

InHealth Ealing

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 

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

InHealth Ealing is operated by InHealth. The service provides diagnostic imaging services to the local community. It is a stand-alone purpose-built diagnostic screening facility.

InHealth was established 25 years ago to meet some of the health economy's challenges – reducing waiting times, speeding up diagnoses, saving money, improving patient pathways and enhancing the overall patient experience. Efficiency models from manufacturing programmes were adapted to develop healthcare services focused on continuous quality improvement. The organisation was successful in winning contracts and has grown due to its access to capital for investment, its ability to design and adapt healthcare solutions to meet changing demands, demonstrate value for money and to work collaboratively with its NHS and private sector partners.

InHealth Ealing provides magnetic resonance imaging (MRI), X-ray and dual-energy X-ray absorptiometry (DEXA) scans for both NHS and private patients. DEXA uses a very small dose of ionising radiation to produce pictures of the inside of the body to measure bone loss (medical use), or body fat (composition scans only i.e. gyms). The service is registered with the CQC to undertake the regulated activities of diagnostic and screening procedures. The site provides a service for patients aged 16 and above. The site operates 6 days a week between the hours of 7am and 9pm and 8am to 8pm on the remaining day.

InHealth Ealing also housed three clinical rooms which provided peripatetic routine ultrasound, physiological measurements, echocardiogram, abdominal aortic aneurysm (AAA) screening which was managed by separate registered managers under a separate registration number. InHealth Ealing also comprised of an endoscopy unit which opened in 2015 and is located within the InHealth Integrated Diagnostics Centre suite and is delivered under a separate CQC registration. All services other than MRI, X-ray and DEXA at InHealth Ealing are provided on an ad-hoc basis by InHealth and managed by a separate registered manager employed by InHealth.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 27 February 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this centre was diagnostic imaging.

Services we rate

We rated InHealth Ealing as **Good** overall.

We found good practice in relation to diagnostic imaging:

- Staff received effective training in the safety systems, processes and practices.
- There were sufficient numbers of staff with the necessary skills, experience. Patients had their needs assessed and their care and treatment was planned and delivered in line with evidence-based guidance, standards and best practice and qualifications to meet patients' needs.
- There was a programme of mandatory training which all staff completed, and systems for checking staff competencies.
- Equipment was maintained and serviced appropriately and the environment was visibly clean.
- There was evidence of regular team meetings.

Summary of findings

- Staff were caring, kind and engaged with patients.
- We observed a focused and individual approach to patient care.
- Scans were timely, effective and reported promptly.
- Information about the needs of the local population was used to inform how services were planned and delivered.
- Leaders had the skills, knowledge, experience and integrity needed, both when they were appointed, and on an ongoing basis.
- Staff understood and were invested in the vision and values of the organisation.
- Risks were identified, assessed and mitigated. Performance was monitored and performance information was used to make improvements.

Nigel Acheson

Deputy Chief Inspector of Hospitals

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Deputy Chief Inspector of Hospitals

Nigel Acheson

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

The service provided at this location was diagnostic and screening procedures.

We rated this core service as good overall because it was safe, caring, responsive and well-led.

Summary of findings

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Good 

Inhealth Ealing

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to InHealth Ealing

This report relates to MRI, X-ray and DEXA services provided by InHealth Ealing. The service primarily serves the communities of the London Borough of Ealing. However, it also accepts patient referrals from outside this area.

InHealth Ealing was previously inspected on 20 August 2013 using the CQC previous methodology. We did not rate the service using this methodology. However, the service was found to have met the CQC essential standards.

InHealth was established over 25 years ago. The Ealing centre provides MRI, X-ray and DEXA examinations to mainly patients referred from the NHS through clinical commissioning group (CCG) contracts directly with InHealth and some private patients. The service works collaboratively with CCGs and local GP services. The centre provides services for young people and adults over the age of 18 years old.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Terri Salt, Interim Head of Hospital Inspections North London.

Information about InHealth Ealing

InHealth Ealing is situated in Lovelace House, 96 – 122 Uxbridge Road, West Ealing. The service is situated in a purpose build commercial building which was retrofitted for providing the services described. InHealth Ealing opened in 2013 and provides a seven-day a week service for non-complex, non-contrast enhanced routine MRI scanning via a 1.5 Tesla Siemens MRI scanner to predominately the NHS and private sector. InHealth Ealing also offers X-ray and DEXA scans.

No patients under the age of 18 are seen at the site and therefore there are no separate paediatric facilities.

The scheduling of services is reviewed and revised on a monthly basis in accordance with the local clinical commissioning groups (CCG) contracts and Commissioning for Quality and Innovation (CQUINS) goals.

Appointments for MRI, X-ray and DEXA scans can be prebooked through the InHealth patient referral centre (PRC) once a referral has been received from the patient's clinician.

InHealth Ealing has facilities offering three clinical rooms providing peripatetic routine ultrasound, physiological measurements, echocardiogram, AAA screening which is managed by separate registered managers under a separate registration number. InHealth Ealing also comprises an endoscopy unit which opened in 2015 and is located within the InHealth Integrated Diagnostics Centre suite and delivered under a separate CQC registration. All clinical rooms and the MRI unit are located on the ground floor.

InHealth Ealing is registered to provide the following regulated activities:

- Diagnostic and screening procedures

During the inspection, we spoke with five staff including the registered manager, radiographers, superintendent radiographers, clinical assistants and administration staff. We spoke with three patients and two relatives. During our inspection, we reviewed eight sets of patient records.

Summary of this inspection

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

Activity (November 2017 to November 2018)

Track record on safety

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

Services accredited by a national body:

- Investors in People Gold award - December 2016 to December 2019.
- ISO 9001: 2015 – December 2001 to December 2019
- International Organization for Standardization (ISO - information security management systems – ISO 27001 2013 - August 2013 to December 2019
- Improving Quality in Physiological Services (IQIPS) adult and children's physiology- July 2016 to July 2021

Services provided at the hospital under service level agreement:

- Premises rental agreement
- Building maintenance
- Clinical and or non-clinical waste removal
- Interpreting services
- Laundry
- Maintenance of medical equipment
- Radiology reporting

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 it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff completed and updated risk assessments for each patient. Ionising radiation risks were well managed.
- 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.
- There was an open incident reporting culture within the centre and an embedded process for staff to learn from incidents.
- Standards of cleanliness and hygiene were maintained.
- Staff were compliant with best practice regarding hand hygiene.
- There were comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance.

Good



Are services effective?

