UME Diagnostics Limited

Harley Street Medical Centre (UME)

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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

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

However:

- All Patient Group Directions (PGDs) were signed by the appropriate staff, however, some of the paperwork associated with the PGDs was out of date. All 5 PGDs we saw they had all passed the expiry for review. Since inspection we have seen evidence that all nine PGDs used in the service have now been updated and signed appropriately.
- We found 2 out of date items including a cannula and some hydrocortisone gel.
- The key to the Fluoroscopy machine was left in the machine and accessible to untrained staff and patients. Since inspection the service has implemented a standard operating procedure to ensure the key is only held by specific staff and locked away at all other times.
- Several policies and guidance were past the review date and needed to be updated. Leaders were aware of this and had an action plan to address this.
- Weekly operations meeting were not minuted so some staff may not receive up to date information in unable to attend.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	We have not previously rated the service. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Harley Street Medical Centre (UME)

Harley Street Medical Centre is operated by UME Diagnostics Limited. It is a private diagnostic and screening service clinic in central London.

The service has a registered manager, who has been in in post since 2020, and is registered to provide the following regulated activities:

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

The service has not previously been inspected.

Harley Street Medical Centre offers Magnetic Resonance Imaging (MRI) a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body; Computed Tomography (CT) scans, which may be used to help diagnose disease, plan treatment, or find out how well treatment is working and the service also offers X-ray, ultrasound and fluoroscopy scans.

Patients are seen on a day case basis and has no overnight beds. The service is delivered over seven floors including a double basement. It has a lift that operates from basement all the way to the third floor and it also has two platform lifts for disabled access from ground floor to the lower basement floors.

All radiographers are Health and Care Professions Council (HCPC) registered, there are also registered general nurses and healthcare assistants.

In the past twelve months the unit has carried out 6688 scans. Of these 40% were MRI scans, 32% were CT and 28% were ultrasound scans.

We carried out an unannounced inspection on 15 March 2023 using our comprehensive inspection methodology.

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

How we carried out this inspection

During the inspection, we visited all areas within Harley Street Medical Centre. This included the MRI and CT suites, consultation rooms, fluoroscopy, treatment rooms, and the reception area.

We spoke with the service lead (senior radiographer), three further senior radiographers, nurses, a health care assistant, the registered manager (who was also the acting chief executive officer), the lead nurse, and a member of the bookings team. We also spoke with three patients and a consultant.

Summary of this inspection

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

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

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

Outstanding practice

We found the following outstanding practice:

- Harley Street Medical Centre provided an excellent service for nervous or claustrophobic patients. Additional appointments could be made to visit the scanning room and extra time was allocated to nervous patients. Staff were supportive and technology (including the ability to watch videos and calming lighting) was used to ensure patients felt at ease.

Areas for improvement

Action the service SHOULD take to improve:

- The service should continue to monitor mandatory training levels and make sure all staff complete training in line with provider targets. (Regulation 12(2)(g) Safe care and treatment).
- The service should continue to monitor Patient Group Directions (PGD) paperwork to ensure they are reviewed within the timeframe stated. (Regulation 12(2)(g) Safe care and treatment).
- The service should continue to monitor the storage and handling of the fluoroscopy key and ensure audits are completed in relation to this. (Regulation 15(1)(b) Premises and equipment).
- The service should continue to monitor the local rules to ensure they are reviewed and updated. (Regulation (17(2)(a) Good governance).
- The service should consider formally minuting team meetings to ensure all staff are aware of what was discussed. (Regulation (17(2)(a) Good governance).
- The service should continue to update and review all policies and procedures. Regulation (17(2)(a) Good governance).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic and screening services

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Is the service safe?

Good

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

Mandatory training

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

Staff received and kept up to date with their mandatory training. Recent figures showed 89% of radiographers having completed training. Overall, only 66% of staff members had completed all their mandatory training against a target of 90%. Several new starters were working their way through the training and reflected the lower overall score. All staff completed training in subjects which included information governance, health and safety, fire safety, and infection control.

