

North Staffordshire MRI/CT Imaging Centre

Quality Report

Nuffield Health North Staffordshire Hospital,
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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.

Summary of findings

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

North Staffordshire MRI/CT Imaging Centre is operated by InHealth Limited. The service provides CT (Computerised Tomography) and MRI (Magnetic Resonance Imaging) diagnostic facilities for adults and children. A CT scan combines a series of X-ray images taken from different angles around your body and uses computer processing to create cross-sectional images (slices) of the bones, blood vessels and soft tissues inside your body. A MRI scan uses a strong magnetic field and radio waves to create detailed images of the organs and tissues within the body.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 21 March 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 CT and MRI scans.

Services we rate

We rated it as **Good** overall.

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided care and treatment based on national guidance and evidenced its effectiveness.
- People were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff do.
- Staff involved patients in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people. People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.

Amanda Stanford

Deputy Chief Inspector of Hospitals (Central Region)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

Diagnostics was the only activity the service provided. We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

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Good



North Staffordshire MRI/CT Imaging Centre

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to North Staffordshire MRI/CT Imaging Centre

North Staffordshire MRI/CT Imaging Centre is operated by InHealth Limited. The service opened in 2016. It is a private service within a private host-hospital in Newcastle-under-Lyme. The hospital primarily serves the communities of Cheshire and Staffordshire. It also accepts patient referrals from outside this area.

The centre provides a wide range of magnetic resonance imaging (MRI) and computer tomography (CT) scans.

The service was registered to provide the following regulated activities:

- Diagnostic and screening procedures

The centre has had a registered manager in post since 2016.

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 Bridgette Hill, Inspection Manager.

Information about North Staffordshire MRI/CT Imaging Centre

The facility employed eight members of staff including radiographers and radiology department assistants. The registered manager had been in post since 2016.

During the inspection we visited the MRI scanning rooms, CT scanning room, control room, patient preparation area, patient waiting areas, patient changing areas and the office. We spoke with five members of staff including radiographers, consultants and radiology department assistants. We observed two patient journeys through the service who gave feedback on their experience of using the service. We looked at 10 patient records to support the information provided to us.

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

Activity

North Staffordshire MRI CT Imaging Centre provides MRI and CT imaging services hosted in the premises of Nuffield Health North Staffordshire Hospital.

From January 2018 to January 2019 the service scanned 6401 patients and 9821 areas.

Track record on safety (January 2018 to January 2019)

- No deaths in the service
- No reported never events.
- No serious incidents
- No duty of candour notifications.
- No incidences of healthcare-acquired infections.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Good** because:

Good



- 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 had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Are services effective?

We do not currently rate effective for diagnostic imaging.

- The service provided care and treatment based on national guidance and evidenced its effectiveness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Staff were given opportunities to develop their skills.
- Staff of different kinds worked together as a team to benefit patients.
- Patients were encouraged to be involved in the planning and delivery of their care as much as was practicable given the nature of the service provided.

Summary of this inspection

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Consent was taken prior to any scans or procedures being undertaken.

Are services caring?

We rated caring as **Good** because:

- People were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff do.
- Staff demonstrated an awareness of the needs of patients and their relatives and carers and how they would support them at times of distress.
- Staff involved patients in decisions about their care and treatment.

Good



Are services responsive?

We rated responsive as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- Staff had an understanding of the cultural, social and religious needs of patients.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

Good



Are services well-led?

We rated well-led as **Good** because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans. Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The registered manager across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.

Good



Summary of this inspection

- The service collected, analysed, managed and used information well to support all its activities.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We rated safe as **good**.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had processes in place to monitor staff compliance with mandatory training. Staff were required to complete all mandatory training. There was a structured induction programme in place for all new staff.
- Mandatory training was a mixture of face to face and online training. Staff had protected time to complete training. Leadership were proactive in ensuring training was booked in for staff.
- Data we received from the service showed that there was 100% compliance with mandatory training.
- Staff conducted yearly training in the following mandatory topics:
 - Basic Life Support (BLS)
 - Paediatric basic life support
 - Customer care and complaints certification
 - Data security awareness
 - Equality and diversity certification
 - Fire safety and evacuation certification
 - Health and safety for healthcare certificate

- Infection prevention and control certificate
- Moving and handling
- Safeguarding Adults level two
- Safeguarding children level two
- Staff working with radiation in the service received training in radiation protection as part of their qualifications. The radiation protection supervisor received annual training and provided training to the rest of the team.