We currently do not rate effective, we found:

- Patients had their needs assessed and their care and treatment was planned and delivered in line with evidence-based guidance, standards and best practice.
- There were systems to show whether staff were competent to undertake their jobs and to develop their skills or to manage under-performance.
- There was effective multidisciplinary team working throughout the centre and with other providers.
- Information leaflets such as understanding your CT scan, understanding your MRI scan were sent to patients with their appointment letters and were available in the waiting rooms.
- Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities and on a continual basis.
- Information provided by the centre demonstrated 100% of staff had been appraised.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Summary of this inspection

- We observed all staff treating patients with dignity, kindness, compassion, courtesy and respect.
- Staff understood the impact that a patient's care, treatment or condition had on their wellbeing and on their relatives.
- We observed staff communicating with patients so that they understood their care, treatment and condition.
- Staff recognised when patients and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this.

Are services caring?

We rated it as **Good** because:

- We observed all staff treating patients with dignity, kindness, compassion, courtesy and respect.
- Staff understood the impact that a patient's care, treatment or condition had on their wellbeing and on their relatives.
- We observed staff communicating with patients so that they understood their care, treatment and condition.
- Staff recognised when patients and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this.

Good



Are services responsive?

We rated it as **Good** because:

- Information about the needs of the local population was used to inform how services were planned and delivered.
- Services were planned to take account of the needs of different people.
- Patients had timely access to scanning.
- Patients we spoke with knew how to make a complaint or raise concerns.
- Patient complaints and concerns were managed according to the InHealth policy.
- Complaints were investigated and learning was identified and shared to improve service quality.

Good



Are services well-led?

We rated it as **Good** because:

- The service had a clear vision and a set of values, with quality and safety the top priority.
- Staff felt respected and valued. Staff told us they felt supported, respected and valued by the organisation.
- There was an effective governance framework to support the delivery of the strategy and good quality care.

Good



Summary of this inspection

- The service had a local risk register and managers had clear visibility of the risks and were knowledgeable about actions to mitigate risks.
- There was a culture of openness and honesty supported by freedom to speak up guardians.
- Patients' views and experiences were gathered and acted on to shape and improve the services and culture.





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 outpatients and diagnostic imaging services safe?

Good 

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff completed a set of annual mandatory e-learning courses, and face to face training internally or via contracting organisations to cover basic life support (BLS), moving and handling and fire training.
- Staff training files included a contemporaneous training record. This included details of training undertaken including; fire safety and evacuation, health and safety in healthcare, equality and diversity, infection prevention and control, moving and handling objects and moving and handling people/patients, safeguarding adults and children, customer care and complaints, basic life support (BLS) and data security awareness.
- Mandatory training rates were regularly reviewed at quarterly team meetings. At the time of this inspection, all staff had completed and were up to date with mandatory training.
- Mandatory training was monitored at corporate level by InHealth. Staff received email alerts from the company’s learning and development team when mandatory training was due. The InHealth head of operations for London monitored mandatory training rates at regular quarterly managers meetings.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- Staff were trained to recognise adults at risk and were supported by the InHealth safeguarding adults’ policy. Staff we spoke with demonstrated that they understood their responsibilities and adhered to the company’s safeguarding policies and procedures.
- At the time of this inspection, all staff had received safeguarding adults and safeguarding children level 2 training.
- Although the service did not scan children, all staff had received training in safeguarding children and young people level two, as it was possible children could attend with patients. This met intercollegiate guidance: ‘Safeguarding Children and Young People: Roles and competencies for Health Care Staff’, March 2014. Guidance states all non-clinical and clinical staff that have any contact with children, young people, parents or carers should be trained to level two safeguarding.
- The lead for safeguarding was the nominated individual who was trained to level four children’s and adults safeguarding. (This was a staff member nominated by InHealth to act as the company’s main point of contact with the CQC).
- Staff we spoke with were aware of the Department of Health (DoH) female genital mutilation and safeguarding guidance for professionals March 2016.
- InHealth Ealing did not provide services for children under the age of 17 years. However, we saw contact

Diagnostic imaging

numbers for local adult and child safeguarding team referrals were in the unit's office. The contact details for the InHealth safeguarding team were also located in the office.

- A weekly complaints, litigation, incidents and compliments (CLIC) meeting and InHealth's biannual safeguarding boards monitored compliance with safeguarding policies and raising concerns processes. The boards identified themes from incidents and set improvement goals.

Cleanliness, infection control and hygiene

• The service controlled infection risk well.

- InHealth had infection prevention and control (IPC) policies and procedures which provided staff with guidance on appropriate IPC practice for example, communicable diseases and isolation.
- We observed all areas of the service to be visibly clean. The centre team cleaned the MRI room at the end of each day. This was recorded on a daily check sheet which was reviewed by the registered manager each week.
- Staff followed manufacturers' instructions and the InHealth IPC guidelines for routine disinfection. This included the cleaning of medical devices between each patient and at the end of each day. We saw staff cleaning equipment and machines following each use.
- We reviewed all machines in use, and saw where appropriate the machines had been disinfected.
- All the patients we spoke with were positive about the cleanliness of the centre and the actions of the staff with regards to infection prevention and control.
- All the staff we observed demonstrated compliance with good hand hygiene technique in washing their hands and using hand gel when appropriate. Staff were bare below the elbow and had access to a supply of personal protective equipment (PPE), including gloves and aprons. We saw staff using PPE appropriately.
- Hand hygiene audits were completed to measure staff compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between

patients. Results for the reporting period November 2017 to November 2018 showed a compliance rate of 100%. Hand hygiene results were communicated to staff through the centre's staff meetings and via email.

- The registered manager was the IPC lead and was responsible for supporting staff, ensuring annual IPC competency assessments and training were carried out and undertaking IPC audits. IPC audits were completed monthly. The cleaning audit spreadsheet demonstrated that the centre regularly achieved above the InHealth compliance standard of 80%. Where standards were not met, actions were taken to rectify this and were recorded on the cleaning audit spreadsheet.
- Waste was handled and disposed of in a way that kept people safe. Waste was labelled appropriately and staff followed correct procedures to handle and sort different types of waste.

