety alerts and incidents so that patients received their medicines safely. The senior radiographer and manager made staff aware of any changes or alerts. A recent batch of intravenous fluids had been recalled. The alert was sent to the manager and the senior radiographer and a response email had to be sent.

Some systems and processes when safely prescribing medicines were not followed in-line with guidance. We reviewed five patient specific directions (PSDs). 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. Prescribers on three of these did not print their name next to the signature. This meant it was not clear who had prescribed the medicines.

### Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. All staff members had access to the incident reporting system. There was a clear policy and pathway to guide staff to identify and report incidents. The service had not recorded any never events. There had been no serious incidents reported in the past twelve months

Staff understood the duty of candour. There was information for staff on the need to exercise duty of candour. The manager spoke about being open and honest with patients, apologising if something went wrong and keeping contact with the patient to ensure there was a good outcome.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff always received feedback from any incidents they reported. These were discussed at team meetings at the location and with the leadership team during weekly calls. A 'Risky Business' newsletter was sent to all staff monthly. We reviewed three newsletters which gave examples of shared learning and changes in practice as a result of incidents.

There was evidence that changes had been made as a result of feedback. The March 2021 newsletter highlighted lessons learned from wrong site scanning at another unit. These included further checks during the safety huddles in the morning and the use of patient identification stickers.

## Are Diagnostic imaging effective?

Insufficient evidence to rate 

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

# Diagnostic imaging

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed several policies on the provider's online system. They all followed national guidance. Clear indications at the start of the document referenced recent changes. Policies were dated when reviewed and there was an indication of the next review date. There was a central risk assessment which included the updating of policies.

There were protocols outlining how to share guidance with staff. The manager reported that small staff numbers meant information was shared quickly and easily. The manager checked staff followed procedures a, for example, by checking emergency equipment was checked, and following up infection control audit actions.

Staff completed mental health training as part of their mandatory training. Clinical staff also had specific dementia training. Staff were able to describe how they managed patients who may have additional needs in relation to their mental health.

A COVID- 19 risk assessment document showed that the service was functioning in line with current government guidance. We saw indications of the numbers of people allowed in each area alongside signage to advise on COVID-19 procedures.

## Nutrition and hydration

The service had facilities to provide hot drinks to patients; however, due to COVID-19 guidance this was not currently available.

Water was provided on request.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were comfortable and gave reassurance.**

Patients were not given pain relief. However, staff described how patients were kept comfortable during MRI scans.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These were reviewed at weekly quality meetings and discussed in regular staff meetings.

Managers used information from the audits to improve care and treatment. The service had key performance indicators which were presented on a dashboard for review. The provider reviewed and compared dashboards for all Alliance Medical Limited locations. Indicators such as referral times, patient feedback, and infection prevention and control audits were included in these dashboards. Improvement was checked and monitored by the manager and the head of private patient operations, who reported directly to the chief operating officer.

Managers shared and made sure staff understood information from the audits. These formed part of staff meetings and were integrated into weekly newsletters.

# Diagnostic imaging

The service collected and monitored any significant pathology outcomes. These were audited and reviewed by the manager. Any issues from these audits were discussed at staff meetings or directly with staff members involved.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff files were held in the central human resources centre for Alliance Medical Limited. The process for employing staff was robust and included several stages of assurance before interviews were given, including reference and certificate checks.

Managers gave all new staff a full induction tailored to their role before they started work. The senior radiographer was recently employed by the service. They completed a checklist with the lead radiographer and felt well supported. The local induction checklist was comprehensive and included key contacts, training and development, mandatory policy sign off and COVID-19 information.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff we spoke with had undertaken an appraisal within the past year. Additional training was advertised in the weekly newsletters and staff could approach managers to request any further training that they needed.

Radiographers had recently completed further computed tomography (CT) training, this was paid for and supported by Alliance Medical Limited. The CT scan can reveal anatomic details of internal organs that cannot be seen in conventional X-rays.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We reviewed three months of minutes and saw that meetings were well attended and recorded.

## Multidisciplinary working

**Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Weekly meetings were held with the local NHS trust to ensure continuity of care and update on referral waiting times. A consultant radiologist at the local NHS trust was available for support and advice.

Staff at the unit worked closely together as they were a small team and could ask for advice and support if needed.

## Seven-day services

The unit was open six days a week from 8am to 8pm (on Saturdays the unit closed at 5pm) and all appointments were pre-booked. There were dedicated appointment times for emergencies reserved on the days the service was open.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

## Diagnostic imaging

**Staff followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff clearly recorded consent in the patients' records. Risks were discussed prior to the appointment and again on arrival.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Mandatory training figures showed 98% of staff had completed this training.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005. Staff could describe and knew how to access the policy on the Mental Capacity Act and Deprivation of Liberty Safeguards

It was not always clear who had signed to show consent had been taken. We reviewed five consent forms which indicated relevant risks associated with MRI scanning. This included questions about any metal objects patients may have within their bodies (such as pacemakers' piercings). However; although two consent forms had been signed by the radiologist, their name had not been printed. This is not in-line with national guidance.

