

Queen Square Imaging Centre

Quality Report

8 -11 Queen Square
London
WC1N 3AR
Tel:0207 833 2513
Website:qsprivatehealthcare.com

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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	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 

Overall summary

Queen Square Imaging Centre is operated by QS Enterprises Ltd. The service provides Magnetic Resonance Imaging (MRI) diagnostic services to young people and adults.

We inspected the MRI diagnostic facilities using our comprehensive inspection methodology. We carried out an unannounced visit to the location on 22 October 2018.

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.

Summary of findings

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

The main service provided by Queen Square Imaging Centre was MRI scanning.

Services we rate

This was the first inspection of this service. We rated it as **Requires improvement** overall.

We found the following issues the provider needed to improve:

- The service did not have robust policies, procedures and processes in place to ensure children were protected from abuse and improper treatment.
- Staff kept themselves, equipment and the premises clean, but hand hygiene compliance was variable
- The service did not always follow best practice when prescribing, giving and storing medicines.
- The service had suitable premises and equipment, however the process for checking equipment was not robust.
- Staff recognised incidents and reported them. However, the service had two systems for reporting incidents but it was not clear how learning from these, was shared or how practice was reviewed.
- The service did not reference the National Institute for Health and Care Excellence (NICE) guidance or other national guidelines in policies procedures and guidelines. The service had an audit schedule but there was no formal peer review audit undertaken by Queen Square Imaging Centre or follow-up where areas of non-compliance were identified.
- The service's consent policy did not reference how staff should seek consent from children and young people under the age of 18 years of age.
- The service treated concerns and complaints seriously but Information on complaints was not available at the service or easily assessable on the provider's website.

- The service did not have effective systems for identifying risks, planning to eliminate or reduce them.
- There was no systematic programme of clinical audit to monitor quality or systems to identify where action should be taken.

However, we also found the following areas of good practise.

- The service provided mandatory training in key skills to staff.
- Staff completed risk assessments for each patient.
- The service made sure all staff were competent for their roles.
- All staff worked well together as a team to benefit patients.
- Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them about their care and treatment.
- The service was planned and designed to meet the needs of the patients as it gave them access to timely scans.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- Staff understood the vision and strategy of the service. Staff felt supported and were positive about their leaders.
- There were plans to extend the service and ensure sustainability

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Diagnostic imaging

Requires improvement



Queen Square Imaging Centre is operated by QS Enterprises Ltd. The service provides Magnetic Resonance Imaging (MRI) diagnostic services to adults and young people.

Summary of findings

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Requires improvement 

Queens Square Imaging Centre

Services we looked at

Diagnostic imaging;

Summary of this inspection

Background to Queen Square Imaging Centre

Queen Square Imaging Centre (QSIC) is operated by QS Enterprises Ltd. The service opened in 1985.

The QSIC provides a range of magnetic resonance imaging (MRI) examinations to private and NHS patients.

Patients are referred from the local NHS foundation trust through a service level agreement. The unit is registered with the CQC to undertake the regulated activity of diagnostic imaging.

The current registered manager has been in post since 26 May 2017.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and a specialist advisor with expertise in radiological services. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Information about Queen Square Imaging Centre

The Queen Square Imaging Centre provides a magnetic resonance diagnostic imaging service, which undertakes scans on patients to diagnose disease, disorder and injury. The service operates five days a week from 8.00am to 8.00pm Monday, Tuesday, Thursday and Friday and from 8.00am to 6.00pm on a Wednesday. All the employees were employed by QS Enterprises Limited. The service scans adults and young people from the age of 17 years.

The Queen Square Imaging Centre is situated in Queen Square in Central London. The service is accessible to people with disability.

There was a patient and visitor reception and waiting area with comfortable seating for eight visitors, with a television and an accessible toilet. The management office was next to the reception area.

The MRI controlled area contained two patient changing rooms, a patient preparation area, a separate toilet, the MRI magnet/examination room, the MRI control room which included the post processing and reporting area, equipment rooms, a store room and a small administration office. There is also a staff corridor with access to a staff room, and IT room.

