

Suffolk Nuffield

Quality Report

The Cross Sectional Imaging Suite
The Suffolk Nuffield 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	
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Are services safe?	Good	
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Are services effective?		
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Are services caring?	Good	
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Are services responsive?	Good	
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Are services well-led?	Good	
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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

Suffolk Nuffield is operated by InHealth Limited. The provider operates a diagnostic imaging service at an independent hospital, which is operated by a separate provider. On-site facilities include one magnetic resonance imaging (MRI) scanner and one computed tomography (CT) scanner.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 25 February 2020.

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.

Services we rate

We rated it as **Good** overall.

We found good practice in relation to diagnostic and screening procedures:

- 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.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff were aware of processes should a patient deteriorate.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Staff monitored the effectiveness of care and treatment and used the findings to make improvements to the service. The service had achieved accreditation under relevant schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Radiographers worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to investigation were in line with good practice.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued and focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.

Summary of findings

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

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

The provider operates a diagnostic imaging service, which comprises of a magnetic resonance imaging (MRI) and one computed tomography (CT) scanning service.

We rated safe, caring, responsive and well-led as good.
We do not rate effective for this type of service.

Summary of findings

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Good 

Suffolk Nuffield

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Suffolk Nuffield

Suffolk Nuffield is operated by InHealth Limited. The unit opened in 2003 and is located within the Nuffield Health hospital in Ipswich, Suffolk. The unit provides a magnetic resonance imaging (MRI) and a computer tomography (CT) service, predominately to privately-funded patients as well as to NHS patients through agreed contracts between InHealth Limited and clinical commissioning groups (CCGs).

The current registered manager had been in post since 2014.

The service is registered to provide:

- Diagnostic and screening procedures.

We last inspected the provider in February 2014, however at that time, CQC did not have a legal duty to rate them. We highlighted good practice and issues that service providers needed to improve.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in radiology. The inspection team was overseen by Mark Heath, Interim Head of Hospital Inspection.

Why we carried out this inspection

We carried out this inspection as part of our routine inspection programme.

How we carried out this inspection

We inspected this location using our comprehensive inspection methodology. The inspection was an unannounced inspection carried out on the 25 February 2020.

Information about Suffolk Nuffield

The unit has one magnetic resonance imaging (MRI) scanner and one computed tomography (CT) scanner. The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the MRI and CT scanner rooms and scanner control room. The service employed four staff, which included an imaging services manager and radiographers. During the inspection, we spoke with

all four staff, four patients and one relative. We reviewed information provided by the service, which included six CT image request forms, two MRI image request forms, five prescription charts and four medical safety questionnaires.

There were no special reviews or investigations of the unit ongoing by the CQC at any time during the 12 months

Summary of this inspection

before this inspection. The service has been inspected twice, and the most recent inspection took place in February 2014, which found that the unit was meeting all standards of quality and safety it was inspected against.

Activity:

For the reporting period 1 February 2019 to 31 January 2020, the service completed:

- 1,344 CT appointments, during which 1,876 scans were completed.
- 2,237 MRI appointments, during which 2,957 scans were completed.

Track record on safety:

For the reporting period 1 January 2019 to 31 December 2019, the service reported:

- Zero patient deaths
- Zero never events
- Zero serious incidents
- Zero Ionising Radiation (Medical Exposure) Regulations 2017 reportable incidents
- Zero Ionising Radiation Regulations 2017 reportable incidents

- Zero incidents of hospital acquired Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Zero incidents of hospital acquired Methicillin-sensitive *Staphylococcus aureus* (MSSA)
- Zero incidents of hospital acquired *Clostridium difficile* (C. diff)
- Zero incidents of hospital acquired *E. coli*
- Zero complaints

Services accredited by a national body:

- International Organization for Standardization (ISO) 9001:2015 (accredited from December 2001)
- International Organization for Standardization (ISO) 27001:2013 (accredited from August 2013)
- Improving Quality in Physiological Services (IQIPS) (accredited from July 2016).

Services provided at the unit under service level agreement:

- Supply of consumables for clinical use
- Supply of medicines
- Waste management
- Laundry supplies
- Mandatory training (partial)

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:

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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff were aware of processes should a patient deteriorate.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Are services effective?

We do not currently rate effective for diagnostic imaging. However, we found:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs.

Summary of this inspection

- Staff monitored the effectiveness of care and treatment and used the findings to make improvements to the service. The service had achieved accreditation under relevant schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Radiographers worked together as a team to benefit patients. They supported each other to provide good care.
- Although the unit did not operate seven days a week, the service flexed operational hours to meet patient demand.
- Staff gave patients practical support and advice before and after each scan.
- Staff supported patients and followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions. Staff and managers understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Are services caring?

We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Good



Are services responsive?

We rated it as **Good** because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to investigation were in line with good practice.

Good



Summary of this inspection

- It was easy for people to give feedback and raise concerns about care received.

Are services well-led?

We rated it as **Good** because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision and mission statement for what it wanted to achieve, focussed on improving the quality of patient care.
- Staff felt respected, supported and valued and focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected and managed data using secure and integrated information systems. Staff could find the data they needed, in easily accessible formats. The service consistently submitted data or notifications to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Good







Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Information about the service

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

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

Summary of findings

We rated it as **Good** overall.

We found good practice in relation to diagnostic and screening procedures:

- 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.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff were aware of processes should a patient deteriorate.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Staff monitored the effectiveness of care and treatment and used the findings to make improvements to the service. The service had achieved accreditation under relevant schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
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Diagnostic imaging

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- Staff felt respected, supported and valued and focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Are diagnostic imaging services safe?

Good 

We rated it as **good**.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. We reviewed staff training records for all four staff employed within the unit and saw all staff had completed all required mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Staff completed several mandatory training modules, through a mix of face-to-face and e-learning sessions. Mandatory training courses included:

- Fire
- Health and safety (including accident reporting and manual handling)
- Infection control
- Intermediate life support (includes paediatric elements)
- Moving and handling
- Patient transfer
- Data security awareness
- Information governance
- Managing conflict
- Customer care and complaints
- Sepsis
- Infection prevention
- Intravenous (IV) cannulation
- Magnetic resonance imaging (MRI) safety modules
- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

Managers monitored mandatory training and alerted staff when they needed to update their training. The service recorded all mandatory training on an electronic system, which automatically sent an email alert to each member of staff, along with their line manager, when mandatory training was due or about to expire. In addition, the unit submitted a monthly spreadsheet, which provided an overview of the unit's current position on training, to the provider's operations manager.

Diagnostic imaging

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Although the service did not provide services for children and young people aged under 16, all staff received level two safeguarding training for both adults and children. We reviewed staff training records that confirmed all four staff were compliant.

This was in line with the intercollegiate guidance, 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff', published January 2019, which states all clinical and non-clinical staff who have contact with children, young people and/or parents and carers should be trained to safeguarding level two standard.

The provider had dedicated staff within the organisation who were trained to level four standard, including the director of clinical quality and the clinical governance lead. In addition, further staff within the host hospital were trained to level four standard, such as the hospital matron.