Environment and equipment

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

- The MRI unit was located on the ground floor. This had a scanning observation area which ensured patients were visible to staff during scanning.
- The fringe fields around the MRI scanner were clearly displayed, (this is the peripheral magnetic field outside of the magnet core. This reduces the risk of magnetic interference with nearby electronic devices, such as pacemakers. Although the strength of the magnetic fields decreases with distance from the core of the magnet, the effect of the "fringe" of the magnetic field can still be relevant and have influence on external devices). There were diagrams in the observation area which clearly defined the MRI environment and controlled access areas by colour coding the areas.
- Staff had sufficient space to move around the scanner and for scans to be carried out safely. During scanning all patients had access to an emergency call alarm, ear plugs and ear defenders. Patients could have radio stations of their choice played whilst being scanned. There was also a microphone that allowed contact between the radiographer and the patient at all times.
- In accordance with Medicines and Healthcare products Regulatory Agency (MHRA) guidance, 5.4.6, scanning rooms were equipped with oxygen monitors to ensure

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that any helium gas leaking (quench) from the cryogenic Dewar (this is a specialised type of vacuum flask used for storing cryogens such as liquid nitrogen or liquid helium), would not leak into the examination room, thus displacing the oxygen and compromising patient safety. The scanning room was also fitted with an emergency quench switch which was protected against accidental use and initiated a controlled quench and turned off the magnetic field in the event of an emergency. The magnet was also fitted with emergency “off” switches, which suspend scanning and switch off power to the magnet sub-system, but will not quench the magnet. Staff we spoke with were fully aware of actions required in the event of an emergency quench situation.

- An MRI safe wheelchair and trolley were available for patients in the event that they would need to be transferred from the scanner in an emergency.
- All equipment conformed to relevant safety standards and was regularly serviced. All non-medical electrical equipment was electrical safety tested. We viewed servicing records for the MRI scanner. These included downtime and handover time.
- There were systems in place to ensure repairs to machines or equipment were completed and that repairs were timely. This ensured patients would not experience prolonged delays to their care and treatment due to equipment being broken and out of use. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme.
- During our inspection we checked the service dates for equipment, including scanners. All the equipment we checked was within the service date. The generators were also tested monthly on a planned schedule to ensure patient scanning was not affected.
- Failures in equipment and medical devices were reported through the InHealth technical support team. Staff told us there were usually no problems or delays in getting equipment repaired. Equipment breakdown was logged on the InHealth incidents log to enable the company in monitoring the reliability of equipment.
- We checked the resuscitation equipment on the MRI unit. The equipment appeared visibly clean. Single-use items were sealed and in date, and emergency equipment had been serviced.
- Records indicated resuscitation equipment had been checked daily by staff and was safe and ready to use in the event of an emergency.
- There were procedures in place for removal of a patient that became unwell. Staff told us they had practiced the evacuation of a patient from the MRI and it had gone smoothly using an MRI approved wheelchair.
- All relevant MRI equipment was labelled in accordance with recommendations from the Medicines and Healthcare products Regulatory Agency (MHRA). For example, ‘MR Safe’, ‘MR Conditional’, ‘MR Unsafe’. All equipment in the assessment area was labelled MR unsafe.
- Access to the MRI, X-ray and DEXA room was via a fob controlled door. There was signage on all doors explaining the magnet strength and safety rules and a do not enter sign when radiation was on.
- Room temperatures were recorded as part of the daily MRI checks. We reviewed room temperature records on the online daily check sheet and saw temperatures had been checked and were within the required range. We spoke with staff who told us that where temperatures were not within the required range the scanner would not work and this would be escalated to the registered manager and the service company automatically by the MRI scanner.
- Cleaning chemicals subject to the Control of Substances Hazardous to Health Regulations 2002 (COSHH) were stored in a locked cupboard.
- The superintendent had a daily equipment check sheet that was completed prior to scanning. This included checks on the availability of earplugs and couch rolls and checks on the defibrillator.
- We reviewed the quarter four, environment and health and safety audit. We found compliance with InHealth key performance indicators (KPI) was 100% in all areas.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient. Ionising radiation risks were well managed.**
- Staff assessed patient risk and developed risk management plans in accordance with national guidance. For example, the unit used a magnetic resonance imaging patient safety questionnaire. Risks were managed positively and updated appropriately to reflect any change in the patient’s condition including

Diagnostic imaging

managing a claustrophobic patient. Patients referrals were checked at the point of referral for any potential MRI safety alerts that required further investigation. For example, whether the patient had any implants or devices. Patient with implants or devices would be declined an appointment by the patient referral centre (PRC) until it was established with the referrer that these were MRI safe.

- Patients had the choice of wearing their own clothes or changing into a gown prior to the scan. Most of the patients we saw during the inspection changed into a gown. All patients told us they were given information, were risk assessed and had signed a form to accept they had understood the risks in regards to their choice of clothing and MRI scanning.
 - There were clear pathways and processes for staff to assess people using services that were clinically unwell and needed to be admitted to hospital. For example, the InHealth routine MRI guidance policy was available to guide staff in referring patients to an emergency department for conditions related to the brain and spine. Patients that became unwell in the unit would be referred to their GP. Staff told us that if a patient required more urgent treatment they would call 999.
 - The service ensured that the ‘requesting’ of an MRI was only made by staff in accordance with the MHRA guidelines. All referrals were made using dedicated MRI referral forms which were specific to the contract with the commissioning group. All referral forms included patient identification, contact details, clinical history and the type of examination requested, as well as details of the referring clinician/ practitioner.
 - Signs were located throughout the unit in both words and pictures highlighting the contraindications to MRI including patients with heart pacemakers, patients who had a metallic foreign body in their eye, or who had an aneurysm clip in their brain could not have an MRI scan as the magnetic field may dislodge the metal. There was also signage informing patients and visitors of the magnet size and informing that the magnet was constantly on.
 - Staff we spoke with explained the processes to escalate unexpected or significant findings both at the examination and upon reporting. These were in accordance with InHealth routine MRI guidance policy.
- InHealth had a pathway for unexpected urgent clinical findings. In the case of NHS patients, an urgent report request was sent to the external reporting provider. Once the report was received (within 24 hours), an email was sent to the referrer to highlight an urgent report. In addition to this, InHealth picture archiving and communication system (PACS) team also contacted the referrer by phone to inform them an urgent report had been sent and the person who was spoken with at the referring service was recorded on the database. They were asked to verbally acknowledge that an email with the report had been received. If the patient was a private patient, the reporting radiologist was contacted by a member of staff to advise them of the urgent report to ensure it received prompt attention. If at time of scan, the radiographers thought the patient needed urgent medical attention, the patient was advised to attend accident and emergency department. All images would be sent to the referrer urgently via the image exchange portal to assist in patient management.
- There were processes to ensure the correct person got the correct radiological scan at the right time. The service had a Society of Radiographers (SoR) poster within the unit. The posters acted as an aide memoire for staff reminding them to carry out checks on patients.
 - We also saw staff using the SoR “paused and checked” system. Referrer error was identified as one of the main causes of incidents in diagnostic radiology, attributed to 24.2% of the incidents reported to the CQC in 2014. The six-point check had been recommended to help combat these errors. Pause and Check consisted of the three-point demographic checks to correctly identify the patient, as well as checking with the patient the site or side of their body that was to have images taken, the existence of any previous imaging the patient had received and to enable the MRI operator in ensuring that the correct imaging modality was used.
 - All clinical staff were basic life support (BLS) and automated external defibrillator (AED) trained. In the event of a cardiac arrest for young people over the age of 16 years InHealth would receive adult resuscitation procedures.
 - Staff told us there was no lone working at the centre.
 - The recruitment process for radiographers included pre-employment checks to provide assurances that they

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were safe and suitable to work for the service. These included, proof of identity including a recent photograph, a Disclosure and Barring Service (DBS) check, references and registration with the Health and Social Care Professional Council (HCPC). Staff told us the InHealth human resources (HR) department completed all pre-employment checks and staff would not be given a date to commence employment at the centre until these checks were complete. However, we did not see any pre-employment checks to confirm this as these were held by the InHealth HR team at the company's head office.