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.
- The service had not made any safeguarding referrals in the year prior to our inspection.
- Staff had training in safeguarding adults and safeguarding children level 2. All staff currently working in the service had up to date safeguarding training. The lead for safeguarding within InHealth was trained to level 4. This is in line with the safeguarding children and young people: roles and competencies for healthcare staff intercollegiate document. If the provider required more guidance on a concern they would contact the local authority or the matron working in the host hospital.
- There were systems and processes in place that followed relevant safeguarding legislation to safeguard adults from abuse. Staff we spoke with understood their roles and responsibilities in regard to safeguarding vulnerable people.

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- The service had an in date safeguarding vulnerable adults policy in place. The policy contained relevant guidance for staff to recognise and report any potential safeguarding concerns. The service had a Prevent policy which included specific guidance on the risk of radicalisation.
- The service had an in date children's safeguarding policy. The policy contained relevant guidance for staff to recognise and report any potential safeguarding concerns. The policy contained information on child sexual exploitation, female genital mutilation (FGM) and extremism. The policy also contained guidance on children attending appointments with parents.
- Staff could explain safeguarding arrangements and when they were required to report issues to protect the safety of vulnerable patients.
- The centre had effective arrangements for checking all staff were fit to work with vulnerable adults and children and essential checks had been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. All staff working in the service had a current DBS check recorded or were in the process of updating their DBS check.
- The service had a chaperone policy in place. Patients uncomfortable with being alone or that felt vulnerable were able to request a chaperone to accompany them through their appointment.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- There was an infection prevention control policy in place at the time of our inspection. The service also had in date infection prevention and control standard operating procedures. This explained staff responsibility, waste management and cleaning responsibilities.
- Data provided by the service, demonstrated that managers completed a monthly hand hygiene audit. These audits covered hand cleaning techniques,

personal protective equipment use, aseptic/non-touch techniques and sharps usage and disposal. Evidence from November 2018 to December 2018 audits found 100% compliance across the elements.

- The service had no healthcare acquired infections in the last 12 months.
- During our inspection the unit was visibly clean and tidy. The host hospital completed the cleaning in the waiting areas and CT imaging room. Cleaners visited the unit daily but staff could request extra visits if there was additional need. Staff working in the unit were responsible for cleaning the MRI scanner room and adjacent areas. The unit had a daily cleaning list. Records we looked at showed areas had been cleaned in accordance with the list. We observed staff cleaning the MRI scanner in between patient use.
- Hand sanitising gel was readily available for staff to use, we saw staff using this before and after a patient contact. Staff working in the unit were bare below the elbow in line with current best practice. A supply of personal protective equipment (PPE), which included gloves and aprons were available and accessible in all clinical areas.
- During the inspection we identified that the curtain in the patient preparatory area had a date of usage from 2016. We highlighted this as an area of concern during the inspection. This was not in line with the services infection prevention and control standard operating procedure which states that curtains used in clinic areas should be disposable and should be replaced after a maximum period of six months. The curtain was replaced the following day and the manager provided us with assurance of its future replacement.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- Premises and equipment were appropriate and well maintained. The unit had been purpose built in 2016. The unit had one CT scanner and one MRI scanner.
- The MRI scanner had a fixed table. In the event of an emergency there was a dedicated trolley system, (MRI safe), onto which an immobile patient could be transferred and removed from the controlled area for stabilisation.

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- Access to the unit was by key code entry. Before patients and visitors were permitted into the area outside of the MRI scanner they had to complete a safety questionnaire to ensure there was no reason they could not enter the scanning room.
- The unit was accessible to patients in a wheelchair, on a trolley or with limited mobility. The beds were moveable so patients could transfer at a height suitable for them.
- Resuscitation equipment was readily available and easily accessible. The resuscitation trolley was owned and managed by the host hospital, and was in the corridor beside the main waiting area. The service conducted weekly checks to demonstrate the equipment was safe and fit for use.
- Equipment was serviced in line with the manufacturer's guidelines by the manufacturer. Records showed both the MRI and CT scanners had been serviced in line with manufacturer recommendations.
- There were arrangements in place for managing general and clinical waste. There were clearly labelled clinical waste and sharps bins available in the clinical areas.
- Patient lockers were available for patient's belongings. This ensured the safety of patient belongings whilst they were being scanned.
- A control/observation area allowed visibility of all patients during the scan and close circuit televisions allowed staff to observe and monitor patients in the scanners and in the waiting areas. Fringe fields were displayed. (The fringe field is the peripheral magnetic field outside of the magnet core. Depending on the design of the magnet and the room a moderately large fringe field may extend for several meters around, above, and below an MRI scanner). This is to ensure safety for patients whilst they are in the MRI scanner.
- There was enough space around the scanner for staff to move and for scans to be carried out safely. Patients had access to an emergency call buzzer, ear plugs and defenders during scanning, additionally music could be played. A microphone allowed contact between the radiographer and the patient.
- Arrangements were in place to ensure that the premises had systems to restrict access and control the area where there was ionising radiation. We saw radiation warning signs were correctly located outside the clinical diagnostic imaging area.
- Emergency pull cords were available in areas where patients were left alone, such as toilets, changing rooms and treatment room. Call bells were available within the scan room which patients could press if they wanted the scan to stop.
- The service had lead aprons available to protect staff against exposure to radiation. These were checked by the service to ensure their efficiency.
- The service did not monitor staff for radiation doses. This decision was made following an environmental audit monitoring which found that doses to staff were low and therefore staff monitoring was not required. The service was aware that if there are any changes to practice then this would need to be reviewed.
- The service had a detailed in date business continuity plan which had been modified in January 2019. This plan detailed the steps staff should take in the event of a business continuity failure at the service.