All clinical staff were immediate life support (ILS) trained and all non-clinical staff were basic life support (BLS) trained.

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

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

All staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Staff working with radiation had appropriate training in the relevant regulations, radiation risks and use of radiation.

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.

Good

Diagnostic and screening services

Staff received training specific for their role on how to recognise and report abuse. All staff had safeguarding training to level three in adults and children. There was a safeguarding lead to support staff.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff could access contact details of the local safeguarding teams and there was a flow chart of actions in the safeguarding adults policy and procedure. Further to this there was a flowchart of actions including who to contact in every consultation room and in reception to ensure awareness of safeguarding procedures. Staff followed safeguarding procedures for children visiting the service.

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

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. An external company cleaned before the clinic opened and at the end of the day. Between patients the radiographers and nurses cleaned the Magnetic Resonance Imaging (MRI), Computed Tomography (CT) suite, X-ray rooms and consultation rooms including frequent touch points, machinery, and equipment. Patient appointments were scheduled with a gap between them to allow sufficient time for cleaning. Risk assessments were undertaken to ensure external cleaners knew the extra safety measures needed to enter the MRI suite.

The service performed well for cleanliness. Hand hygiene audits from January and February 2023 showed 100% compliance. Staff follow correct infection prevention and control (IPC) measures and were bare below the elbows. Staff followed infection control principles including the use of personal protective equipment (PPE). PPE was readily available and staff followed guidelines around the safe removal of PPE.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed cleaning checklists which were audited and reviewed by the lead nurse. Every 3 months, there was an IPC audit which looked at all areas of infection prevention and control. The latest audit, completed in February 2023, showed 98% compliance.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. All equipment had green 'I am clean stickers' which showed the date equipment was last cleaned.

A specific decontamination process was used for internal probes which followed best practice, and staff received specific training on this method to ensure it was effective.

Environment and equipment

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

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

Good

Diagnostic and screening services

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

Service level agreements were in place for the maintenance of equipment such as the MRI and CT scanners. There was a clear process for reporting faults. Records of when equipment was last serviced with a date for review were accessible electronically. Staff told us the maintenance company always acted quickly to fix equipment and there had been no extended stoppage to the service recently.

Lead aprons were checked daily and CT scanned for faults in line with national guidance. Lead aprons are radiation protective garments used by staff during X-rays and fluoroscopy. Fluoroscopy is a medical procedure that makes a real-time video of the movements inside a part of the body by passing x-rays through the body over a period of time.

Resuscitation trollies were placed on every floor. On each of the lower floors, 2 trollies ensured quick access if needed. Resuscitation equipment was complete and all disposable items were in date, stored correctly, checked daily. Records were checked by the lead nurse for completion. Signage showed where emergency equipment was stored.

The service had suitable facilities to meet the needs of patients. Although very few children were seen in the clinic there was a separate waiting area should this be needed.

The service had enough suitable equipment to help them safely care for patients. Stock was kept in treatment rooms in a separate storage cupboard. Although the vast majority of stock we checked was in date we found a cannula and some hydrocortisone gel that were both out of date. We escalated this and these were removed immediately. The lead nurse was in the process of introducing a new stock management system to minimise the risk of out of date stock being used.

Risk assessments and reviews of the control of substances hazardous to health (COSHH) were in place. We reviewed 4 assessments on site which all referenced dates for a COSHH review.

Staff disposed of clinical waste safely. Waste was separated and kept securely until collection. There was a service level agreement for the collection and safe disposal of sharp bins and clinical waste.

Sharps bins were correctly labelled and the majority were not overfilled. However, we did see one sharps bin which had been overfilled and needles could be reached this meant healthcare workers risked being stuck by exposed sharps.

Staff wore dosimeters to monitor their radiation exposure. The current dosimeters were due for replacement in December 2022. We saw evidence replacements were on order but there was a national delay. The levels were monitored and staff knew what action should be taken if there was over exposure.