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.**
- InHealth used a 'staffing calculator', designed to take account of expected, and a degree of unexpected, absences; ensuring sufficient staff availability across all operational periods. Required staffing levels were calculated using core service information including: operational hours, patient complexity and service specifications, physical layout and design of the facility/ service, expected activities, training requirements, and administrative staffing requirements. Staffing levels had been set following working time studies and analysis of average task time requirements. This ensured sufficient staff to support patient and staff needs.
- The clinical coordinator was responsible for clinical shifts being rostered in accordance with InHealth 'Health Working Time Regulations' policy. The clinical coordinator was trained in rostering and used the staffing tool to ensure safe staffing numbers. The registered manager was responsible for monitoring the hours worked by staff and ensuring they did not exceed working time limits. This included ensuring staff working longer than six hours at a time received a 20-minute rest break. Staff were entitled to a daily rest period of at least 11 hours uninterrupted rest in every 24 hour period, as well as a weekly rest period of 24 hours uninterrupted in every seven day period.
- Staff in the centre consisted of one 0.3 whole time equivalent (WTE) operations manager, one 0.3 WTE

clinical coordinator, one superintendent radiographer, three senior radiographers, one radiographer, one graduate radiographer, one 0.3 WTE X-ray and DEXA radiographer and six clinical assistants.

- In the previous 12 months one clinical assistant, one trainee radiographer and one X-ray and DEXA radiographer had left the service and these posts had been successfully recruited to. At the time of inspection the centre had no vacancies.
- Agency staff were not used at InHealth Ealing. Shifts were usually covered by the centre's own staff. This ensured staff continuity and familiarity with the centre. Business continuity plans guided the service in responding to changing circumstances. For example, sickness, absenteeism and workforce changes. Staff told us other InHealth locations could also provide staff in the event of staffing shortages.
- Sickness rates in the previous 12 months were generally low. The registered manager had not had any sickness absence in the previous 12 months. The clinical co-ordinator had 7% sickness, radiographer was 4%, superintendent radiographer, clinical assistants, graduate radiographer and the DEXA and X-ray radiographer was 0%.
- All staff we spoke with felt that staffing was managed appropriately. Staff told us there was no lone working at the centre and at all times there were at least two staff in the centre.
- The service did not employ any medical staff. Radiologists were provided by a service level agreement (SLA) with an external provider. Radiographers told us they could contact an externally provided radiologist for advice at any time.

Records

- **Staff kept and updated individual patient care records in a way that protected patients from avoidable harm.**
- Patient care records were electronic and were accessible to staff.
- All patients were booked through InHealth's patient referral centre (PRC). The PRC was responsible for

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storing and maintaining patient records and sharing communications in regards to patients with relevant parties in accordance with the InHealth data protection, data retention, and confidentiality policies.

- Patients completed a safety consent checklist form consisting of the patients' answers to safety screening questions and also recorded the patients' consent to care and treatment. This was later scanned onto the electronic system and kept with the patients' electronic records.
- Patients' personal data and information were kept secure. Only authorised staff had access to patients' personal information. Staff training on information governance and records management was part of the InHealth mandatory training programme.
- Staff completing MRI examinations, updated the electronic records and submitted the scanned images for reporting by an external radiologist. The centre had a service level agreement with a private provider of diagnostic imaging reports. This included quality assurance agreements in regards to the auditing of reports to review the quality of images provided, clinical errors in the report, and a review of the quality of the transcribed report.
- The quality of images was peer reviewed locally and quality assured on a corporate level. Any deficiencies in images were highlighted to the member of staff for their learning.
- We reviewed eight patient care records during this inspection and saw records were accurate, complete, legible and up to date. Paper records were shredded in accordance with the InHealth policy once the paper based information was uploaded onto the electronic records system.
- The service provided electronic access to diagnostic results and could share information electronically if referring a patient to a hospital for emergency review.
- The service was also a registered user of the NHS electronic referral system (ERS) The centre transferred patient reports and images to referrers by secure picture archiving and communication system (PACS). The radiology information system (RIS) and PACS system was password protected.

- All the forms completed by patients were examined and transferred electronically to the InHealth patient management system (XRM), which was also accessible by the InHealth patient referral centre (PRC) to enable further communication with referrers.

Medicines

- Medicines were not used at the service due to the centre having a remit to provide scanning for low risk patients. The service did not use contrast media (sometimes called a MRI contrast media, agents or 'dyes'). These are chemical substances used in some MRI scans. A patient that required the use of contrast would be referred to another InHealth location.
- Patients received a letter prior to the procedure advising them to continue with their usual medicines regime. All patient allergies were documented and checked on arrival in the centre.
- InHealth had a consultant pharmacist who issued guidance and support at a corporate level and worked collaboratively with the InHealth clinical quality team on all issues related to medicines management. Staff told us they could contact the InHealth pharmacist if they had any concerns in regards to medicines patients were taking.

Incidents

- **The service managed patient safety incidents well.**
- The service had an incident reporting policy and procedure to guide staff in reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, and investigate and record near misses. Staff reported incidents using an electronic reporting system.
- Staff told us learning from incidents was shared at the services quarterly staff meetings. We saw evidence of this in minutes provided.
- During the reporting period there had been no serious incidents requiring investigation, as defined by NHSI 2015. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

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- There had been no 'never events' in the previous 12 months prior to this inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- An InHealth organisational policy and procedure was available to staff providing guidance on the process to follow if an incident was to occur that met the requirements of the duty of candour regulation. All staff had been trained and made aware of duty of candour and what steps to follow where it was required. Staff we spoke with understood the requirements of the duty of candour.
- The online incident reporting system generated a duty of candour alert when a serious incident met the duty of candour requirements, this prompted staff to give consideration to them. Incidents involving patient or service user harm were assessed with the 'notifiable safety incident' criteria as defined within regulation 20 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Incidents meeting this threshold are managed under the organisations 'adverse events (incident) reporting and management policy' and 'Duty of Candour procedure for the notification of a notifiable safety incident' standard operating procedure.
- All incidents and complaints were reported via the organisations electronic risk management system (Sentinel). Incidents were reviewed weekly at the governance complaints, litigation, incidents and compliments (CLIC) meeting. The InHealth clinical governance team analysed incidents and identified themes and shared learning to prevent reoccurrence at a local and organisational level.