Assessing and responding to patient risk

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Comprehensive risk assessments were completed for patients and their chaperones before they were allowed into the unit. These were recorded on a safety questionnaire and stored in patient records.
- We noted that appropriate safety checks were completed in the centre. The centre implemented a pause and check process, and staff completed a 'three-point ID check' to confirm patient details against the original referral.
- There were clear pathways and processes for staff to assess people using services that were clinically unwell and needed to be admitted to hospital. Two patients had needed urgent transfer for emergency care between January 2018 and January 2019 due to allergic reactions to contrast. Contrast is a dye that is

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injected into the body to improve the quality of the scanned images. Appropriate steps were undertaken to ensure the safety of the patients and the service checked the patients' welfare afterwards.

- The service asked women of child bearing age if they were or could be pregnant during the safety questionnaire. If a woman was found to be pregnant past the first trimester, the service would discuss this with the radiologist to determine if the scan should be undertaken. This was in accordance with medicines and healthcare products regulatory agency (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2015).
- Staff we spoke with explained the processes to escalate unexpected or significant findings both at the time of the examination and upon reporting. These were in accordance with the InHealth routine MRI guidance policy. If radiographers considered a patient needed urgent medical attention, they advised the patient to attend their local accident and emergency department.
- In accordance with the National Institute for Health and Care Excellence (NICE) acute kidney injury (AKI) guidelines and the Royal College of Radiologists standards for intravascular contrast agent administration, all patients all patients requiring intravenous (the delivery of substances directly into the vein) contrast for CT had a finger-prick blood test for kidney function before scanning to reduce the risk of contrast induced nephropathy, (CIN), (this is a renal impairment or acute kidney injury occurring within 48 hours of administration of intravascular radiographic contrast material that is not attributable to other causes). Patients requiring intravenous contrast for MRI also undergo the same procedure if they have suspected renal impairment, diabetes or are over the age of 65. The service had bought a machine to complete the tests in the unit and improve patient experience.
- An audit of Radiation Protection Arrangements at the service found good compliance with the Ionising Radiation Regulations 2017 (IRR17) and the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER17).

- The service had named staff fulfilling the essential roles of radiation protection advisor, medical physics expert, senior radiologist and infection control lead.

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.
- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care. Actual staffing levels met planned staffing levels at the time of our inspection.
- The service employed one imaging services manager, one part time CT lead radiographer, one part time senior radiographer and two senior radiographers.
- The service employed 2.75 whole time equivalent administrators who also act as radiographic department assistants.
- The service did not have any vacancies at the time of our inspection.
- Staff told us the rota was fair and could be flexible when required.
- In the last three months, the average sickness rate for the service was reported as 2.4% for senior radiographers. Staff told us when there was sickness in the department they picked up extra shifts to cover the absence.
- The service had four shifts covered by a bank worker in the last 3 months.
- Staff working for the service did not work alone and would always have another staff member available.
- Local consultant radiologists held practising privileges with InHealth for radiological reporting and for advice. They attended the centre on a sessional basis and were available by telephone. Staff could bring unexpected or urgent findings to their attention through the escalation process which included transfer of images to the local Trust using the Image Exchange Portal.

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- The host hospital had a Resident Medical Officer (RMO) who provided medical support and was part of the host hospital CRASH/medical emergency team. Staff could explain clear criteria for escalation and could provide examples of attendance from the RMO.

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Patients' individual care records were written and managed according to best practice.
- Patients' individual care records were well managed and stored appropriately. 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. These were scanned and stored electronically and stored with the other patient records. Paper patient safety questionnaires were securely destroyed following scanning. During our inspection we reviewed 10 patient records, they were accurate, complete, and up to date in all cases.
- 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 the scan updated the electronic records and submitted the scan images for reporting by an external radiologist. The unit had a service level agreement in place with a private provider of diagnostic imaging reports, this included quality assurance agreements for the auditing of reports to review the quality of images provided, clinical errors in the report, and quality of the transcribed report.
- Scanned images were all available immediately online. Radiologists in the neighbouring trust could access image results instantly to allow for immediate diagnosis.