Staff knew how to make a safeguarding referral and knew who to inform if they had concerns. If staff needed safeguarding advice, the provider had several established named safeguarding leads that staff could seek support from. The service had a named safeguarding lead and a named deputy safeguarding lead, which at the time of our inspection were the director of clinical quality and clinical governance lead, respectively. The registered manager for the service was the local safeguarding lead. In addition, staff could also seek support from three named safeguarding leads employed by the host hospital, which comprised of the hospital's matron, theatre manager and outpatient manager.

Staff we spoke with knew how to identify adults at risk of, or suffering, significant harm, and could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

The service had a safeguarding adults policy and a safeguarding children policy in place, which detailed

each individual's roles and responsibilities in safeguarding patients from abuse and harm. We reviewed these policies and saw both policies were within their respective review dates of February 2022 and August 2021. The policy referenced external guidance, including information from the Care Quality Commission (CQC), Department of Health and NHS England.

Managers discussed and reviewed safeguarding incidents and processes regularly, for example through their weekly 'CLIC' (complaints, litigation, incidents and compliments) meetings, and through quarterly safeguarding board meetings, which were both held across all the provider's locations. During these meetings, managers monitored compliance with safeguarding policies, identified themes and set improvement goals.

Cleanliness, infection control and hygiene

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

All clinical areas were clean and had suitable furnishings, which were clean and well-maintained. During our inspection, we inspected the magnetic resonance imaging (MRI) and computed tomography (CT) scanning rooms and saw these were visibly clean and well-organised. Both scanners and associated equipment, such as the scanner beds and patient supports, were made of appropriate materials that staff could wipe clean.

The provider had an infection prevention and control policy in place, which all staff could easily access. We reviewed this policy, issued in February 2018, and saw it provided detailed information for staff, including individual roles and responsibilities. The host hospital had an infection prevention and control lead, who managers could seek support from, if required.

Staff and patients had easy access to hand sanitising foam, as well as bathrooms with handwashing facilities. We reviewed the results of a hand hygiene audit from February 2020 and saw managers had assessed hand hygiene compliance for all four members of staff employed by the unit. The audit covered four separate

Diagnostic imaging

elements of 'hand cleaning techniques', 'personal protective equipment', 'a clean and safe technique' and 'sharps'. All four staff achieved 100% compliance in all elements assessed.

Cleaning records were up-to-date and demonstrated that staff cleaned all areas regularly. We reviewed the scanner room weekly cleaning checklist, which recorded a completed check each week for the full two-month period we reviewed.

The host hospital completed monthly infection prevention and control audits of all areas of the diagnostic imaging department on a rotational basis. We reviewed the results of the most recent audit for the CT and MRI scanning rooms from September 2019 and saw the service performed well, with the 'overall findings good'.

Housekeeping staff, employed by the host hospital, cleaned the CT scanning room, control room and waiting areas. Unit staff completed the cleaning of all medical equipment and the MRI scanning room, due to magnetic safety protocols and risks associated with entering the MRI scanning room. Managers explained staff completed a weekly deep clean of both scanning rooms, including both scanners, scanning equipment and all medical equipment, using disinfectant wipes.

Staff followed infection control principles including the use of personal protective equipment. During our inspection, all staff were bare below the elbow, which was in line with advice from the World Health Organisation (WHO) in their 'Five Moments for Hand Hygiene' guidance. Staff had easy access to gloves, aprons and cleaning equipment, as required.

Every three months, the provider undertook a detailed health, safety and environmental checklist, which covered several aspects, including infection control. This included nine separate points relating to infection control, including availability of personal protective equipment, spill kits, running water, soap and towels; display of hand hygiene posters; checks on water temperatures; and checks on disposable curtain changes. We reviewed the results of the last three audits specifically regarding performance against infection control and saw the service scored 100% in the most recent two audits, and 89% in the third audit. We saw there was one point of action recorded, which related to

an incident whereby staff used a computer then opened the door whilst wearing the same glove. The service planned to repeat the audit in April 2020, as well as completing informal walkabouts in the interim period to ensure compliance.

The service did not report any incidences of a healthcare acquired infection within the last 12 months.

Environment and equipment

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

The service had suitable facilities to meet the needs of patients' families. There was a main general waiting area in the host hospital, along with two dedicated waiting areas for diagnostic services, which all diagnostic specialities, including computed tomography (CT) and magnetic resonance imaging (MRI), shared. Patients had access to water and hot drinks facilities from all waiting areas, as well as toilets and dedicated changing areas. Both the waiting areas and the scanning rooms were on the ground floor and had step-free access.

The design of the environment followed national guidance. The service operated one magnetic resonance imaging (MRI) scanner and one computed tomography (CT) scanner, which shared a joint control room. From the control room, staff monitored patients in both the MRI and CT scanners and could speak to them via an intercom system. This allowed staff to provide key instructions to patients whilst they undertook the required scans, and kept staff member's exposure to radiation at a minimum. Patients also had access to emergency call bells, in the event they required urgent attention. Staff provided patients with ear defenders and could play any music of the patient's choice during each scan. This was in line with guidance from the Department of Health and Social Care in their publication 'Health Building Note 6: Facilities for Diagnostic Imaging and Interventional Radiology'.

The static MRI scanner was housed in a dedicated shielded room with restricted access. Staff required all personnel, including staff, visitors, patients and relatives, to complete a safety questionnaire before they granted them access. The service displayed appropriate warning signs on the door, including signs that clearly forbade any personnel with metal implants, pacemakers or who

Diagnostic imaging

carried any metallic objects, from entering. As an additional safety measure, staff placed a retractable warning barrier across the door to the scanning room when scans were in progress to prevent any unauthorised access.

There was an equipment labelling system in place that indicated MR safe, MR conditional or MR unsafe, dependant on whether the item could be used in the scanning room. The service had sought a specialist magnetic-safe wheelchair, mop and waste bins. This was in line with advice from the Medicines and Healthcare Products Regulatory Agency (MHRA), in their 'Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use' guidance, published in March 2015.

The service had installed air quality alarms in the MRI scanning room, which continually monitored the quality of air within the room. In the event of oxygen depletion, such as a result of a helium leak from the scanner, emergency alarms would sound to warn staff and patients to evacuate the room. Staff could access an emergency stop button from both within the scanning room and the control room, which brought the scanner and its magnetic field to a controlled stop, in a process known as 'quenching'. As this quenching process can cause a build up of air pressure, which can make inward opening doors difficult to open, the service had installed a 'blowout' panel within the door, which would automatically break in the door to release any pressure build up.

Staff carried out safety checks of specialist equipment. There were effective safety checks in place that included weekly checks of the helium system and monthly tolerance checks. Staff were aware of how to report abnormalities and contact the manufacturer should these occur.

The service had subscribed to equipment and medicine alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), which would immediately inform staff on any potential medicine or equipment recalls. In addition, the service received automatic alerts from equipment manufacturers, such as the scanner manufacturers, in case of any reported problems or recalls.