- National patient safety alerts (NPSA) that were relevant to the centre were communicated by email to all staff. All staff had to accept emails with mandatory information which showed that they had been received.

Are outpatients and diagnostic imaging services effective?

We do not rate effective.

Evidence-based care and treatment

- Staff used The Society of Radiographers (SoR) "Paused and Checked" system. Referrer error was identified as one of the main causes of incidents in diagnostic radiology, attributed to 24.2% of the incidents reported to the CQC in 2014. The six-point check had been recommended to help combat these errors. Pause and Check consisted of the three-point demographic checks to correctly identify the patient, as well as checking with the patient the site/side to be imaged, the existence of previous imaging and for the operator to ensure that the correct imaging modality is used.
- Patients care and treatment was delivered and clinical outcomes monitored in accordance with guidance from the National Institute for Health and Care Excellence (NICE). NICE guidance was followed for diagnostic imaging pathways as part of specific clinical conditions. For example, there was a pathway that met guidance in NICE CG75 Metastatic spinal cord compression in adults.
- Staff assessed patients' needs and planned and delivered patient care in line with evidence-based, guidance, standards and best practice. For example, staff followed the MHRA guidelines safety guidelines for magnetic resonance imaging equipment in clinical use. An audit was carried out annually to assess clinical practice in accordance with local and national guidance.
- Staff meetings were held on a quarterly basis. Minutes provided showed InHealth policy was reviewed at each meeting.
- The centre had local rules based upon 'Safety in magnetic resonance imaging;' (2013), guidelines. We found the local rules provided clear guidance on areas relating to MRI hazards and safety and the

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responsibilities of MRI staff to ensure work was carried out in accordance with the local rules. The DXA and X-ray unit had its own local rules with a suitable review date. All local rules were displayed and in date.

Nutrition and hydration

- Patients had access to drinking water and a tea and coffee making machine whilst awaiting their examination. During our inspection we observed staff offering patients drinks before and after they were examined.

Pain relief

- Pain assessments were not undertaken at InHealth Ealing. Patients managed their own pain and were responsible for supplying any required analgesia. We were told patients with a booking would receive a letter prior to the procedure advising them to continue with their usual medications.

Patient outcomes

- **The service had a programme of audit to check the quality of procedures and the safety of the service.**
- An external contractor performed a regular audit on all image reporting undertaken by InHealth Ealing Diagnostic Centre for NHS patients. All private patient's scans were regularly audited by an outsourced radiology reporting group. This was a 10% random sample of total scans reported in a given period. Results were provided to the central clinical quality team. All discrepancies were reported as a clinical incident into the Sentinel incident reporting system.
- DXA imaging was reviewed daily through clinical quality assurance and audited monthly by the senior radiographer on site. InHealth quality audits were undertaken annually and used to drive service improvements. The centre had a clinical audit schedule and audited 14 individual areas including, patient experience, health and safety, medical emergency, safeguarding, equipment and privacy and dignity.

Competent staff

- **All staff received a local and corporate induction and underwent an initial competency assessment.**
- The provider had a local induction checklist which was mandatory for all new staff to complete within two

weeks of starting. The local induction ensured staff were competent to perform their required role. The local induction included an introduction to the work location, health and safety, governance and code of conduct.

- Once the probationary period was complete staff were monitored daily and any concerns were brought to the forefront immediately to ensure the correct corporate path was followed. If there were any repeat area of concern, then a more formal discussion took place to ensure their performance was always safe and effective.
- Staff had the opportunity to attend relevant courses to enhance the professional development and this was supported by the organisation and local managers.
- Staff at the service, including non-clinical, had not completed chaperone training. However, staff said they were prepared and confident in chaperoning.
- Data supplied from the service showed 100% of clinical staff had received an appraisal in the 12 months preceding inspection. All non-clinical staff had received an appraisal.
- Staff had the right skills and training to undertake the MRI scans. This was closely monitored at a corporate level and locally by the operations manager. Staff skills were assessed as part of the InHealth recruitment process, at induction, through probation, and then ongoing as part of staff performance management and the InHealth appraisal and continuous professional development (CPD) process.
- Staff told us InHealth had a comprehensive in-house training programme for magnetic resonance imaging (MRI) aimed at developing MRI specific competence following qualification as a radiographer. Modality specific training was given in magnetic resonance imaging safety led by the InHealth magnetic resonance safety expert and MRI clinical lead that held the international magnetic resonance safety officer (MRSO) certificate.
- All radiographers were registered with the Health and Care Professions Council (HCPC) and met HCPC regulatory standards to ensure the delivery of safe and effective services to patients. Radiographers also had to provide InHealth with evidence of continuous professional development (CPD) at their appraisals.
- Staff had regular one to one meetings with their manager and a biannual appraisal to set professional development goals. Records we checked confirmed that staff appraisals were up to date.

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- All staff were required to complete the InHealth mandatory training programme as well as role specific training to support ongoing competency and professional development.

Multidisciplinary working

- **Staff of different kinds and from different organisations worked together as a team to benefit patients.**
- The centre had good relationships with other external partners and undertook scans for local NHS providers and private providers of health insurance schemes
- Staff told us there was good communication between services and there were opportunities for them to contact referrers for advice, support and clarification.
- The registered manager at the centre worked closely with the InHealth operations manager for the peripatetic services, (these were services that travelled around InHealth clinics and provided ultrasound, physiological measurement services, echocardiogram, and abdominal aortic aneurysm (AAA) screening), by scheduling clinical room availability for peripatetic services on a monthly basis. The centre also promoted the availability of peripatetic services in the local community. These services were registered separately with the CQC and managed by the registered manager for the peripatetic services.

Seven-day services

- **Appointments were flexible to meet the needs of patients, and appointments were available at short notice.**
- The service operated from 7am to 9pm seven days a week.
- We were told that a senior manager was available in an on-call capacity out of usual office working hours.

Health promotion

- There was information on diagnostic imaging procedures available on the InHealth website.
- Information leaflets were provided in the reception area for patients on what the scan would entail and what was expected of them prior to a scan. The service also provided information to patients on self-care following a scan.

- The unit did not enable patients to increase their control over, and to improve, their health by providing information and access to a wide range of social and environmental information or health promoting activities.

Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**

- All staff understood the requirements of the Mental Capacity Act 2005. Staff had recently completed an e-learning course on the Mental Capacity Act. Senior staff confirmed the training would be updated on a three yearly basis.
- Where a patient lacked the mental capacity to give consent, guidance was available to staff through the InHealth corporate consent policy. We also saw a flowchart to guide staff on the MCA.
- Staff we spoke with understood the need for consent and gave patients the option of withdrawing consent and stopping their scan at any time. The service used consent forms that all patients were required to sign at the time of booking in at the service.
- During this inspection there were no patients that lacked the capacity to make decisions in relation to consenting to their scan.

Are outpatients and diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

- **Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- During this inspection we saw all staff treating patients with dignity, kindness, compassion, courtesy and respect. Staff introduced themselves prior to the start of a patient's treatment, interacted well with patients and included patients in general conversation.

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- In the interactions we saw during this inspection and feedback provided by patients we spoke with, staff demonstrated a kind and caring attitude to patients. Staff explained their role and explained to patients what would happen next.
- During this inspection we spoke with four patients about various aspects of the care they received at InHealth Ealing. Without exception, feedback was consistently positive about staff and the care they delivered.
- Staff ensured that patients' privacy and dignity was maintained during their time in the centre and during scanning. Patients had designated changing rooms and were provided with a gown if required in the changing room to protect their modesty whilst having their scan.
- To ensure patients were comfortable staff asked patients if they wanted a blanket for warmth and comfort before the procedure and we observed staff checking if patients were comfortable during the procedure.
- Patient satisfaction was formally measured through completion of the InHealth 'Friends and Family Test' (FFT) following their examination. At the time of inspection the FFT response rate was 8%. The percentage of patients that were extremely likely or likely to recommend the InHealth Ealing Centre to their friends or family was 96%. The InHealth FFT average was 99%. Staff told us negative comments were scrutinised for opportunities to drive improvement in the service which included changes to premises, staff training or patient information.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff supported people through their scans, ensuring they were well informed and knew what to expect.
- Staff provided reassurance and support for nervous, anxious, and claustrophobic patients. They demonstrated a calm and reassuring attitude so as not to increase patients' anxiety.
- We observed the staff provided ongoing reassurance throughout the scan, they updated the patient on how long they had been in the scanner and how long was

left. Patients also had a panic button they could press any time during the scan to summon help. Staff could stop the scanning immediately if the patient requested this.

- The centre's staff felt that recognising and providing emotional support to patients was an integral part of the work they did. Staff recognised that scan-related anxiety could impact on a patient's scan and this could result in possible delays with the patient's treatment.
- The centre had an up to date chaperone policy. Patients were asked at the time of booking if a chaperone was required.
- Family members or carers were able to accompany patients that required support into the scanning area.
- Patients could bring their own choice of music to listen to during the scan which was played through headphones. This helped to disguise the noise the scanners made which could cause anxiety for some patients. Earplugs were also available which protected their ears and helped to reduce the noise.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them about their care and treatment.**
- We observed when staff checked through the patient's safety questionnaire, patients were given an opportunity to ask questions.
- The service allowed for a parent or family member or carer to remain with the patient for their scan if this was necessary.
- Staff recognised when patients or relatives and carers needed additional support to help them understand and be involved in their care and treatment. Staff enabled them to access this, including access to interpreting and translation services.
- Patients and relatives and carers could ask questions about their scan. Patients could access information on MRI scanning from the company's website. However, there was a wide range of information available to patients in the centre.
- Patients were informed of when they would receive their scan results; there were clear expectations and the service met their timely goals.
- We saw staff offering an explanation on aftercare to a patient. Staff told us all patients were provided with aftercare advice following a scan.

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- A range of diagnostic and imaging related leaflets were available to patients in the centre. Patients could also access information on MRI scanning and the different types of diagnostic imaging modalities from the InHealth website. Patients could also request a copy of their images on CD from the InHealth patient referral centre (PRC).

Are outpatients and diagnostic imaging services responsive?

Good 

We rated responsive as **good** because:

Service delivery to meet the needs of local people

- **The provider planned and provided services in a way that met the needs of local people.**
- Information about the needs of the local population was used to inform how services were planned and delivered. The unit provided MRI services through contractual agreements with local CCGs. DEXA and X-ray services operated on Tuesdays 8am to 8pm.
- InHealth Ealing provided an effective community based GP direct access MRI, X-ray and DXA service to the population of Ealing and surrounding areas through multiple clinical commissioning groups.
- Progress in delivering services against the contractual agreement was monitored by the CCGs and private provider through key performance indicators, regular contract review meetings, and measurement of quality outcomes including patient experience. Performance was reviewed and service improvements agreed at these quarterly meetings.
- The registered manager received a daily information report from the patient referral centre (PRC) which detailed the centre's capacity. All patients were offered an alternative appointment if waiting times in the centre exceeded 30 minutes.
- The extended opening hours of 7am until 9pm, gave patients a greater choice of appointment times and as a result had assisted in reduced waiting time for examinations.
- The service was accessible through established bus and train routes. There was a bus stop and a train station within close proximity. Patients were able to use

accessible car parking at the rear of the service. There were limited free InHealth parking bays within the multistorey carpark. Patients were required to enter vehicle registration details at a monitor in reception to avoid any unnecessary fines. The rear entrance was predominantly used by disabled patients.

- The facilities and premises were appropriate for the services that were planned and delivered. There was sufficient comfortable seating, toilets changing rooms and a drinks machine.
- Information was provided to patients in accessible formats before appointments. Appointment letters containing information required by the patient such as contact details, a map and directions, health professional's name if appropriate, and information about any tests or intervention including if samples or preparation such as fasting was required. The appointments letters sent out, asked patients to call if they had any queries or if they had answered yes to any of the questions on the MRI safety questionnaire.
- All appointments were confirmed two days prior to patient's appointment, by phone. This helped reduce the number of do not attend (DNA's) and also provided an opportunity for the patient to ask us any questions they may have. Should a patient not be verbally contacted prior to their appointment, for example where a message is left for the patient on an answer machine, the patient was asked to call the service to confirm their intention to attend the appointment.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- Services were planned to take account of the needs of different people, for example, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation. Staff had received training in equality and diversity and had a good understanding of cultural, social and religious needs of the patient and demonstrated these values in their work.
- Patients with reduced mobility could access the scanning unit as the unit was on the ground floor and corridors were wide enough to accommodate wheelchairs. There was a rear entrance to the service from the carpark for disabled patients.