### Are Diagnostic imaging caring?

Good 

We have not previously rated the service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed caring patient interactions by administration staff and radiographers.

Patients said staff treated them well and with kindness. Although we were unable to speak with patients, we reviewed three months of detailed patient feedback. Patient feedback from the 1 April 2021 to 30 June 2021 showed 120 responses of which 117 were either satisfied or very satisfied.

Comments included, "You made me feel as comfortable as possible and were very reassuring during what was quite a scary time for me".

Staff followed policy to keep patient care and treatment confidential. Screens were locked when not in use and a room was available if patients wished to have a private conversation on arrival.

## Diagnostic imaging

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Although staff could not remember a time when patients with mental health needs had been at the unit, they could describe what actions and support was available. This included allowing carers or families to attend with the patient.

### Emotional support

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

Staff gave patients emotional support and advice when they needed it. This included allowing patients who were anxious about having a scan to attend ahead of booking so staff could show them around the unit and talk through the procedure.

Staff described how they would support patients who became distressed in an open environment and help them maintain their privacy and dignity. This included utilising a private room if needed and offering verbal reassurance and allowing the patient plenty of time.

Staff demonstrated empathy when describing having difficult conversations and understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

The chaperone policy was in date and outlined staff responsibilities and processes.

There was guidance to ensure staff met patients' needs in relation to religion ethnicity and culture, and learning difficulties and mental health concerns.

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

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

Staff made sure patients and those close to them understood their care and treatment. The unit specialised in cardiac MRI scans and staff ensured any specific concerns were addressed before scanning commenced. For example, the use of medication that would alter the patient's heartbeat and reassuring patients not to worry when they felt this start to happen.

## Are Diagnostic imaging responsive?

We have not previously rated the service. We rated it as good.

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

#### **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**



# Diagnostic imaging

Managers planned and organised services so they met the changing needs of the local population. The service had reduced its opening times in response to the pandemic as demand had dropped. Numbers had now increased and the unit had recently decided to open an extra day to meet demand and keep waiting times short.

Facilities and premises were appropriate for the services being delivered. There was a large waiting area with comfortable seating. The MRI suite was private and a changing area available within this unit to maintain privacy and dignity.

Managers monitored and took action to minimise missed appointments. Patients were reminded of appointments and followed up via telephone if an appointment was missed. This was also reviewed at the monthly quality meeting held with all unit managers.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. There was a local day hospital that often referred patients with dementia for MRI scans. The staff had completed further training to enable them to support this patient group. Staff described additional systems such as allowing support staff to attend with the patient and ensuring they continually reminded the patient why they were at the unit and what was happening during the scan.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available for patient's use.

Managers made sure staff and patients could get help from interpreters or signers when needed. The service was able to use interpreters through a telephone service if needed. This was arranged ahead of the appointment time.

The service had information leaflets available in other languages on request.

The unit was wheelchair accessible including toilets. The MRI suite was also accessible to those in wheelchairs and there was a patient lift to access upstairs consultation rooms.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were in line with national standards.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within the agreed timeframes and national targets. This was monitored weekly and demonstrated on a dashboard. The dashboard formed part of the weekly quality review held with the private patients operations manager. There was a three week wait for non-urgent scan appointments at the time of our visit. The service worked collaboratively with the local NHS provider to ensure demand was met.

## Diagnostic imaging

Patients were offered a choice of appointment times including emergency same day or next day appointments if needed. The service had a flexible approach to appointments and extended opening hours to meet demand.

Patients were seen promptly on arrival to the unit.

When patients had their appointments cancelled, managers made sure they were rearranged as soon as possible within national targets and guidance. In the past twelve months five appointments were cancelled by the unit.

### Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives, and carers knew how to complain or raise concerns. There was guidance on the website and information provided before appointments. Patients were contacted after their scans to ask for feedback about the care they received.

Staff understood the policy on complaints and knew how to handle them. Staff could describe recent complaints. We noted that complaints were discussed in staff meetings and feedback via the quality dashboard that was discussed weekly with the leadership teams.

The service had an in-date complaint policy stating the roles, responsibilities and processes for managing complaints. The clinic manager was responsible for dealing with all complaints. Complaints were initially responded to within two days by telephone or email depending on patient preference. Following this, complaints were formally responded to and resolved within 20 days. In the past 12 months there had been two written complaints and one verbal complaint. Complaints we reviewed followed guidance in relation to response times.

Managers shared feedback from complaints with staff and learning was used to improve the service. We reviewed newsletters and emails and saw that complaints were used to improve the service. For example, there were reminders to provide blankets to patients after a complaint was received from a patient who felt cold during their scan.

## Are Diagnostic imaging well-led?

We have not previously rated the service. We rated it as good.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

# Diagnostic imaging

The clinic manager had responsibility for the overall management of the clinic and was supported by a clerical assistant. There was a simple management structure with clear lines of responsibility and accountability. All staff identified the clinic manager as the person they reported to.