The key to the fluoroscopy machine was left in the machine and accessible to untrained staff and patients. If the machine was turned on there was a risk of radiation exposure. We escalated this and the key was immediately removed and held by the lead radiographer. Following our inspection the service implemented a standard operating procedure to ensure the key was only held by specific staff and locked away at all other times. All relevant staff had signed a new standard operating procedure, to demonstrate they had read and understood the pathway. This was going to be audited monthly with a fluoroscopy key check in and out sheet implemented.

Assessing and responding to patient risk

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

Good

Diagnostic and screening services

Staff responded promptly to any sudden deterioration in a patient's health. There were pathways for identifying and managing deteriorating patients. An escalation flowchart showed what actions staff should take. In the event of patient collapse staff would phone 999 for an emergency ambulance. Wheelchairs and patient transfer slides would be used to transport patients to ambulance trollies. Staff described this process in depth and there was a service-level agreement (SLA) in place with a local hospital and clear escalation process in place. There had been one transfer to hospital in the past 12 months.

Staff completed risk assessments for each patient prior to arrival over the telephone. This was reviewed on arrival to the service. Staff knew about and dealt with any specific risk issues. We reviewed 5 patient records and saw that safety questions were asked before scans which included questions around any metal objects that the patient may have: for example, pacemakers or metal pins within the body. Everyone entering the MRI scan room undertook this risk assessment.

There was a radiation protection advisor (RPA) and supervisors available when the RPA were not on site. The RPA was also the lead for the MRI and CT services. We reviewed the 'Identification and Management of Contrast Drug Reaction and Extravasation Guideline'. It outlined the signs and symptoms of mild, moderate, and severe signs of adverse reactions to contrast agents and other medications. We also saw this printed and displayed in the scanning unit.

Staff shared key information to keep patients safe when handing over their care to others. Staff used the 'pause and check' pathway to ensure the correct patient was being seen. This was an IR(ME)R Referrers checklist for referring a patient for a diagnostic imaging examination

In accordance with Ionising Radiation (Medical Exposure) Regulations (IR(MER)R) women are asked about their pregnancy status before each scan. This was also displayed on posters and information leaflets.

The local rules in relation the MRI scanner and CT scanner which had been signed by staff, were dated 2017 and needed to be reviewed and updated. We escalated this during the inspection and following our inspection the service addressed this and all staff had signed the updated versions in relation to the MRI scanner, CT scanner, and fluoroscopy machine.

Staffing

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

The service had enough nursing and support staff to keep patients safe. The service had a senior radiographer, lead radiographer, and 4 further radiographers. There was also a lead nurse andacting CEO, nursing staff, administrative/ bookings staff and health care assistants.

Two radiographers were always onsite during opening hours. There was also a GP onsite from 9am to 5pm daily.

The manager could adjust staffing levels daily according to the needs of patients. Managers planned staffing to ensure the correct mix and skill level were available for the correct scans and consultations.

Managers made sure all bank and agency staff had a full induction and understood the service. There were 3 regular bank nurses used by the service. They had received an induction and were familiar with the service.

Good

Diagnostic and screening services

Records

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

Patient notes were comprehensive and all staff could access them easily. Notes were available through the internal computer system. We reviewed 5 patient records. Staff saved consent forms and patient specific medication information into patient records. We saw these also included referral letters and patient information, for example, weight and height.

Records were stored securely. Administrative staff printed and scanned initial referrals onto the electronic system which was password protected. The radiographer then triaged the referrals and ensured any urgent referrals were prioritised. The referrals were entered into the patient management system at which point a booking was made. Failsafe systems were in place to ensure patients were not missed. The system could identify through a dashboard if any referrals were still pending.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Radiographers described how specific cardiac medicines were used to increase patients heartbeat during their MRI scans. Patients were reassured throughout the procedure and made aware about the effects of these medicines.

Staff stored and managed medicines in line with the provider's policy. Medicines were stored in locked cupboards and within a locked room. No controlled drugs were used or stored on site.