Medicines

- The service followed best practice when prescribing, giving, recording and storing medicines.

- Medicines were stored securely in lockable wall-mounted cupboards, in lockable rooms away from the general public.
- Contrast drugs were stored in line with recommendations. We checked a random sample of contrast drugs, they were all in date and stored in the lockable cupboard.
- Emergency medicines were available in the event of an anaphylactic reaction. These would be administered by a member of the host hospitals emergency team.
- Medicines were administered using patient group directions (PGDs). This provides a legal framework that allows registered health professionals to supply and administer specific medicines to a predefined group of patients without them seeing a prescriber. PGDs were in accordance with the health and care professions council (HCPC) standards of proficiency for radiographers. PGDs were in place for medicines used by the service.
- There were no controlled drugs used or kept by the service.
- The service had an in date medicines management policy. This policy detailed how medications should be stored and used in line with current guidelines.

Incidents

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- There was a system in place for reporting incidents, which staff understood. The service reported 17 incidents from January 2018 to January 2019. Themes of incidents reported included clinical incidents, equipment incidents and booking issues. The registered manager reviewed all incidents and took appropriate actions.
- Staff were aware of their incident reporting roles and responsibilities. There was an incident reporting policy and procedure which explained the process of

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reporting incidents. Staff reported incidents using an electronic reporting system. Learning from incidents was discussed during team meetings and actions clearly documented.

- The service reported no never events or serious incidents from January 2018 to January 2019. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systematic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Regulation 20 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014, is a Duty of Candour regulation introduced in November 2014. This regulation required the organisation to notify relevant persons (often a patient or close relative) that an incident has occurred, to provide reasonable support to the relevant person in relation to the incident and to offer an apology.
- Because no incidents had occurred in the preceding twelve months that met the threshold for Duty of Candour to be applied, we were not able to fully assess the provider's compliance with this regulation. However, staff could describe their requirement to be open with patients and there were processes in place for staff to follow. The service had an in date Duty of Candour policy which explained duty of candour and the procedure to follow following different incidents.

Are diagnostic imaging services effective?

This was the first inspection for this service. 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 of its effectiveness. Managers checked to make sure staff followed guidance.
- Policies and guidelines were developed in line with the Health and Care Professions Council (HCPC) standards, National Institute for Health and Care Excellence (NICE) guidelines for diagnostic

procedures, medicines and healthcare products regulatory agency (MHRA) and safety guidelines for magnetic resonance imaging equipment in clinical use (2015).

- Electronic systems were used to enhance the delivery of effective care and treatment. Scans were stored electronically and could be accessed by staff in the referring hospitals to speed up diagnosis and treatment times.
- InHealth were part of a number of accreditation schemes. They were accredited with ISO 9001: 2015 and were audited every six months against the standard on a rolling programme. This accreditation was current and due for renewal in December 2019. ISO 9001:2015 is an international standard that specifies requirements for quality management system. This demonstrated the organisations ability to consistently provide services that met customer and regulatory requirements.
- The service used the diagnostic reference levels (DRLs) which is used as an aid to optimisation to medical exposure. The service monitored the levels used and aimed to use the lowest dose that would produce a high quality image. The images were audited and staff had developed their own tools for monitoring the doses for different types of scans.
- The service had developed software for the equipment in conjunction with the equipment manufacturer to enable quicker and more accurate images to be viewed. This sped up the patient pathway and could allow for quicker diagnoses.

Nutrition and hydration

- There was a drinking water dispenser and hot drink dispenser in the main waiting area which was accessible for patients and visitors. During our inspection we saw staff offering patients drinks before and after they were scanned.
- The service arranged CT Colonography appointments in the morning to enable patients to manage the diet and laxative preparation with minimum disruption. Diabetic patients were always allocated the first slot on the appointment list to enable them to manage their diet and medication needs safely.

Pain relief

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- Pain assessments were not undertaken at this service. Patients managed their own pain and were responsible for supplying any required analgesia. We saw staff asking patients if they were comfortable during our inspection and encouraged patients to take breaks if required.