During our inspection, we reviewed the service and electrical testing dates of all equipment and medical

devices. The provider had serviced all medical devices within set intervals, apart from one electrical item that had not received a portable appliance test (PAT) within the last 12 months. We raised this concern during our inspection and appropriate action was taken. The company were contacted to arrange a test, which was completed on 4 March 2020.

Staff received specialist training as part of induction and competency processes, to ensure they were trained to use all necessary equipment. All clinical staff completed an induction in either CT or MRI, or both, depending on their role. The provider's magnetic resonance safety expert and MRI clinical lead delivered MRI-specific training, with the provider's radiation protection adviser and radiation protection supervisor team delivering radiation protection training. In addition, all staff completed three MRI safety modules as part of their annual mandatory training.

Staff had access to a dedicated resuscitation trolley, which contained an automated external defibrillator (AED), in the event of sudden patient deterioration. This equipment was supplied and maintained by the host hospital, however unit staff had easy access to this and completed daily equipment safety checks.

Staff disposed of clinical waste safely. Although the host hospital managed all clinical waste, unit staff had access to both domestic and clinical waste bins, as well as sharps bins (for the disposal of used needles and cannulas), and pharmaceutical bins (for the disposal of used medications, such as contrast). In addition, staff could dispose of any soiled or contaminated laundry through the host hospital, who managed all laundry services.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff were aware of processes should a patient deteriorate.

Staff knew about and dealt with any specific risk issues, and completed risk assessments for each patient on arrival. All patients requiring a computed tomography (CT) or magnetic resonance imaging (MRI) scan completed a medical safety questionnaire, which staff reviewed prior to any scan taking place. This covered any specific risks, such as any patient allergies or any previous medical history.

Diagnostic imaging

The service visibly displayed the 'Paused and Checked' poster from The Society of Radiographers, which provided a quick reminder to all staff of six key areas they must consider before and after they undertook a scan. This comprised of 'Patient; Anatomy; User checks; Systems and settings; Exposure; and Draw to a close'. In the control room, we saw further information and posters displayed to staff that detailed the requirements under Ionising Radiations Regulations 2017 (IRR17) and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. In patient waiting areas, additional posters were clearly visible that asked patients to inform staff if they may be pregnant.

Due to the risks of a strong magnetic field associated with magnetic resonance imaging, staff required all personnel to complete a safety questionnaire before they granted access to the MRI scanning room. This questionnaire covered several aspects, including any previous medical history, including any previous surgery. This questionnaire was a requirement for all personnel, including staff, visitors, patients, relatives and carers. Staff strictly adhered to this policy and we saw staff completed a checklist for each patient or visitor before they entered the room.

For patients requiring a CT scan with contrast (a substance injected into the patient's body which highlights internal structures on the resulting image, such as organs and blood vessels), the service completed a separate medical questionnaire. This covered several aspects, including any patient allergies, any previous CT scans and any previous blood test results. Staff reviewed each questionnaire prior to undertaking any scan.

The service had processes in place to care for patients who deteriorated whilst in the care of the unit. Staff explained if a patient suddenly deteriorated, they followed established pathways to seek urgent medical support. Staff explained they could request emergency support via a help alarm situated in the control room or via the hospital's dedicated emergency communication system.

For 2019, the service reported no incidents whereby patients required an unplanned urgent transfer to another healthcare provider.

Before staff could undertake a patient scan, a completed image request referral form from the referring clinician

was required. This bespoke referral form contained an overview of the patient's information, contact details, previous medical history, type of image requested, and details of the referring clinician. This was in line with advice from the Medicines and Healthcare Products Regulatory Agency (MHRA) in their 'Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use' guidance, published in March 2015, which recommends for all referrals to be made on a dedicated magnetic resonance request form.

The service displayed clear signage on the door to the MRI scanning room, which detailed the risks of the scanner's strong magnetic field. This included clear signage to warn persons with pacemakers, metallic implants or other magnetic objects to not enter the room.

Radiography Staffing

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

The service had enough staff to keep patients safe. The unit employed four members of staff, which comprised of an imaging services manager, two senior radiographers and a trainee radiographer. The service employed staff on both full-time and part-time contracts.

Managers supported all new staff through a thorough induction programme. All staff, including bank staff, initially attended a corporate induction at the provider's head office. Following this, all staff undertook an initial induction programme that followed a standard template, which they were required to complete within the first three-to-six months. During this time, staff also completed all required mandatory training modules as required by both the provider and the host hospital.

The service had low vacancy rates. At the time of our inspection, the service operated with a full establishment of staff and reported no vacancies.

The service had low turnover rates. For 2019, the service reported a 0% turnover rate, with no staff leaving the service.

The service had low sickness rates. For the reporting period of October to December 2019, the service reported a 3% sickness rate across all staff roles.

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At the time of our inspection, the service did not employ any bank or agency staff. Although the service has never employed agency staff, historically the service has employed bank staff to cover previous periods of annual leave and training. Managers explained all prospective bank staff received, and were required to complete, the same induction, mandatory training and competency assessments as substantive staff.

Managers could flex the unit's staffing to suit local demand and the operating hours of the host hospital. In the event of short notice absence, managers explained they could become operational to support the scanning of any pre-booked patients. If deemed necessary, the unit could request staffing support from one of the provider's other scanning centres. Managers explained they would also try to reschedule any pre-booked appointments to minimise any delays or cancellations of patient appointments.

Medical Staffing

The service did not employ any medical staff locally. However, staff could access medical support from radiologists who held practising privileges, when they attend the site to carry out sessions, via telephone, or from other medical professionals employed by the host hospital.

All radiographers employed by the provider were trained in cannulation and contrast administration, however were overseen and could seek advice from radiologists or the resident medical officer (RMO) employed by the host hospital.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The host hospital managed all patient appointments for magnetic resonance imaging (MRI) and computer tomography (CT) through their computed radiology information system (CRIS). The service also scanned and stored electronic copies of all patient notes, including referral forms, supporting documents and patient safety questionnaires on the CRIS.

When patients transferred to a new team, there were no delays in staff accessing patient records and scan results.

The service stored all images and scans on the host hospital's secure picture archiving and communication system (PACS), through which staff could send scans electronically to radiologists. Where referrals originated from the patient's GP, the service could also send scan images and reports via an encrypted CD, which staff would send via recorded post.

Staff stored all patient records securely. The service stored all electronic patient records, including scan images and reports, on secure digital systems, which only authorised staff had access to.

Staff secured any paper records in locked cabinets or locked rooms. During our inspection, we reviewed two electronic and six paper-based patient records and saw staff completed and signed all sections appropriately. All records contained an appropriately signed referral form, along with all relevant medical safety questionnaires, cannulation checklists and prescription forms.

We reviewed the results of a records audit undertaken in February 2020, during which the service audited 10 randomly selected diagnostic imaging referrals for compliance. The service audited each referral across 30 different criteria, including report verification by radiologist, record of patient dose and signature of operator. The results of this audit demonstrated the department was compliant in most areas, including 100% compliance for key areas such as examination justification, patient identification and completion of prescription chart.

Medicines

The service used systems and processes to safely administer, record and store medicines.

Staff had access to a small selection of commonly used medicines to support the scanning of patients. One of the most common medicines used was contrast, which is a substance injected into the patient's body that highlights internal structures on the resulting image, such as organs and blood vessels.