The service had systems to ensure staff knew about safety alerts and incidents so that patients received their medicines safely. The senior radiographer and leads made staff aware of any changes or alerts. Cardiac medication used during specific scans was administered by the consultants if they were to be administered through a vein.

Some systems and processes when safely prescribing medicines were not followed in-line with guidance. Patient Group Directions (PGD) were used for the administration of medicines needed for some scans. PGDs provide a legal framework that allowed the registered health professional to supply and/ or administer specified medicines to a pre-defined group of patients without them having to see a prescriber (such as a doctor or nurse prescriber).

All PGDs were signed by the appropriate staff, however, some of the paperwork associated with the PGDs was out of date. All 5 PGDs we reviewed had passed their expiry for review. For example, we saw a Sodium Chloride PGD issued March 2019, reviewed in March 2020 and expired in March 2021. We escalated this on inspection, and all PGDs were immediately updated and signed following our inspection.

Incidents

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

Good

Diagnostic and screening services

Staff knew what incidents to report and how to report them. All staff members had access to the incident reporting system. There was a clear policy and pathway to guide staff to identify and report incidents. The service had not recorded any never events. There had been no serious incidents reported in the 12 months prior to our inspection.

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. Although no serious incidents had occurred in the 12 months prior to our inspection we were told of an historic incident and how the duty of candour had been implemented and what learning had been shared following that incident.

Staff received feedback from incidents and were involved in investigations should they be needed. Staff had daily huddles where incidents would be discussed. During these huddles staff met to discussed patient feedback and looked at improvements to patient care.

Is the service effective?

Inspected but not rated

We do not rate effective for this service.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. However, the review dates stated on the policies and guidance had lapsed for several of the policies we reviewed. Managers checked to make sure staff followed guidance.

Staff followed policies to plan and deliver high quality care according to best practice and national guidance. However, several of the policies and guidance we reviewed indicated they needed review. Managers were aware of this and the new lead nurse had been starting to make a programme of improvement to ensure these were updated as soon as possible. We saw a spreadsheet detailing which policies needed to be updated and the stage of progress.

The service had a third party organisation to help with updating guidance when changes were made. Although the review dates had lapsed, guidance was in line with legislation and evidence based guidance. For example, the Royal College of Radiologists (RCR) and the National Institute of Health and Care Excellence (NICE).

The acting CEO reported that small staff numbers meant information was shared quickly and easily. The lead nurse checked staff followed procedures, for example, by checking emergency equipment was checked, and following up infection control audit actions.

Nutrition and hydration

Staff gave patients food and drink when needed.

Patients were sent information with instructions about fasting before having a scan.

Staff encouraged patients to drink water while waiting for the scan to improve the effectiveness of medicines given.

Patients had access to hot drinks and snacks while waiting and following the scan.

Good

Diagnostic and screening services

Pain relief

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

Patients were not given pain relief. However, staff described how patients were kept comfortable during MRI scans and if cannulation was required.

Consultants gave advice on pain relief following any procedures.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations.

The service had plans to monitor patient outcomes at 3 weeks, 6 weeks and 6 months. It formed part of the 2023-2024 improvement plan.

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

Managers used information from the audits to improve care and treatment. Indicators such as referral times, patient feedback, and infection prevention and control audits were included in these dashboards. Improvement was checked and monitored by the acting CEO and lead nurse.

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 were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service had a mix of experienced staff and those who had recently joined the service. Senior staff carried out competency assessments with new staff before they worked without supervision.

Staff told us they were encouraged and supported to attend courses linked to their field, to keep up to date on practices and to refresh current skills. Training records showed that staff had received training specific to the scanners that were in use in the unit.

Managers gave all new staff a full induction tailored to their role before they started work. Induction was 3 months long with check-ins at 6 weeks, three months and 6 months. The local induction checklist was comprehensive and included key contacts, training and development, and information on the environment and equipment.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of our inspection 80% of all staff had received an appraisal in the past 12 months. Those who had not yet received an appraisal were new starters completing their induction. Managers supported staff to develop through yearly, constructive appraisals of their work. All the staff we spoke with had undertaken an appraisal within the past year.