Patient outcomes

- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Information about the outcomes of patient's care and treatment was routinely collected and monitored. The service undertook regular clinical audits themselves and had arrangements with external auditors. They took appropriate action to monitor and review the quality of the service and to effectively plan for the implementation of changes and improvements required.
- InHealth commissioned a monthly audit undertaken by an external organisation which covered approximately 10% of all private MRI and CT scans. The scan reports were reviewed by an independent radiologist. Upon receiving the results from the audit staff had the opportunity to review the findings and challenge the results. Staff told us that this had led to improvements in practice and ownership of the results. For example, we viewed the audit report December 2018. This identified that the audit had not identified any issues in regards to the audit of key performance measures.
- The service monitored the numbers and reasons for patients who had been recalled for an additional scan. From January 2018 to January 2019 there were 69 recalls, this was 0.6% of scans completed during this period. For each recall that occurred the service looked at the reasons and took actions to prevent recalls for the same reasons from occurring again.
- Internal healthcare quality audits were undertaken annually and assisted in driving improvement and giving all staff ownership of things that went well and that needed to be improved. The service audited 14 individual areas including, patient experience, health and safety, medical emergency, safeguarding, equipment and privacy and dignity.
- At the time of our inspection InHealth was working towards the Imaging Services Accreditation Scheme (ISAS), the provider aimed to achieve ISAS accreditation by 2020.

Competent staff

- The service made sure staff were competent for their roles. Staff were given opportunities to develop their skills.
- Staff had the skills and experience to safely perform scans on patients.
- Staff were encouraged and given opportunities to develop. Staff told us the organisation had good development opportunities. Staff had the opportunity to attend relevant courses to enhance their professional development and this was supported by the organisation and local managers. InHealth offered access to both internal and externally funded training programmes and apprenticeships to support staff in developing skills and competencies relevant to their career with InHealth. At the time of our inspection one member of staff was being sponsored to do a post graduate qualification course.
- InHealth also ran a graduate training scheme where newly qualified graduate radiographers could gain competency in MRI and, if appropriate, continue their career with the organisation. Staff who had been with the company some time could also apply to undertake a post graduate course and if successful in completion of this, gain a PgCert Advanced Practice in MRI.
- InHealth had an Investors in People gold award which meant the organisation strived to lead, support and manage people well for sustainable results. The award was due to be renewed in December 2019.
- Poor staff performance was identified by leaders working within the service with staff. They told us how they would first manage the concerns informally and would then use performance management to improve staff performance.
- 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.

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- The service had processes in place for granting and reviewing practising privileges. Records we looked at showed that appropriate checks had been undertaken before staff started their work. Leaders could explain how these checks were carried out on a yearly basis and records updated.

Multidisciplinary working

- Staff of different kinds worked together as a team to benefit patients.
- The service had good relationships with other external partners and undertook scans for local NHS providers and private providers of healthcare.
- Staff told us there was good communication between services and teams and there were opportunities for them to contact referrers for advice, support and clarification.
- Staff worked closely with staff from the host hospital. Staff had access to the hospitals resuscitation team at all times and could also contact the Resident Medical Officer (RMO) if they had any queries or concerns.
- During the inspection we observed good working relationships between all the different members of the team and with staff working in the host hospital.

Seven-day services

- The service operated routinely five days a week between 8am and 6pm. These hours could be flexed to meet demand and the service had also opened, on occasion, on a Saturday morning.

Health promotion

- Patients were encouraged to be involved in the planning and delivery of their care as much as was practicable given the nature of the service provided.
- Patients who may need extra support were identified during the safety questionnaire and family members or carers were allowed to be with them in the scanning room.
- Patients were empowered and supported to manage their own health, care and wellbeing. We saw staff being directed by patients on how the scan could be made more comfortable for them.

- During the inspection we saw staff discussing with patients ways in which they can manage their lifestyle in order to reduce future risks. For example, to manage their diet to reduce fatty foods.

Consent and Mental Capacity Act

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Consent was taken prior to any scans or procedures being undertaken.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. They were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions.
- InHealth had recently introduced Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training. Six of the eight members of staff had completed this training at the time of our inspection and there were plans in place for the remaining two members of staff to complete their training in the future. One member of staff would complete their training before the end of their probation period and the other on return from their annual leave.
- InHealth had a corporate consent policy which was available for staff. This was written in line with national policy.
- Consent for patients was taken on the day of the procedure. Patient care records we reviewed included a consent to treatment record. All patients had to sign the questionnaire to say they consented for the scan before they were allowed in the scanning room. We observed staff obtaining verbal consent from the patients during their interventions.
- The radiologist and the referring consultant made best interest decisions for patients who did not have capacity to consent to the procedure. Staff told us that if they had any queries about capacity or consent, they would consult with the referrer or radiologist.

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- Staff were aware of competence for older children. Young people (aged 16 or 17) were presumed to have enough capacity to decide on their own medical treatment, and give consent to treatment, unless there was significant evidence to suggest otherwise.

Are diagnostic imaging services caring?

Good 

We rated caring as **good**.