Staff stored and managed medicines in line with the provider's policy. Staff stored all medicines in locked medicine cabinets that only authorised staff could access, and kept a running balance of all medicine stocks held in the department. We reviewed the contents of both medicine cabinets and saw all medicines inspected were within expiry or use-by dates and in good condition.

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Although staff recorded the majority of medicines stored on the medicine balance sheet, we found one medicine, an analgesic cream, that was not present on the stock sheet. We raised this to managers during our inspection, who advised staff obtained this for one patient who had a phobia of cannulas. Managers immediately removed this from the cabinet and disposed of it appropriately.

Staff could not prescribe medicines to patients, as the service did not have any non-medical prescribers, and did not use patient group directions (PGDs). PGDs provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines. If a patient required a specific medication, authorised prescribers, such as a radiologist from the host hospital, completed a specific prescription for each patient.

During our inspection, we reviewed five completed patient prescriptions and these were completed appropriately. Staff correctly recorded any patient allergies, where applicable. Staff compared the signature of each prescriber against a list of specimen signatures of all authorised prescribers within the host hospital.

The provider had developed an information sheet, which detailed the names of all of the medicines given to a patient during their scan. Staff gave each patient a copy of this, along with other advice leaflets, which provided patients with information and advice in case they showed any signs of a reaction or side effect after they had left.

The provider managed and oversaw all aspects of medicines management through a multidisciplinary medicine management group, which met every three months. If staff required pharmaceutical advice, they could seek support from the provider's retained pharmacy advisor, or through a local pharmacist employed by the host hospital.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. The service had subscribed to equipment and medicine alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), which would immediately inform staff on any potential medicine or equipment recalls, and allowed them to take action to resolve any potential issues.

The service did not use or hold any controlled drugs.

Incidents

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents, serious incidents and near misses in line with the provider's policy. The provider operated an electronic incident reporting system, through which staff of all roles could record any incident. Managers explained all staff received training to report all near misses, adverse events and non-conformances. All staff we spoke with during our inspection could explain how to raise an incident and knew what incidents to report.

We reviewed all incidents reported during 2019 and saw staff reported 21 incidents, which included both clinical and non-clinical incidents. Managers investigated all incidents thoroughly, and involved staff, patients, their families and other organisations where appropriate. We reviewed all completed incidents reported during 2019 and saw managers investigated each incident in depth. Managers assigned each incident a risk score and a risk severity, and identified any key learning points.

From January to December 2019, the service reported no serious incidents, no Ionising Radiation (Medical Exposure) Regulations 2017 reportable incidents and no Ionising Radiation Regulations 2017 reportable incidents.

Managers explained they assessed any incidents that involved patient harm against the notifiable safety incident criteria, as specified within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and managed any incidents in partnership with their incident reporting, duty of candour and notifiable safety incident standard operating procedures. For 2019, the service did not report any duty of candour notifications or any notifiable safety incidents.

The duty of candour is a statutory duty that applies to all health and social care providers in England, which ensures providers remain open and honest with patients

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and their families when something goes wrong in their care. Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if, and when, things went wrong.

Staff and managers met to discuss incidents, feedback and look at improvements to patient care. Managers explained they discussed all reported incidents at the provider's weekly 'CLIC' (complaints, litigation, incident and compliments) meeting, which a multi-professional team of governance and operational managers attended. In addition, the provider's clinical governance teams analysed all incidents to determine any themes or trends, and shared any learnings at both a local and provider level.

Staff received feedback from the investigation of incidents, and there was evidence the service made changes because of feedback. For example, staff we spoke with during our inspection described a recent change to the type of cannulas used in the service, due to an extravasation incident (extravasation is the unintentional leakage of intravenous infusions into the tissue around the site of injection).

For 2019, the service did not report any never events.

Are diagnostic imaging services effective?

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care, according to best practice and national guidance. Managers explained the purpose of the service was to provide an effective diagnostic imaging service, which comprised of high-quality magnetic resonance imaging (MRI) and computed tomography (CT) imaging, delivered in line with national guidance.

The service had developed a referral and triage process that aligned with The Royal College of Radiologist's iRefer guidance, which supports referring clinicians, such as radiographers and GPs, to determine the most appropriate imaging investigation method. The service followed diagnostic pathways and guidance issued by

the National Institute of Health and Care Excellence (NICE) and the Medicines and Healthcare Products Regulatory Agency (MHRA). For example, the service followed the MHRA's advice in their March 2015 publication, 'Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use'.

Staff had easy access to policies and procedures, which were available in paper and electronic formats. Managers ensured staff kept up-to-date with any policy changes by distributing these among staff and ensuring staff signed each key policy to confirm they had read and understood it. All staff had signed all policies we reviewed during our inspection.

During our inspection, we reviewed several policies and procedures. Although the service had reviewed the majority of these within appropriate review dates, we found two policies that related to the provider's quality assurances processes that had exceeded their review dates. We raised this to managers during our inspection, who advised they would take action to rectify this urgently. Following our inspection, the service provided us with an action plan that showed they had reviewed both policies in depth. The service had reviewed and released one policy with no update necessary and had commenced work with their radiation protection adviser to review a second policy, which was due for release in March 2020.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist requirements. Patients and relatives could access water and hot drinks in both the main waiting area and the diagnostics waiting area. Although there was no café or shop within the host hospital, staff explained they could obtain food for patients and relatives from the host hospital kitchens if a patient required it, including gluten free options. If a patient had fasted prior to their scan, staff explained they could provide patients with food, such as toast, sandwiches and biscuits, immediately after their scan.

Pain relief

Due to the nature of the service, the provider did not undertake routine patient pain assessments. The service encouraged patients to manage their own pain and were responsible for supplying any required pain relief. If a

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patient unexpectedly experienced pain whilst they attended the unit, staff sought medical assistance from the resident medical officer (RMO) at the host hospital or from the patient's GP.

Patient outcomes

Staff monitored the effectiveness of care and treatment and used the findings to make improvements to the service. The service had achieved accreditation under relevant schemes.

The unit provided a scanning and reporting service. Radiologists, who were held practising privileges with the provider, undertook the reporting of all images.

Managers and staff carried out a comprehensive programme of repeat audits to check improvement over time and used information from audits to improve care and treatment. For example, managers completed a three-monthly health, safety and environment checklist, during which they inspected and audited 14 separate areas of the service. This included documentation, indoor environment, fire safety, emergency procedures and infection control. We reviewed the results of the three most recent audits completed in 2019 and saw the service performed well. The service achieved a score of 75 out of 76 (99%) for quarter two; 73 out of 75 (97%) for quarter three; and 77 out of 77 (100%) for quarter four.

Managers explained the host hospital worked in partnership with an external provider to undertake a regular audit of 10% of all images produced by their diagnostic imaging department, including both computed tomography (CT) and magnetic resonance (MR) images produced by the unit.

The provider's radiation protection adviser (RPA) undertook several annual audits to assess the unit's compliance to the Ionising Radiation Regulations 2017 and the Ionising Radiation (Medical Exposure) Regulations 2017. We reviewed the results of a routine radiation protection and performance survey from September 2019 and saw the service performed well.