Good

Diagnostic and screening services

Team leaders had a weekly one to one with the acting CEO to ensure any issues were addressed promptly and to ensure they were updated on any changes to the service.

Managers made sure staff received any specialist training for their role. All radiographers had cannulation training. Radiographers were trained to use both the MRI and CT scanners.

Managers made sure staff attended daily huddles where relevant and up to date information could be shared.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

A consultant radiologist at the local NHS trust was available for support and advice.

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

We observed imaging staff working well as a team and demonstrating good knowledge and understanding of each other's roles.

Seven-day services

The unit was open 9am to 7pm Monday to Friday. Staff could call for support from a general practitioner (GP) who was on site from 9am to 5pm every day.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in patient areas. We observed relevant information being given to a patient at the end of a scan.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. Staff made sure patients consented to treatment based on all the information available. Detailed information was sent to patients before their scan. Staff checked the patient's understanding of the procedure before asking for their consent. This was recorded in all the patient records we reviewed.

The service had not received any referrals for patients who were subject to the Mental Health Act and there was no anticipation that this would change in the future.

Good

Diagnostic and screening services

Clinical staff received and kept up to date with training in the Mental Capacity Act. Staff could describe and knew how to access the policy on the Mental Capacity Act.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff we spoke with had a good working knowledge of the guidance for gaining valid informed consent from a child. They were aware of the legal guidelines which meant children under the age of 16 were able to give their own consent if they demonstrated sufficient maturity and intelligence to do so (Gillick competency). Otherwise, consent would be sought from the child's parent or guardian.

The Deprivation of Liberty Safeguards did not apply to this service.

Is the service caring?

Good

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

Compassionate care

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

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

Patients said staff treated them well and with kindness. Three patients we spoke with were all positive about the care they received and felt that staff had been kind and professional.

Staff followed policy to keep patient care and treatment confidential. Conversations in treatment areas and scanning rooms could not be overheard in other areas of the building.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude. There was a notice in the reception area informing patients if they wished to have a private conversation to alert the receptionist who could accommodate this.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Adjustments were made to clinical processes and communication when necessary.

Patient information leaflets contained information about chaperones and there were notices offering this service in reception. Staff had mandatory training on equality, diversity and inclusion and Chaperone training. The chaperone policy outlined staff responsibilities and referred to cultural considerations.

Good

Diagnostic and screening services

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. This included enabling patients who were anxious about having a scan to attend ahead of booking so staff could show them around the unit and talk through the procedure. Extra time was allocated to patients who were anxious or claustrophobic

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

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 were aware that the results of scans may confirm serious illness and that patients may be anxious about this. We observed staff reassuring patients if they showed signs of distress. Patients were given details of when results would be available and who to contact. This helped to reduce anxiety for patients while they were waiting for results.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their diagnostic procedures.

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

Staff talked with patients, families and carers in a way they could understand. Patients we spoke with understood why they were there and when they would be getting the results from the scans.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The introduction of online surveys had significantly improved the patient feedback completion rate. Feedback was also provided through an online service. Patients were encouraged to leave feedback and the registered manager was in the process of developing a feedback leaflet aimed at children to ensure their opinions were heard.

Patients gave positive feedback about the service. The acting Chief Executive Officer (CEO) reviewed the results monthly and investigated negative comments. Feedback formed part of weekly operations meetings and quarterly Medical Advisory Committee (MAC) meetings.

We heard several examples where changes to practice had been made as a result of patient feedback. This included introducing cotton gowns instead of disposable ones after a patient felt the disposable ones were see-through.

Is the service responsive?

Good

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

Good

Diagnostic and screening services

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.

Managers planned and organised services so they met the changing needs of the local population. The service had recently moved consultation and treatment rooms around to accommodate an extra scanning room.

The service was considering opening on Saturdays to allow more flexibility for patients. They had held two trial clinics on Saturdays and were in consultation with radiographers and consultants about this change.