Compassionate care

- People were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff did.
- Staff displayed an understanding of patients personal, cultural and religious needs.
- Staff described how they would arrange for staff of the same sex to carry out scans if required. The service had same-sex chaperones available for intimate scans.
- Staff provided care for patients in a sensitive and dignified way. We saw staff treated a patient with kindness, respect and dignity during patient interactions. Staff took time to interact with patients and their loved ones in a respectful and considerate way.
- Staff responded in a compassionate, timely and appropriate way when patients experienced physical pain or discomfort. Staff took their time with patients and allowed them to move at their speed. We observed staff stopping a scan due to patient discomfort and allowing the patient to take a break.
- Staff maintained patients' privacy and dignity, while waiting in the clinic area before the scan. Patients were provided with a dressing gown in the changing room, and there were curtains in the patient preparatory area, to protect their modesty.
- Staff ensured patients' modesty was protected while in the scanners to protect their dignity. Patients were

provided with the cover and curtains were also available in the control room to screen off the scanners for when patients were getting into position for scans where they could not be covered.

- Staff encouraged patients to complete a feedback form. The service received 660 compliments from January 2018 to January 2019. Following feedback from patients the service had made additional gowns available to improve patient dignity.
- Patients we spoke with during the inspection explained how personal interactions from staff was good and that staff and the service were 'excellent'.

Emotional support

- Staff demonstrated an awareness of the needs of patients and their relatives and carers and how they would support them at times of distress.
- Staff had sufficient time to provide emotional support to patients. Staff were able to take their time with patients and explain the process and how everything worked before the scan. Staff recognised that scan-related anxiety could impact on a patient's diagnosis and result in possible delays with the patient's treatment.
- Staff provided reassurance throughout the scanning process, they updated the patient on the progress of the scan and how long they had before their treatment was complete.
- Patients could have people in the scanning room with them if it was something they wanted. The scanners were fitted with mirrors to allow patients to be able to see out of the scanner and see their loved one while the scan was taking place.
- We observed staff responded in a compassionate and timely way when the patient was in the scanner to give emotional support to allow the scan to continue. Staff spoke with patients while they were in the scanner though the use of headphones.

Understanding and involvement of patients and those close to them

- Staff involved patients in decisions about their care and treatment.

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- Staff could describe how they met the needs of patients. We saw staff explaining to a patient the process of the scan and what to expect. This was done in simple terms with a friendly respectful manner, which helped the patient to understand.
- Staff also explained the process and what to expect when patients phoned up to confirm the appointment. This allowed patients to understand the process before they arrived.
- Staff told us how patients could visit the service before they were due for their scan to get used to the environment and so they could prepare themselves.
- Patients could choose their own musical choices to have on while they were in the scanner and could speak to staff throughout the scan if they had any queries or were uncomfortable.
- Patients we spoke with told us they had been informed of the process and knew when to expect their results. They told us how staff had a calming manner and explanations were straightforward.

Are diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

Service delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of local people.
- Information about the needs of the local population and the planning and delivery of services was agreed collaboratively with clinical commissioning groups (CCG) and the host hospital.
- The MRI scanner performed all routine and complex scans including mammography, angiography and multiparametric prostate scanning. Due to the low number of referrals the service did not undertake cardiac MRI as they identified that they would not be able to maintain competency. The CT scanner performed all routine and complex scanning and was fully enabled to facilitate calcium scoring and cardiac scanning. The cardiac CT service was launched in 2016 under the direct supervision of a cardio-thoracic radiologist. CT guided spinal injections were also routinely undertaken in the department by some of the services qualified radiology consultants.
- The service met the needs of the population served. People could book in appointments at a time or day to suit them.
- The facilities were appropriate for the service that was delivered. The unit had one MRI scanner and one CT scanner and additional appointment times could be delivered in times of high demand.
- The environment was patient centred with a waiting area with sufficient seating, toilets (including a disabled access toilet), a changing area and a disabled changing area. The service had a child friendly waiting area available in the host hospital for the use of its patients.
- Patients who did not wish to wait in the main waiting area could wait in one of the two additional waiting areas.

Meeting people's individual needs

- Staff had an understanding of the cultural, social and religious needs of patients.
- Patients communication needs would be identified during the referral process. Staff also told us that they could confirm these needs when they confirmed the appointment over the phone with patients.
- The service had access to a translation service for patients whose first language was not English. They could be booked to attend appointments with patients who identified they required an interpreter. They also had access to an over the phone interpreter service if it was not made clear prior to the appointment that an interpreter was needed.
- During scanning, staff made patients comfortable with padding aids, ear plugs and ear defenders to reduce the noise of the MRI. Patients were provided with an emergency call alarm in case of the patient experiencing any distress. Microphones were built into the scanner to enable two-way communication between the patient and staff.
- Staff working in the service were not trained in the use of hoists. However, if a patient was identified as

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needing a hoist, staff working in the host hospital would be asked to assist. Also staff told us that people could be brought in on a trolley and then be transferred over to the scanner bed. Staff were trained in manual handling which included the transfer of patients.