The service achieved International Organization for Standardization (ISO) certification for ISO 9001:2015 in December 2001, and ISO 27001:2013 in August 2013, and achieved Improving Quality in Physiological Services (IQIPS) accreditation in July 2016. In addition, the service was working towards achieving Quality Standard in Imaging (QSI) accreditation and aimed to achieve full

accreditation across diagnostic and imaging services by 2021. To support this, the provider's director of clinical quality and clinical governance lead were members of the Imaging Services Accreditation Scheme (ISAS), which provided guidance and advice to services working towards full accreditation.

Competent staff

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

Staff had the knowledge, experience, qualifications, and skills to meet the needs of patients. At the time of our inspection, the service employed four radiographers, including an imaging services manager who had previous experience in diagnostic imaging and radiography, and two senior radiographers. All four members of staff had active registrations with the Health and Care Professions Council (HCPC).

Managers gave all new staff a full induction tailored to their role before they started work, which included a local induction. Upon joining the provider, all staff attended a corporate induction at the provider's head office. Following this, all staff undertook an initial induction programme that followed a set template.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers assessed each staff member's competency through several different channels, including as part of the recruitment process, probationary period and ongoing performance management.

Managers made sure staff received any specialist training for their role. The service supported all clinical staff by comprehensive competency assessment toolkits, which covered key areas and clinical competency skills. Managers supported the development of staff competencies in specific areas, such as magnetic resonance imaging (MRI), through dedicated internal training programmes that aimed to develop new radiographers post initial qualification.

The service employed experienced radiographers with Society and College of Radiographers accreditation as practice educators to support and deliver clinical training to staff.

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Managers supported staff to develop through yearly, constructive appraisals of their work. All staff received an annual appraisal with their line manager, during which staff had the opportunity to discuss any training or development needs. During our inspection, we reviewed the appraisal data and saw managers had completed an appraisal with each member of staff in January 2020. As part of this process, managers assessed staff competencies and ensured staff maintained appropriate continuing professional development (CPD) to meet professional registration requirements. Managers explained staff could access internal and external training programmes and apprenticeships to support their ongoing skills and competencies, and future career aspirations.

Managers identified poor staff performance promptly and supported staff to improve. Any poor performance was managed by their line manager, who worked with and supported the staff member to improve and achieve the required standard.

Multidisciplinary working

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

Staff worked across healthcare disciplines and with other agencies, when required, to care for patients. Throughout our inspection, staff from all roles within the service worked well together to deliver high quality care to patients. Staff worked collaboratively and had developed a good working relationship with staff and teams within the host hospital.

Staff worked well with other healthcare providers, including acute hospitals and community care providers. For example, managers explained a situation whereby they had supported a local hospital with the supply of consumables, after the hospital experienced an unexpected shortage in their supply. Furthermore, staff explained how they worked with oncologists from a local hospital to support two clinical trials.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. This included a monthly diagnostic meeting that staff attended from across the host hospital's diagnostic services, including computed tomography (CT) and magnetic resonance imaging (MRI) services.

Managers from this service met with representatives from the host hospital once per quarter to discuss the service. We reviewed the meeting minutes for the most recent meeting held in December 2019 and saw this was well attended. The hospital director, matron, sales and services manager, head of imaging services and diagnostic imaging manager from the host hospital attended, along with the imaging services manager from the unit.

Seven-day services

Although the unit did not operate seven days a week, the service flexed operational hours to meet patient demand.

The service operated from Monday to Friday every week, in line with the operating hours of the host hospital. Staff explained they offered earlier appointments on two days each week to support patients who could not attend appointments during the day due to work or other commitments.

The service did not operate an on-call service.

Health promotion

Staff gave patients practical support and advice before and after each scan.

Due to the nature of the service, the provider did not offer health promotion advice. However, we saw the service provided information leaflets to patients before and after each scan, particularly if staff had administered medicines to a patient, such as contrast, that gave patients advice if they became unwell after leaving the unit.

Consent and Mental Capacity Act

Staff supported patients and followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions. Staff and managers understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act 1983 and the Mental Capacity Act 2005, and knew who to contact for advice. Staff could describe and knew how to access policies and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. If staff required specific advice, they could seek guidance from the

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provider's safeguarding lead, deputy safeguarding lead, mental capacity and liberty protections safeguards lead or their local safeguarding lead, or from the host hospital's safeguarding leads.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff obtained formal written consent from every patient who required a contrast injection and obtained verbal or implied consent for all other procedures, including all scans. Staff ensured patients were aware of each procedure, including any associated risks.

Staff made sure patients consented to treatment based on all the information available. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Where patients could not give consent, or did not give consent to treatment, staff explained they would refer the patient back to the referrer to discuss alternative options.

Staff understood Gillick Competence and Fraser Guidelines and supported young people who wished to make decisions about their treatment. The service did not provide any diagnostic services to any young person aged under 16. For young people aged 16 or 17, staff deemed all patients to have capacity to decide on their own care and treatment, unless there was evidence present to indicate this was not the case.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Managers explained all staff completed mandatory training on mental health, which included the Mental Capacity Act and the use of Deprivation of Liberty Safeguards (DoLS). During our inspection, we reviewed staff training data and saw all staff completed this training during 2019.

Are diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff introduced themselves by name to each patient and spoke to them in a reassuring and professional manner. We observed one member of staff support and walk with a patient with reduced mobility from the scanner to the waiting area.

Patients said staff treated them well and with kindness. During our inspection, and in the following days after, we spoke with four patients and one relative regarding the quality of care they received. Patients told us the service they received "had been absolutely brilliant". One patient told us how a member of staff had "remembered [us] from last time", adding how staff had been "so helpful". They told us staff "explained it all", and they appreciated the "nice little touches", adding that "nothing was too much trouble" for the service.

Another patient told us staff were "very pleasant, very professional and personable" and they service was "really good". A third patient explained how the service was "very good, very prompt and efficient" and that they "couldn't fault it". A fourth patient told us they thought the service was "fantastic", adding that staff "could not be more helpful and considerate".

Staff followed policy to keep patient care and treatment confidential. The service had private changing rooms, located away from both public spaces and waiting areas. The service had installed a blind in the MRI room, which staff closed during breast scans to ensure patient privacy and dignity was maintained.

Staff understood and respected the personal and social needs of patients and how they may relate to care needs. For example, the service provided all patients with clear information about how to request chaperones (an additional person, such as a member of staff or relative, who can be present during examinations to support the patient), which the service offered or facilitated.

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Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff explained how they supported patients to reduce any anxiety or worry they may have before each scan. Arrangements to support patients, such as the facilitation of a carer or relative to remain with the patient in the scanning room, were facilitated subject to a medical questionnaire and appropriate protective clothing, such as lead aprons.

Staff explained they allowed patients to enter and view the scanning equipment prior to any scan, and demonstrated how the scan process worked, including getting into the scanner whilst no radiation was present.