The service minimised the number of times patients needed to attend the service by ensuring patients had access to the required staff and tests on one occasion if appropriate.

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

The service had systems to help care for patients in need of additional support or specialist intervention. Patients that had claustrophobia were often referred to the service as they had a wide bore MRI machine and were able to spend time with the patient before and during the scan to enable them to feel as comfortable as possible.

Managers monitored and took action to minimise missed appointments. A text message will be implemented to send patients reminding them of their appointment 24 hours in advance to minimise missed appointments.

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.

Although it was rare, staff described additional systems which would be used if a patient with dementia was attending the service. This would for example include enabling support staff to attend with the patient to provide assurances to the patient as to why they were at the unit and what was happening during the scan.

The MRI room had a video screen outside the MRI scanner which allowed patients with claustrophobia to focus on what was playing on the screen to reduce anxiety about what was happening during the scan. It was reported by the service that the need for rescan was reduced as a result.

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

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

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

The service was wheelchair accessible including toilets. The MRI an CT suite was also accessible to those in wheelchairs and there was a patient lift to access both the lower suites and the upstairs consultation rooms.

The MRI scanner could take weight up to 250 kilograms; however, the service did not accept patients over 200 kilograms. They had a specific bariatric patients evacuation process, an MRI safe evacuation trolley located inside scanning with a weight limit of 200 kilograms and a wheelchair to accommodate bariatric patients.

There was a separate waiting area for children although staff said it was rarely used unless a child was distressed. As a result of extra precautions during COVID-19 there were no longer toys or books in the waiting area. The service told parents they were welcome to bring their own toys in for comfort if needed. The majority of children seen were teenagers for orthopaedic scans.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Patients were offered a choice of appointment times including emergency same day or next day appointments if needed. The service had a flexible approach to appointments and would try and accommodate patients at a time that suited them.

Patients were seen promptly on arrival to the service. Managers used safety huddles and weekly ops meetings recently to highlight the importance of communicating any delay in treatment to patients as soon as possible.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled, managers made sure they were rearranged as soon as possible. In the past twelve months 16 appointments were cancelled by the unit. All cancellations were due to technical faults with the machines.

Managers ensured that patients who did not attend appointments were contacted. If a patient did not attend an appointment they were contacted by telephone to re-arrange and the consultant made aware. If they could not be contacted via the telephone an email would be sent.

Learning from complaints and concerns

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

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

Staff understood the policy on complaints and knew how to handle them. Staff could describe recent complaints. Complaints were discussed in staff meetings and feedback via the daily huddles and weekly operations meeting with the leadership teams.

The service had an up to date complaint policy stating the roles, responsibilities and processes for managing complaints. The bookings team managed initial screening of reviews and complaints and passed them to the acting CEO. Complaints were initially responded to within 2 days preferably by telephone or email depending on patient preference. Following this, complaints were formally responded to and resolved within 20 days. In the past 12 months there had been two formal complaints and 13 informal complaints.

Good

Diagnostic and screening services

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, there were reminders to inform patients of delays in appointment times after a complaint was received. The service also changed a patient information leaflet to include post scan contact information following a formal complaint.

Is the service well-led?

Good

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

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The registered manager was also the acting Chief Executive Officer (CEO) for the service. They had responsibility for the overall management of the clinic and was supported by 7 managers including the lead nurse. There was a simple management structure with clear lines of responsibility and accountability. All staff identified the acting CEO or the lead nurse as the person they reported to.

There had been several changes to the staffing in the previous year and staff felt despite this they were supported and any concerns they had were listened to.

Staff reported that the acting CEO was approachable, supportive and had an open-door policy. Team leaders had weekly one to ones with the acting CEO.

The acting CEO attended weekly operations meetings which meant staff could raise and discuss issues with them.