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- A MRI compatible wheelchair and trolley were available should the patient be unable to mobilise independently from the waiting area to the MRI room. It was recommended where patients required access to a hoist, they were referred to another InHealth service.
- Staff could use a telephone interpreting service for patients whose first language was not English. We saw the contact details of the service at the centre's main reception.
- The service had arrangements to meet the needs of those with sensory impairment. The centre had a hearing loop (a sound system for people with hearing aids). Large print patient information was available and braille leaflets could be provided on request.
- The service engaged with patients who were vulnerable and took actions to remove barriers when they found it hard to access or use services. For example, patients who had informed the service that they were nervous, anxious or phobic could be invited to have a look around the unit prior to their appointments, so they could familiarise themselves with the room and the scanner to try to manage their anxieties.
- Staff told us the centre did not provide scanning for patients weighing over 250 kilograms. All patients with bariatric needs would be identified by the PRC and referred to the InHealth Croydon diagnostic centre which had specialist MRI equipment for bariatric patients.
- Patients with a learning disability or dementia could bring a relative or carer to their appointment as support, who could be present in the imaging room if necessary. Parents could also accompany young people over 16 where requested. Easy to read leaflets were available upon request.
- During the MRI scan, staff made patients comfortable with padding aids, ear plugs and ear defenders to reduce noise. Patients were given an emergency call buzzer to allow them to communicate with staff should they wish. Microphones were built into the scanner to enable two-way conversation between the radiographer and the patient. Patients could bring in their own music for relaxation. A relative or carer could be present in the scan room if necessary and after they have been screened for safety.
- InHealth had introduced 'smart' booking sessions. These involved staff arranging sessions where specific body parts were scanned. For example, there had been a session for knee scans. Staff told us this meant more patients could be seen in the session. Scanning appointment times during these sessions were reduced from 20 minutes to 15 minutes.
- Patients were booked by the PRC, which utilised pre-allocated slots. In the case of requirement to conduct an urgent scan due to a request by a referring clinician or a patient, the PRC offered alternate InHealth locations to the referrer or patient within a reasonable distance. This ensured the patient could be scanned in line with their need or that of their referring clinician. Patients requiring urgent X-ray or DXA scans were directed to a walk-in service in Enfield.
- All referrals were triaged by the radiographers who reviewed and confirmed suitability of location for patients to ensure the first time allocated was right for the patient. For complex cases the clinical radiographic staff sought assistance from the consultant radiologist team.
- We viewed the InHealth standard operating procedure (SOP) for MRI triage. This gave triage radiographers at the PRC a clear framework on which referrals should be booked at which centres.
- Managers received a daily information report from the booking centre which detailed capacity and allowed the manager to make an informed decision if waiting times were increasing. If required, the manager could extend operating hours temporarily whilst also reviewing clinic utilisation to reduce lost slots through DNA or rejections.
- From November 2017 to November 2018, 177 of planned examinations were cancelled for non-clinical reasons, 22 of these were as a result of equipment failure or breakdown. There were no delayed procedures for non-clinical reasons in the same period.
- The registered manager told us patients appointments would only be cancelled if a machine broke down. Patients that had appointment cancelled would be offered a scan immediately at another InHealth centre or could re-book their appointment.
- Appointments generally ran to time; reception staff would advise patients of any delays as they signed in. Staff would keep patients informed of any ongoing delays through a notice board in the waiting area.

Access and flow

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Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- InHealth had a complaints' handling policy and all staff completed a mandatory training course on complaints management. The service operated a robust complaints management procedure which aimed to identify and address concerns in a mutually satisfactory manner.
- Patients we spoke with knew how to make a complaint or raise concerns.
- Staff told us they were happy to explain the procedure to patient ensuring they had any contact information required to issue the formal complaint. Advice on how to complain was also available on the provider's website.
- The complaints policy and procedure was displayed for patients and relatives to read in the main reception area. The policy was to acknowledge all complaints within three working days and investigate and formally respond within 20 working days. There was a three stage complaints management policy: stage 1 - local resolution; stage 2 - Internal director review; stage 3 - external independent review. External review would be provided by either the Public Health Service Ombudsman for NHS funded patients or the independent sector complaints adjudication service (ISCAS) for privately funded patients.
- The service received five complaints and 240 compliments between October 2017 and October 2018. All five complaints were dealt with under the formal complaints procedure in accordance with the service's timescales. Of these, three were upheld. Complaint themes included: patient pathway, reports/results, staff related, and communication.
- There were weekly complaints, litigation, incidents and compliments (CLIC) meetings which reviewed all formal complaints and disseminated learning to local teams.

Are outpatients and diagnostic imaging services well-led?

Good 

We rated well-led as **good**.

Leadership

- **Managers at all levels in the centre had the right skills and abilities to run a service.**
- Leaders had the skills, knowledge, experience and integrity needed both, when they were appointed and on an ongoing basis.
- InHealth Ealing was managed by an experienced registered manager, supported by regional management and central InHealth support functions. The registered manager had been with the service since February 2018. The registered manager's line manager was the InHealth head of operations for London. The registered manager attended quarterly regional meetings with the head of operations and other managers from InHealth's London diagnostic centres on a quarterly basis.
- The management structure at the centre consisted of a registered manager supported by a clinical coordinator and superintendent radiographer. Staff said both the registered manager, clinical coordinator and the senior radiographer were approachable, supportive, and effective in their roles. All the staff we spoke with were positive about the management of the service. Staff told us the registered manager was approachable and felt they could speak without fear of reprisal.
- We viewed a flowchart which clearly documented the InHealth Ealing leadership structure. The head of operations for London was directly accountable to the director of operations south, who was directly accountable to the managing director for diagnostic and integrated services.
- The superintendent radiographer had been employed by InHealth for 11 years at the time of inspection. They were positive about the level of support they had received from InHealth. They told us they were supported by the registered manager with administration and managerial responsibilities and could also call the superintendent radiographer at another InHealth location for peer support and advice.
- Junior and middle managers working for inHealth were encouraged to gain an NVQ qualification in leadership. There was also a leadership development programme that would lead to a recognised level 5 qualification for senior managers in development at the time of this inspection. The registered manager told us they had recently completed a course funded by InHealth in leadership and management.

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Vision and strategy

- **The service had a set of clear values that were well understood by staff who were engaged by them.**
- InHealth had four clear values: Care, Trust, Passion and Fresh thinking. These values were central to all the examinations and procedures carried out daily. Following the company mission to 'Make Healthcare Better' enabled all employees to offer a fresh, innovative approach to the care delivered.
- All staff were introduced to the InHealth values when first employed during the corporate induction. The appraisal process was also aligned to the company's values and all personal professional development objectives discussed at appraisal were linked to the company's objectives.
- Staff were aware and understood what the vision and values were and understood the strategy and their role in achieving it. All staff were introduced to these core values at the corporate induction and then through their annual appraisal and all personal SMART objectives issued at each appraisal were linked to the company's objectives. An objective is a statement which describes what an individual, team or organisation is hoping to achieve. Objectives are 'SMART' if they are specific, measurable, achievable, realistic and, timely (or time-bound).