During each scan, staff spoke to patients remotely via a two-way intercom system. This allowed both staff and patients to communicate to each other easily, and helped staff reassure patients during the scanning process. During our inspection, we observed staff interactions and saw staff spoke to patients in a kind, caring and professional manner. We observed one member of staff provide reassurance by explaining to a patient that “it will feel unnatural, however do not worry”. For patients requiring multiple scans, staff explained each step in detail, including what each scan was for, and how long it would last. Staff continually reassured and comforted patients during the process and answered any queries they had before they undertook each scan.

During the inspection period, we spoke with four patients and one relative about their experience of the service. One patient told us staff “explained things very well” and were “very caring”. They explained how during their last scan, the radiographer was “exceptional” and was “so helpful, explained everything, and made [them] feel very comfortable”. Another patient told us that staff “explain everything” to them and “gave them the time” during each appointment. They added they appreciated the additional support staff offered them, such as staff sitting with each patient whilst they administered contrast – a touch they have “never had” before.

Staff supported patients who became distressed in an open environment, and helped them maintain their

privacy and dignity. Staff explained all patients had access to an emergency call bell, if they became distressed or deteriorated during a scan, as well as the intercom system. If a patient became distressed or uncomfortable, staff explained they could stop the scan at any point.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff allowed patients to listen to music during each magnetic resonance imaging (MRI) scan, and encouraged patients to bring music of their choice, or asked them to select their preference from the provider's pre-selected options.

Staff demonstrated empathy when having difficult conversations, or when breaking bad news to patients. The service had a set process in place if radiographers found an unexpected finding during a scan, such as spinal cord compression or potential tumour. There was a quiet room available to discuss privately any imaging findings. Staff supported the patient with any next steps, such as contacting the patient's GP or referring the patient to the local NHS hospital.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Before and after each scan, staff provided patients with information leaflets and advice cards that detailed their treatment and how to self-care following any treatment. One patient we spoke with during our inspection explained they were “aware of the process” and commented they were provided with “very clear literature”.

To help reduce patient anxiety, the service had developed several resources to support patients through their journey. This included an online video that patients and relatives could access, which explained how the scanning process worked, along with a series of frequently asked questions. For example, this included answers to common questions, such as “why is the scanner noisy?”, “can I bring someone into the room with me?” and “can I have a break between the scans?”.

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Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service provided staff with access to a telephone translation and interpretation service, which allowed them to communicate to patients who did not speak English. This allowed staff to explain the process to all patients, in a way and language they could understand.

Patients and their families could give feedback on the service and treatment, and staff supported them to do this. Staff issued every patient with a survey card through which patients were asked how likely they were to recommend the service to their friends and family, similar to the NHS Friends and Family Test. The card also contained a quick read (QR) code that could be scanned to allow patients to complete the survey online, along with a free comments box for any additional comments.

Patients gave positive feedback about the service. We reviewed the results of all completed surveys for 2019 and saw the service received 345 completed responses. Of these responses, 96% of patients would recommend the service to their friends and family, with only 0.6% stating they would not. During this period, the service received an additional 180 compliments, and received no complaints.

Following our inspection, we reviewed the results of the survey comments from December 2019 to February 2020. For this period, the provider received 98 responses from a total of 601 eligible patients, which equated to a 16% response rate. Of these, 52 patients said they were 'extremely likely' to recommend the service, with only one patient saying they were 'extremely unlikely'. Patient comments included "the care given by all staff in all departments is excellent", "excellent care and very attentive", "prompt, efficient and friendly treatment" and "it always works well with no issues". Other patients wrote "really lovely staff – clear instructions and description of procedure in a friendly manner", "reassurance throughout the procedure" and "kind and efficient staff".

Staff and managers used patient feedback to improve the service. Each week, managers received a satisfaction report from the external company that managed the survey system. Managers explained they used information from the survey cards to drive performance improvements.

For example, improvements made as a result of patient feedback included new signage in changing rooms to show patients how to correctly wear a hospital gown, new lighting in the scanning rooms to prevent ceiling lights shining into patients' eyes during longer scans, wider selection of music available during scans, and the introduction of a new insufflator for computed tomography colonography scans (a device that monitors the amount of pressure and volume of carbon dioxide introduced into the patients' body, which helps to reduce any abdominal pains).

Are diagnostic imaging services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

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

Managers planned and organised services to meet the changing needs of the local population. The unit provided a computed tomography (CT) and magnetic resonance imaging (MRI) service to the local population in east Suffolk and north Essex. The host hospital referred the majority of patients to the service, however the provider had secured several additional contracts with local organisations, such as a local sports club. The service undertook one contract on behalf of the local clinical commissioning group (CCG) to complete non-contrast scanning of patients for the early detection of dementia.

Facilities and premises were appropriate for the services delivered. The unit was located within the host hospital, however shared several facilities, which included patient waiting areas with drinks facilities, accessible toilets, accessible changing areas and plentiful free car parking. Both scanning rooms had no public-facing windows, which provided additional privacy for patients and prevented other patients viewing them. Both scanning

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rooms had one window that looked into the central control room, however we noted the service had staggered the windows to prevent patients from seeing each other during scans.

The service first opened in 2003, with the current CT and MRI scanners in place since 2015. The service can undertake all routine MRI and CT scans, including breast and angiography, except for MRI cardiac scanning. In 2016, the service implemented an additional cardiac CT scanning service, supported by a lead vascular radiologist and a cardiologist.

Managers monitored and took action to minimise missed appointments. The service operated from Monday to Friday every week, and provided appointments most commonly from 9am to 5pm. However, managers explained to support patients who could not attend these times or during periods of high demand, they could flex staffing to allow appointments from 8am to 8pm on a set day per week, if required.

The service had systems to help care for patients in need of additional support or specialist intervention. The service had developed good working relationships with staff and teams within the host hospital, if a patient required additional or specialist support. For example, if staff required specific medical advice, they could seek this from medical staff within the host hospital or who were employed by the provider.

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. As the service frequently treated patients living with dementia, due to their contract with their local clinical commissioning group (CCG) to undertake non-contrast scanning of patients for the early detection of dementia, managers took steps to ensure the environment met patient needs. For example, representatives from a dementia society visited the department to review its signage, literature

and the environment and suggested changes to better meet patient needs. This had resulted in additional signs added to toilet doors and the removal of dark mats in the department.

All staff received specialist training from a dementia society to ensure they effectively managed the needs of patients living with dementia, with one member of staff attending a dementia awareness study day. Furthermore, staff from a local memory clinic that referred patients for early dementia screening regularly visited the department and suggested any changes to processes if required.

Managers explained they obtained contact details for a family member, relative or friend for all patients booked for an early dementia screening scan. They explained this allowed the service to alert a patient's relative if a patient had forgotten their appointment and helped the service to support patients who may decline to attend as they could not recall why it was needed.

Managers made sure staff, patients, loved ones and carers could get help from interpreters, including British Sign Language, when needed. Staff had access to a telephone translation and interpretation service, which allowed them to communicate effectively with patients or relatives who may not speak English.

The service had information leaflets and safety questionnaires available in a variety of languages. Patients could access large print or braille versions of leaflets upon request.