Staff reported that the clinic manager was approachable, supportive and had an open-door policy.

Meeting minutes showed the manager attended team meetings which meant staff could raise and discuss issues with them.

The clinic manager supported staff to undertake training to develop. Time for training was paid for by Alliance Medical Limited and development discussed at appraisals.

## Vision and Strategy

**The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.**

The service had a clear plan to improve and extend its services. It worked with the local NHS to ensure its services reflected local plans and demand and was therefore sustainable.

The provider values were: Openness, excellence, efficiency, learning and collaboration. Staff understood these values and they were used to frame quality assurance reports, with data relating to the values under sub-headings. Values were incorporated into the interview process.

The vision and strategy underpinned the unit's quality dashboard, and quality assurance reports Alliance Medical Limited (ALM) stated in its Quality Account 2019-2020 that it aimed to operate a collaborative approach to diagnostic imaging. It also had key quality goals: to maintain and ensure patient safety; to assure the quality of the services AML provides; and to deliver patient centred, individualised care.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

All the staff we spoke with during inspection were open and friendly and spoke positively about working at the unit.

They gave examples of feeling supported. For example, we were told of an occasion where a consultant had sent an aggressive email to a staff member. They raised this with the manager who supported them and challenged the behaviours.

Staff were recognised and rewarded. Staff awards were given in recognition of work and more recently a voucher was given to staff members for all their hard work during the extra pressure of the COVID-19 pandemic.

# Diagnostic imaging

Managers talked about the support they had offered staff during the pandemic and were mindful of the effect this had on staff. They were committed to ensuring staff were able to seek support if needed and tried to accommodate part-time work to allow for changes in staff circumstances.

The service actively sought more information when patients' feedback showed dissatisfaction, enabling patients to raise concerns and discuss them in more detail.

We reviewed six policies and procedures online and saw all had equality impact assessments completed. This ensured they had considered the needs of all staff and patients and reflected on the potential effects the policy may have on people with protected characteristics.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The unit manager reported weekly to the private patient operations manager who reported directly with the chief operating officer for Alliance Medical Limited. All staff at the unit reported to the unit manager. This meant that the unit had direct contact with the board weekly to identify any emerging concerns.

Feedback was given to the unit during quality calls and unit managers across Alliance Medical Limited met monthly to talk about recent audits, any changes or learning from incidents and patient feedback. Weekly newsletters were emailed to staff which contained updates and any recent news.

Governance of service level agreements (SLA) was well managed. We reviewed two SLAs including the external cleaning company. The agreement was clear and included assurances around service delivery if staff were unable to attend.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

There was a corporate risk register but not a unit specific risk register. However, the unit had completed several local risk assessments. Changes had been made based on mitigating risk. For example, the clinic had removed some hedging after a fire risk assessment highlighted it blocked an exit.

Health and safety audits were carried out monthly. The most recent audit in June 2021 showed 100% compliance, an improvement on the previous month where the result showed 96% compliance.

Risks were identified by all staff members and raised at monthly staff meetings or at the time to the manager who would escalate if needed. Staff also received a monthly newsletter called 'Risky Business' that shared learning from incidents and highlighted investigations and changes in practice.

The business continuity plan was reviewed annually. It included clear escalation plans including who to call and flow charts for quick reference.

# Diagnostic imaging

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

The clinic had simple to use systems that all staff could access. Staff demonstrated how easy it was to pull data from the system and could present this in several formats to help with understanding and analysis of the unit's day to day running.

Care quality information was collated through patient, referrer and staff surveys, clinical audits, service reviews and key performance indicators.

The service had an established electronic information and patient record system and were able to prove that all their systems were password protected.

The service had a range of policies including general data protection, information security and server data recovery. There were arrangements to ensure the confidentiality of electronic patient information. Staff had access to an in date general data protection regulation policy. We found computer terminals were locked when not in use to prevent unauthorised persons from accessing confidential patient information.

The website for the location needed updating. It had historic information on treatments it offered and had resulted in patients calling to book a service no longer provided.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

The clinic asked for feedback via email following each scan. Feedback was used to evaluate the service. Feedback we reviewed was largely positive.

We reviewed minutes from staff meetings and found they were inclusive. They followed a standard agenda and staff were able to contribute even if they were unable to attend by submitting emails before the meeting date.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

The service engaged with the local NHS. The unit had decided to introduce a CT scanning service due to the demands on the local NHS trust. The service had employed a staff member to oversee the project.

## Learning, continuous improvement and innovation

**Staff were committed to continually learning and improving services.**

The unit recently identified a need to improve and update the MRI scanner. This was fully supported and implemented by Alliance Medical Limited and the new update was installed at a significant cost to ensure an optimal scan quality.

## Diagnostic imaging

The service had identified the increased demand for CT scanning and had been working towards this additional service. They hoped this would be introduced in the coming months and had employed a staff member to directly oversee the introduction of this new service.