Culture

- **Managers at the centre promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- Staff felt respected and valued. Staff told us they felt supported, respected and valued by the organisation. Staff told us they felt proud to work for the organisation. All staff we spoke with were very happy in their role and stated the service was a good place to work. All staff talked about the very supportive staff team.
- The service's culture was centred on the needs and experience of patients. This attitude was reflected in staff we spoke with on inspection.
- The service promoted equality and diversity, it was part of mandatory training, inclusive, non-discriminatory practices were promoted.
- A whistle blowing policy, duty of candour policy and appointment of freedom to speak up guardians supported staff to be open and honest.

- All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. A WRES report was produced for this provider in October 2018 including data from September 2017 to September 2018. There was clear ownership of the WRES report within the provider management and governance arrangements, this included the WRES action plan reported to and considered by the board.
- There was a system in place to ensure non-NHS-funded people using the service were provided with a statement that included terms and conditions of the services being provided to the person and the amount and method of payment of fees.

Governance

- **The provider used a systematic approach to improving the quality of its services and safeguarding high standards of care.**
- There was an effective governance framework to support the delivery of the strategy and good quality care. The service undertook a number of quality audits, information from these assisted in driving improvement and giving all staff ownership of things which had gone well and action plans identified how to address things which needed to be improved.
- InHealth operated a comprehensive clinical governance framework which aimed to assure the quality of services provided. Quality monitoring was the responsibility of the location registered manager and was supported through the InHealth clinical quality team through the framework and governance committee structure. This included a quarterly risk and governance committee, clinical quality sub-committee, medicines management group, water safety group, radiation protection group, radiology reporting group and a weekly meeting for review of incidents and identification of shared learning.
- Local governance processes were achieved through monthly team meetings and local analysis of performance, discussion of local incidents. Feedback and actions were fed into processes at a corporate level. We saw evidence of this process in meeting minutes and meeting notes during our inspection.

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- Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered within the unit.
- Staff working with radiation were provided with appropriate training in the regulations, radiation risks, and use of radiation. Staff were aware of the changes made by the introduction of the Ionising Radiation Regulations 2017 (IRR17) and the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER17) which had been introduced in February 2018.
- Service leads had received training in their area of specialisms. For example, the registered manager acted as the centre's lead for safeguarding.

Managing risks, issues and performance

- **The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- Performance was monitored on a local and corporate level. Performance dashboards and reports were produced which enabled comparisons and benchmarking against other services. Information on turnaround times, 'did not attend rates', patient engagement scores, incidents, complaints, mandatory training levels amongst others were charted.
- There was a comprehensive business continuity plan detailing mitigation plans in the event of unexpected staff shortages or equipment breakdown.
- InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS) and were using the traffic light system tool and gap analysis to prepare for ISAS inspection. The director of clinical quality was leading on the accreditation preparation. As part of this InHealth were working on the development of evidence for each of the domains including: leadership and management, workforce, resources, equipment, patient experience and safety. The director of clinical quality and clinical governance lead were members of the ISAS London Region Network Group which shared best practice and guidance on services working towards accreditation. InHealth aimed to be accredited across diagnostic and imaging services by 2020.
- Weekly complaints, litigation, incidents and compliments (CLIC) meetings and InHealth biannual

safeguarding board's monitored compliance with safeguarding policies and raising concerns processes. The boards identified themes from incidents and set improvement goals.

Managing information

- Electronic patient records were kept secure to prevent unauthorised access to data, however authorised staff demonstrated they could be easily accessed when required.
- Staff had access to InHealth policies and resource material through the InHealth computer system.
- There were sufficient computers available to enable staff to access the system when they needed to and the manager had a laptop computer.
- Staff were able to locate and access relevant and key records easily, this enabled them to carry out their day to day roles
- Information from scans could be reviewed remotely by authorised referrers to give timely advice and interpretation of results to determine appropriate patient care.
- Key performance indicator data was monitored centrally by the provider to ensure the centre were meeting the provider's standards of care.
- As part of the InHealth contract, staff had access to an NHS portal. Staff could request access to previous patient images and could add images to NHS patient records. This ensured NHS patients received continuity of care in imaging.

Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- Patients' views and experiences were gathered and acted on to shape and improve the services and culture. Patient surveys were in use, the questions were sufficiently open ended to allow people to express themselves. We saw changes were implemented following feedback from patients.
- In October 2018, the service extended the opening hours to increase patient's choice to have an appointment outside of the standard working hours.
- InHealth Ealing identified a trend of patients mistaking InHealth Ealing for Ealing hospital. To action this the service altered the appointment letter to make clear the

Diagnostic imaging

service was not Ealing Hospital. In response to patients advising of a local bus route change, appointment letters were edited appropriately to reflect the change in transport options.

- Staff told us they felt actively engaged. Their views were reflected in the planning and delivery of services and in shaping the culture. Annual staff satisfaction surveys were undertaken. These were used to seek views of all employees within the organisation and actions implemented from the feedback received.
- The service consistently reviewed X-ray and DXA wait times with the PRC to determine if additional clinics were required to reduce wait times.
- The service engaged regularly with clinical commissioners at monthly meetings to understand the service they required and how services could be improved. This produced an effective pathway for patients. The service also had a good relationship with local NHS providers.
- Feedback from the friends and family test (FFT) was analysed by an external, independent company and the results and a dashboard sent to the clinical quality team. Data was provided on number of items including patient satisfaction percentage and all comments were recorded. These were available weekly on the InHealth intranet.
- Staff told us InHealth had a service user group that had been involved in the formulation of the company's values.

- Formal minuted team meetings were held on a quarterly basis. The registered manager told us there were weekly informal site meetings to discuss day to day working plans and schedules.
- An employee wellbeing and assistance programme was available to staff to support them during times of crisis and ill-health.

Learning, continuous improvement and innovation

- InHealth had a corporate strategy, this included an expansion programme whereby the provider would provide three million diagnostic imaging appointments for the NHS in 500 locations by 2020.
- InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS). The director of clinical quality and clinical governance lead were members of the ISAS London Region Network Group which shares best practice and guidance on services working towards accreditation. InHealth aimed to be accredited across diagnostic and imaging services by 2020.
- Since February 2018, the clinical team had been additionally trained to support the InHealth wide remote triage function for the business. Radiographers were allocated protected time to review referrals to ensure they were adequately completed and clinically justified. They assessed any highlighted MRI safety issues and contraindications in advance of booking and these steps to ensure the patient receives the correct appointment first time.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should introduce chaperone training for all staff members.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.