- The service engaged with patients when they found it hard to access or use the service. Patients could visit the unit prior to their appointment, so they could familiarise themselves with the room and the scanner. This was offered to patients who had informed the service that they were nervous, anxious or phobic to try to assist them to manage their anxieties.
- The MRI scanner was suitable for bariatric patients with the widest scanner opening available.
- During the inspection staff demonstrated how they supported patients who required additional emotional support during the scan.

Access and flow

- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Patients were referred to the service by the local hospitals, the host hospital and also through InHealth private referrals.
- The service had a detailed plan for administration staff to follow when booking patient scans. The service had different time slots for different scans required.
- This was a non-acute service so there were no emergency patients to accommodate. If an urgent patient presented, for example from the hospital ward, then staff would flex the working day to accommodate the urgent scan or utilise slots that may be available due to cancellations, non-arrivals or adjusting the timings of the booked appointments.
- The service had a target of three weeks to scan patients following their referral. At the time of our inspection the service had less than a one week wait for appointments. For private scans the wait was on average 3.2 days and for NHS patients wait was on average 6.5 days

- The service aimed to reduce the amount of time patients were waiting in the department prior to their scans. During the inspection we observed staff informing patients how long their wait would be and if they could be scanned earlier. We also observed patients being phoned up to ask if they would prefer an earlier time slot if spaces had become available.
- For cardiac and colonoscopy CT, following the scans, the consultant met with the patient and gave immediate results and advised on next steps and ways to reduce risk for the future.
- The service had a target of one week for reporting on NHS Scans and 24 hours for reporting on private scans and was meeting these targets at the time of our inspection.
- The service tried to reduce did not attend (DNA) rates for scans by phoning patients prior to the scans to confirm their appointments and to answer any questions. From October 2018 to February 2019 the service had an average 3% DNA rate.
- The service delayed 40 scans (0.6% of all scans) from January 2018 to January 2019. The most frequent reason for delay was CT equipment breakdown. All patients that were delayed were scanned shortly after their initial appointment without a delay to their patient pathway. Four of the patients involved were scanned the same day at other local facilities either due to existing abdominal preparation for CT, or urgency of their request.

Learning from complaints and concerns

- An InHealth complaints policy was in place. This outlined the time frame for complaints to be investigated in and a full written response to the complainant should be provided within 20 working days.
- The service had patient feedback forms, these were available in the reception area. During the inspection we observed staff handed these to patients to be completed before they left the service. The service received 660 compliments from January 2018 to January 2019.

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- The service had not received any complaints in the year preceding our inspection so we were not able to assess how previous complaints had been managed or establish if there were patient complaint themes.
- The service had information about how to make a complaint clearly displayed in the waiting area. Staff told us how patients could make a complaint to either InHealth or to the host hospital and they would both be investigated by the service.
- Staff were encouraged to resolve concerns locally, which was reflected in the number of formal complaints made against the service.

Are diagnostic imaging services well-led?

Good 

We rated well led as **good**.

Leadership

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service was led by the registered manager who had significant experience of working as a radiographer. The registered manager was supported by regional management and central support function.
- Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs. The management team described how they strived to be professional, open and inclusive.
- Staff told us management were approachable and could raise any concerns they had. We observed friendly and professional interactions between management and staff.
- Staff were clear about their role and who they reported to. Staff said leaders were very visible in the service.
- Staff spoke highly of all levels of leaders including regional management.

Vision and strategy

- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- The service had a clear vision underpinned by strong patient-centred values. The company's mission was to 'Make Healthcare Better'. InHealth had four values: Care, Trust, Passion and Fresh thinking. All staff were introduced to these core values at the corporate induction. The appraisal process for staff was also aligned to the InHealth values and all personal professional development objectives discussed at appraisal were linked to the company's objectives.
- Staff we observed displayed these values in their work and interactions with patients.

Culture

- The registered manager across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The organisational culture promoted staff wellbeing. Staff worked well as a team and told us that they all supported one another.
- The service was inclusive for staff and staff told us they could share their experiences at work.
- All staff we spoke with were proud to work for the organisation and were positive about the company and team they worked with.
- 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.
- 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.
- In the 2017 report InHealth identified that staff ethnicity was not previously captured in the staff

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survey and self-reporting of ethnicity was low. During this reporting period the report detailed how the provider had taken steps in order to address this and the further work that would be undertaken.