The service adjusted for each patient's individual needs and worked with other departments to improve each patient's care. For patients with reduced mobility, staff could adjust appointment times to facilitate a longer patient examination, or use of additional equipment, such as hoists. Managers explained the service scheduled patient appointments to best suit a patient's needs. For example, if a patient required a computed tomography (CT) colonography examination, staff tried to schedule these during the morning to allow patients to better manage the dietary and laxative preparations needed. In addition, with the implementation of the service's new scanner, the service was able to stop giving patients oral medicines to drink to line the stomach and gut, which previously patients did not receive well due to its strong taste, and now could give patients water instead.

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Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to investigation were in line with good practice.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and targets. Managers explained the host hospital offered appointments within 48 hours of referral receipt, which the service facilitated. Cardiac computed tomography (CT) imaging was organised separately to ensure cardiologist and radiologist were both present on site.

The service did not operate a 'wait list' style appointment booking service, as the service was able to scan most privately-funded patients within two working days of request, except for patients who required preparation or for a radiologist to be present. During our inspection period, we spoke with four patients and one relative, who all told us they could access the service when they needed to. They explained how flexible appointment times allowed them to attend their appointment before or after work, with one patient explaining how their last appointment process was completed within a week, from their initial consultation, to their scan, and through to their final consultation.

Although the host hospital did not provide an acute service, and therefore most of the activity were routine scans, the service reserved an hourly appointment each day for any urgent requests. Should the service receive a second urgent scan, staff could work flexibly through either an earlier start or later finish to accommodate this without cancelling other patient appointments. Managers explained if they received an urgent referral, the service aimed to complete the scan within one working day of receipt. To facilitate a quicker turnaround, staff attached a red form to the referral form and placed this on an 'urgent reporting' clipboard to alert the radiologists, and changed the reporting list to red to indicate urgency. If a scan was marked as urgent, the service aimed to turnaround the imaging reporting within 30 minutes of the scan.

The service monitored and reported the time taken from referral receipt to both scanning and reporting for both privately funded and for NHS funded patients under their provider's early detection of dementia contract. For

example, with the service's contract to undertake early screening for dementia scans, the service aimed to perform and report on each scan within five weeks of receipt. Although this was the target under the service contract, managers explained they had worked to reduce this to three weeks, to support the clinic to achieve their own 16-week turnaround time target.

We spoke with managers regarding its performance targets and key performance indicators (KPI). Managers explained under their NHS contract, they focussed on achieving a target time of five weeks from receipt of referral to report production. However, with privately funded patients, managers explained it remained each patient's choice when they wished to attend. Whilst they wished to scan every patient within 48 hours of request receipt, managers explained they did not always achieve this, as this did not always suit each patient.

We reviewed the service's performance data for the time elapsed between referral receipt to scan. For the reporting period from November 2019 to January 2020, the service achieved this in 15 days or less for 93.2% of NHS funded patients and 94.9% of privately funded patients.

We reviewed the performance data for the same reporting period, which related to the time elapsed between scanning and the production of radiologist's report. The service achieved this in one to four days for 95.5% of NHS funded patients and 89.5% of privately funded patients. Managers explained this period also included the Christmas and New Year break, during which the service was not always able to turn around a report within 48 hours due to bank holidays and a reduced number of radiologists.

Managers and staff worked to make sure patients did not stay longer than they needed to. If patients required several appointments or examinations, staff aimed to schedule these to minimise any impact on the patient. For example, with prior notice the service aimed for patients to attend their scan, have it reported and attend a consultation appointment with the referring clinician during the same visit.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled, managers made sure they rearranged these as soon as possible. For 2019, the

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service cancelled 31 patient appointments. The service attributed 30 of these due to an equipment fault on the chiller unit that supplies the magnetic resonance imaging (MRI) scanner, which required replacement parts to be specially made and fitted. The service had taken actions to rebook all patients affected and successfully scanned all but two of the 31 cancellations at the same site, with only two patients booked in at alternative locations. For the same period, the service reported no delayed procedures or examinations.

Staff supported patients when they referred or transferred them between services. For example, if staff found an unexpected and concerning finding on a scan and referred the patient to a local acute hospital, staff gave a patient a referral card that they could present to staff at the hospital. This card contained information why the service had referred the patient to hospital, what investigations staff had completed, and what their concerns were.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

The service displayed information leaflets in all waiting areas, which explained to patients and their relatives how they could make a complaint to either the provider or to the host hospital. During our inspection, one patient we spoke with told us they “would feel comfortable to complain”.

For 2019, the service reported no patient complaints. During our inspection, we reviewed the provider’s complaint data and saw they also received no complaints in 2018, with the last patient complaint received in 2017.

Staff understood the policy on complaints and knew how to acknowledge and handle them. Staff explained they would refer patients to senior managers and leaders if appropriate and would provide details of how they could raise a formal complaint should they wish to do so.

There was a process to record and investigate complaints, and to identify themes. The provider’s policy included a three-stage resolution process, and the provider aimed to investigate and respond to all complaints within 20 working days.

Managers explained they worked with the complaints handling team from the host hospital if a complaint crossed services.

Are diagnostic imaging services well-led?

Good 

We rated it as **good**.

Leadership

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

We found there were clear lines of accountability within the organisation. At a local level, an imaging services manager, who had a background in radiography and diagnostic services, led the unit and was the registered manager with the Care Quality Commission (CQC). Senior clinicians employed by the provider supported them, in partnership with management and clinical leadership teams within the host hospital. The provider’s senior management team included the provider’s director of clinical quality and clinical governance lead.

The registered manager had a good knowledge and understanding of the service, including the needs of their staff and patients, and understood any issues the service faced. The manager was a radiographer by background, and continued to maintain their professional registration and clinical skills to support staff and patients. In addition, the registered manager was the assigned radiation protection lead for the provider. To support the unit, they worked for a minimum of two or three days per week from the unit, although flexed this depending on demand and the needs of the unit.

Leaders were approachable and visible throughout the service to both staff and patients alike. The registered manager frequently spoke with and supported staff with any queries or issues they had. One member of staff told us they thought the provider’s management teams were ‘highly approachable and visible’, with another adding they were ‘accessible and approachable’.

The provider supported both current and aspiring leaders and encouraged staff to develop their skills and take on

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more senior roles. For example, the registered manager had participated in an additional leadership development programme, which was due for completion in 2020.

Vision and strategy

The service had a vision and mission statement for what it wanted to achieve, focussed on improving the quality of patient care.

The provider had four values of 'trust', 'passion', 'care' and 'fresh thinking', which the service's overall mission statement of 'making healthcare better' inspired, along with its desire to provide a caring service. Staff continually applied these values in its duties and aimed for them to 'shape the culture' of the organisation and define 'who [they] are, what [they] do and what [they] believe in'.

Staff were aware and understood the service's visions and values, and demonstrated this in their roles. Staff explained the service's strategy was to be the 'leader in imaging services'. The provider expected all staff to demonstrate these visions and values in their roles, with managers monitoring staff performance to these regularly, such as through the initial interview process and annual staff performance appraisals.