The clinic manager supported staff to undertake training to develop, and this was discussed during appraisals.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The vision of the service was based on the 3 core principles of 'quality and safety', 'compassion and caring' and 'integrity and trust'. Alongside this, the corporate values were excellence, personal, together and brave. These were used to frame quality assurance reports, with data relating to the principles under sub-headings. The values were also incorporated into the interview process.

Staff were aware of the values and supported them. The strategy for the unit was developed in conjunction with human resources and aimed 'To be recognised as a trusted healthcare business that focuses on quality outcomes and exceeding our customers' expectations.'

The Clinical Improvement Plan 2023 to 2024 included implementing a patient outcome measurement programme. This aimed to create a patient outcome measurement database for all procedures and was due for completion in summer 2023.

Good

Diagnostic and screening services

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

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

Staff gave examples of feeling supported and able to raise concerns without fear. Staff spoke about being able to challenge and felt listened to.

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

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 acting CEO reported quarterly to the medical advisory committee (MAC). Team leaders at the unit reported to the acting CEO weekly. This meant that staff had access to the MAC to identify any emerging concerns.

Feedback was given to staff during safety huddles and unit managers met weekly to talk about recent audits, any changes or learning from incidents and patient feedback. Information was passed to staff instantly by email with any urgent updates and any recent news.

Governance of service level agreements (SLAs) was well managed. We reviewed five SLAs including the external cleaning company, lift maintenance, water treatment and waste disposal. The agreements were clear and included assurances around service delivery if staff were unable to attend.

When staff were recruited their details were checked with the Disclosure and Barring Service to ensure there were no criminal convictions and that they were suitable to work with vulnerable adults and children.

Administration staff reviewed and monitored consultants' practicing privileges and revalidation. A quarterly meeting was held with the registered manager and head of business development. They reviewed any expired documentation to ensure compliance. The registered manager gave examples where consultants who did not comply with the requirements were no longer able to work out of the service.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a risk register that was reviewed and updated regularly. The highest risk at the time of inspection was poor staff retention in key areas. There were measures recorded and progress was tracked. The risk register was reviewed monthly.

Several additional risk assessments were in place. We reviewed 3 of these in detail. One relating to the fluoroscopy machine, one for the imaging suite, and also a medical sharps risk assessment. The latter was in accordance with the Management of Health and Safety at Work Regulations 1999, Control of Substances Hazardous to Health Regulations 2002, and the Health and Safety (Sharp Instruments In Healthcare) Regulations 2013.

Staff could raise any emerging risks during daily huddles.

Performance data was routinely collected and collated to monitor the quality of service delivery. Subjects included time from referral to scan and referral to completed report. Performance was discussed with the MAC every quarter.

Financial pressures were managed so they did not compromise the quality of care. The service had a business continuity plan describing actions to be taken if unexpected events occurred, such as power cuts or major equipment failure.

Information Management

The service collected reliable data. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Information governance was included in the mandatory training modules. There were systems and processes to support the security of information. This included patient records and where information was transferred between the service and local NHS hospitals and other healthcare organisations.

The clinic had simple to use systems that all staff could access. Computer terminals were locked when not in use to prevent unauthorised persons from accessing confidential patient information.

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

The registered manager was familiar with data notifications that needed to be sent to external bodies, including those that needed to be submitted to the Care Quality Commission (CQC).

Engagement

Leaders and staff actively and openly engaged with patients.

Patients' views and experiences were gathered and used to shape and improve the services. All patients were given the opportunity to take part in a broad-ranging satisfaction survey. The results were regularly discussed at staff meetings and trends were monitored.

Team leaders had weekly one to ones with the acting CEO and described feeling actively involved in the service.

Leads attended a weekly operations meeting; however, this was not minuted. This could mean if staff were not able to attend they might not get the information discussed in this meeting. We raised this on inspection and the lead nurse had already put plans in place for an administrator to minute the meetings moving forward.

Good

Diagnostic and screening services

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Staff were able to implement changes quickly as there was a small team. Staff described several small quality improvement projects that were underway to improve the service. For example, a new stock management system and the introduction of a child friendly feedback leaflet.