Governance

- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- The service had a comprehensive governance framework that ensured clear lines of responsibilities and that quality and performance were understood and managed. These fed into the wider company governance structure via the Framework and Governance Committee. There was also a weekly national meeting in which incidents were discussed and learning shared back to the service.
- There were bi-monthly team meetings for local teams which were attended by clinical and administration staff. There was a set agenda which included governance updates and learning from incidents. There were actions raised in meetings and these were allocated to individuals to ensure they were done.
- Staff we spoke with were clear about their roles, what was expected of them and who they were accountable to.
- The service attended twice yearly InHealth Radiation protection group meetings. During these meetings the radiation protection supervisor was required to update the organisation on recent audits, staff dosage, quality assurance, concerns and any national updates.
- The service had a service level agreement in place with a private health provider. The service had regular formal meetings with the health provider to discuss performance.

Managing risks, issues and performance

- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service had assurance systems that performance concerns could be escalated through. Leaders could tell us who they were accountable to and the steps they would take to manage performance.

- The service conducted both internal and external audits to monitor the quality of services. The service was also part of two accreditation schemes which it submitted six monthly data for.
- The unit had a performance dashboard which was updated monthly by the registered manager. The performance dashboard recorded the number of patients scanned, number of parts scanned, number of patients that did not attend (DNA), cancellations, waiting times and feedback forms completed. This was fed up through the corporate governance channels and any actions that were required were documented and actioned by the service.
- The unit had a comprehensive business continuity plan detailing mitigation plans in the event of unexpected staff shortages or scanner breakdown.
- The service had processes to identify, understand, monitor and address current and future risks. The service had an up to date risk register. Risks were categorised into quality, operations, human resources, health and safety, finance, legal, information governance, IT systems and procurement. All risks were reviewed and updated on a quarterly basis. The risk register was last updated in January 2019 and was due for review in April 2019.
- There was a system of risk assessments in place. Risks with higher scores were added to the local risk register. Risks on the local risk register that had actions to mitigate risks in place and still scored highly were added to the regional risk register. A quarterly report on new and updated risks was sent to the quarterly risk and governance committee where it was reviewed for comments and actions identified. Support with risk assessments was provided by the InHealth health and safety advisor and the risk and governance lead who also advised registered managers on the correct process to add a risk to the risk register and complete the quarterly risk report.

Managing information

- The service collected, analysed, managed and used information well to support all its activities.

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- The service had access to both the InHealth and host hospitals computer systems. This allowed referrals to be made electronically from the host hospital and scan results be available immediately for radiologist review.
- All patient records were stored electronically and paper patient safety questionnaires were scanned then securely destroyed.
- InHealth were accredited with ISO 27001:2013 this was current and due for renewal in December 2019. This accreditation specified the requirements for establishing, implementing, maintaining and continually improving an information security management system within the context of the organisation. This demonstrated that the organisation was in line with international standards and following information security best practice.
- All staff working in the service had undertaken data security and awareness training as part of their mandatory training. Staff we spoke with understood their responsibilities around information governance and risk management.

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 using a patient feedback form following their scan. From January 2018 to December 2018, 98% of those surveyed were likely or extremely likely to recommend InHealth to their friends and family.
- Staff were actively engaged and told us they felt listened to.
- An annual staff survey was undertaken to seek the views of all employees working for InHealth. The results could be split by service and could be compared nationally. The last staff survey was published in December 2017. The provider had plans to conduct another staff survey in May 2019.
- We were provided with the staff survey action plan for January 2018. Results from this survey found that North Staffordshire MRI CT Imaging centre staff had a 100% engagement score compared to the InHealth national average of 71%. Results across the measures were all 100%.
- The service engaged regularly with clinical commissioners 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.

Learning, continuous improvement and innovation

- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.
- The service had a review of radiation protection completed by the regional radiation protection service in February 2019. The review assessed compliance with the Ionising Radiation Regulations 2017 (IRR17) and the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER17). It found good compliance with the regulations and associated guidance.
- The service had purchased a machine to test kidney function in the department. This was to avoid any unnecessary delays in the patient pathway as prior to this patients had to attend pathology in the host hospital for blood tests.
- InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS). The director of clinical quality and clinical governance lead was member 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.

Outstanding practice and areas for improvement

Outstanding practice

- The service had identified an area in which the patient experience in the department could be improved and had purchased a machine to test kidney function. This was to avoid any unnecessary delays in the patient pathway as prior to this patients had to attend pathology in the host hospital for blood tests.
- For cardiac and colonoscopy CT the consultant met with the patient and gave immediate results and advised on next steps and ways to reduce risk for the future. This resulted in patients having no wait for their results and could immediately begin to reduce their risk factors.