Culture

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

We found there was a positive, open and transparent culture at all levels within the service. Staff were passionate about their roles, their duties and the wider provider. Some staff had worked for the organisation for several years and spoke highly of their employer, with one staff adding they 'enjoy working here'.

Staff were able to raise incidents and concerns without fear of retribution. Staff explained they could raise any issues or concerns with their line manager, either in person or via the provider's electronic incident reporting system. If a member of staff wanted to raise an issue or concern to the provider's executive team, the usual

channel involved raising it to their line manager, who could raise this as a point of discussion during the weekly 'CLIC' (complaints, litigation, incidents and compliments) meeting and CLIC2 meetings.

Staff of all roles worked well together as a clinical team, and had formed effective working relationships between the unit and the host hospital. The service held several multidisciplinary meetings between different clinical roles and teams to support patients and improve care.

The service promoted equality and diversity in its daily work, and required all staff to undertake mandatory equality and diversity training.

Managers provided opportunities for staff to develop, and supported them to do so. For example, the company provided all staff with membership to a radiology institute to support their career development and continuing professional development.

Governance

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

The provider operated several governance processes throughout the organisation. All managers from across the provider's locations attended weekly 'CLIC' meetings, during which managers discussed all complaints, litigation, incidents and compliments. Following this meeting, a second 'CLIC2' meeting took place, which executive managers attended. These CLIC meetings fed into six separate governance groups. This included a monthly management of doctors group; two quarterly groups comprised of a medicines management group and a water safety group; two bi-annual groups comprised of a radiation protection group and a MR (magnetic resonance) safety and quality group; and a radiology reporting management group that met when required.

These six groups fed into the clinical quality sub-committee, which met quarterly. This committee, along with the safeguarding board and the integrated

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management system review meeting, both of which met quarterly, fed into the risk and governance committee. This overarching committee also met quarterly and was chaired by the provider's executive team.

All governance groups and committees followed a standard agenda, with meeting minutes produced for staff who could not attend. We reviewed the agenda and minutes of several meetings and saw these were well attended and provided a detailed account of the meeting, and included any actions agreed.

The imaging services manager was responsible for monitoring the ongoing quality of the service at a local level, supported by the provider's clinical governance framework and clinical quality teams, led by the director of clinical quality.

All staff we spoke with were aware of their individual roles and responsibilities within the service, and had regular opportunities to meet to discuss the service, including through meetings with partner organisations. For example, all staff from the service attended a monthly diagnostic team meeting, held in partnership with the host hospital, in which staff from all diagnostic specialities met to discuss the service.

Managing risks, issues and performance

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

There were clear structures and processes for managing risk, issues and driving performance. These included regular governance meetings, audits and maintenance of a risk register at local and regional level.

We reviewed the local risk register from 2 January 2020, on which staff detailed all potential risks that could affect the service. The service had 23 risks recorded, of which there were nine active and 14 closed risks. Active risks included a failure to meet their contracted service, an equipment failure, and an inability to operate either scanner because of a hospital generator test, which matched the risks staff identified within the service.

Managers reviewed risk in detail and recorded several points of information, such as any potential cause or consequence. Managers assigned a dedicated risk owner to manage each entry, and recorded several key dates,

such as the date of first identification, date of last review and date of next planned review. Managers undertook a pre-mitigation risk assessment, a review of current controls, a rating of the adequacy of any controls, and a post-mitigation risk assessment.

In addition to the local risk register, the service operated a regional risk register for any high scoring risk, which the provider's quarterly risk and governance committee reviewed.

Managers undertook a programme of repeat audits to drive service performance and patient care. This included a three-monthly health, safety and environment checklist that covered 14 separate aspects of the service, from infection control to emergency procedures. Other audits included regular image quality audits for both computed tomography (CT) and magnetic resonance (MR) images, and several external annual radiation protection audits.

The service closely monitored several key performance indicators (KPI), such as referral-to-appointment and report turnaround times, which were dependent on the contract. For example, under the provider's early detection of dementia contract, the service aimed to achieve a KPI target from referral to report receipt of five weeks. However, managers explained they had worked to improve service performance and now usually achieved this in under three weeks.

For privately-funded patients, although there were no formal KPIs, the service continued to work to reduce any wait times. For example, for any scan marked at urgent, the service aimed to turnaround the reporting of the image within 30 minutes of the scan.

Managing information

The service collected and managed data using secure and integrated information systems. Staff could find the data they needed, in easily accessible formats. The service consistently submitted data or notifications to external organisations as required.

The service stored the majority of patient records and scans on secure electronic systems. Staff stored any paper records in locked cabinets or rooms, which only authorised staff accessed. The service stored patient scan

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imagery on secure electronic systems, which authorised staff could access. This allowed for radiographers and other medical professions to review images quickly and securely.

All staff completed mandatory training on data security awareness and information governance. To support this, the provider had several dedicated information governance roles, which included an information governance lead, a Caldicott guardian, a data protection officer and a senior information risk owner.

Staff we spoke with understood their roles and responsibilities with regards to information management. Staff explained the steps they took to maintain information security. For example, if a patient or GP requested copies of images, and these could not be sent electronically, staff explained they would always send these on an encrypted CD via recorded mail.

The provider had achieved International Organization for Standardization (ISO) accreditation for standard 27001:2013. This was an internationally recognised standard that relates to the security and management of personal information held. The provider had first achieved this standard in August 2013.

The service submitted statutory notifications to the Care Quality Commission (CQC) as required.

Engagement

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

Managers proactively engaged with patients, relatives and other service users to plan and manage services. For example, staff obtained regular patient feedback and suggestions through feedback cards issued to each patient. Managers made improvements to the service following feedback, such as the offering of earlier appointment times on one day each week to allow patients to attend around employment and other commitments.

The service worked with other healthcare organisations to improve services, such as working collaboratively to provide dementia screening services for the local community.

The provider undertook a yearly staff survey across all their staff to assess several aspects of their employment. Staff provided anonymous ratings to several questions, such as 'I am proud to say I work for InHealth' and 'my manager is an effective leader of my team'.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

The provider worked to continually improve its services for patients in the local community. In 2015, the service undertook a significant upgrade of both their magnetic resonance (MR) and computer tomography (CT) scanners, which enhanced image quality and resolution. In 2016, the service introduced a new cardiac CT service, which allowed patients to access a cardiac CT scanning service closer to home. Further improvements to the services offered included the introduction of a breast coil that allowed the service to launch a new breast MR imaging service.

Managers worked to continually streamline and enhance the care for patients. For example, the provider had trained all staff in cannulation, which allowed staff to directly cannulate patients without the need for the resident medical officer (RMO) to be present.

Leaders encouraged and facilitated research and innovation projects. At the time of our inspection the service worked with a local oncologist to support two cancer research trials, with the potential of launching a third trial soon. Managers encouraged staff to complete case studies and research projects, such as a recent study into patient anxiety.

Outstanding practice and areas for improvement

Outstanding practice

We found the following areas of outstanding practice:

- The provider worked to meet the needs of the local population and had developed a specialist non-contrast scanning service for the early detection of dementia, in partnership with local healthcare providers and clinical commissioning groups.