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

During the inspection, we visited all areas of the service. We spoke with seven staff including; the registered manager, the marketing and new business manager, radiographers and administration staff. We spoke with two patients and we reviewed nine sets of patient records

Activity

- In the period October 2017 to September 2018, 3,404 patients were scanned; of these 70% were private and patients and 30% were NHS-funded.
- In the period October to September 2018 three 17-year-old patients were scanned.

The service employed one registered manager, one marketing and new business manager, six radiographers, one administration manager, one finance manager and two finance staff. The registered manager, marketing and new business manager, finance manager and two finance staff worked across this location and another registered with this location

Track record on safety:

No never events or serious injuries.

Summary of this inspection

Seven clinical incidents reported.

No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c. diff) or E-Coli.

No formal complaints received.

Services provided to Queen Square Imaging Centre under service level agreement from the local NHS foundation trust:

Provision of resuscitation training, policy and equipment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Requires improvement** because:

- The service did not have robust policies, procedures and processes in place to ensure children were protected from abuse and improper treatment.
- Staff kept themselves, equipment and the premises clean, but hand hygiene compliance was variable
- The service did not always follow best practice when prescribing, giving and storing medicines.
- The service had suitable premises and equipment, however the process for checking equipment was not robust
- Staff recognised incidents and reported them. However, the service had two systems for reporting incidents but it was not clear how learning from these, was shared or how practice was reviewed.

However, we also found the following areas of good practise.

- The service provided mandatory training in key skills to staff.
- Staff completed risk assessments for each patient.

Requires improvement



Are services effective?

We do not rate effective for diagnostic imaging.

- The service did not reference the National Institute for Health and Care Excellence (NICE) guidance or other national guidelines in policies procedures and guidelines. The service had an audit schedule but there was no formal peer review audit undertaken by Queen Square Imaging Centre or follow-up where areas of non-compliance were identified.
- The service's consent policy did not reference how staff should seek consent from children and young people under the age of 18 years of age.

However, we also found the following areas of good practise.

- The service made sure all staff were competent for their roles.
- All staff worked together as a team to benefit patients.

Are services caring?

We rated caring as good because:

- Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Good



Summary of this inspection

- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them about their care and treatment.

Are services responsive?

We rated responsive as **Good** because:

- The service was planned and designed to meet the needs of the patients as it gave them access to timely scans.
- The service took account of patients' individual needs.
- People could access the service when they needed it.

However, we also found the following areas of where the provider needs to improve.

- The service treated concerns and complaints seriously but information on complaints was not available at the service or easily assessable on the provider's website.

Good



Are services well-led?

We rated well-led as **Requires improvement** because:

- The service did not have effective systems for identifying risks, planning to eliminate or reduce them.
- There was no systematic programme of clinical audit to monitor quality or systems to identify where action should be taken.

However, we also found the following areas of good practise.

- The staff understood the vision and strategy of the service. Staff felt supported and were positive about their leaders.
- There were plans to extend the service and ensure sustainability.

Requires improvement







Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

Safe	Requires improvement 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

Are diagnostic imaging services safe?

Requires improvement 

This was the services first inspection. We rated safe as **requires improvement**.

Mandatory training

The service provided mandatory training in key skills to staff.

The provider had a mandatory training policy which set out the training requirements for staff and frequency of the updates. Staff had honorary contracts with a NHS provider and could access the NHS provider's portals and training facilities. Training was delivered via e learning modules and face to face training.

The mandatory training courses radiographers had to complete were either annually or every two years. Staff were required to complete the following courses annually, these were Information governance, fire safety and intermediate life support all had a 100% completion rate. Adult basis life support (100%), conflict resolution (100%), Hand hygiene (80%), Infection control (80%), medicines management awareness (80%), Moving and handling (40%) were completed very two years. Manual handling had the lowest compliance rate of 40%. The provider advised that training for manual handling had been booked for 31st October.

Safeguarding

The service did not have robust policies, procedures and processes in place to ensure children were protected from abuse and improper treatment.

Queen Square Imaging Centre (QSIC) did not have robust procedures and processes in place to ensure children were protected from abuse and improper treatment. The provider did not have policy for safeguarding children which set out the level of safeguarding training required by staff or an identified lead for safeguarding children who should be trained to safeguarding level three. However, the provider had scanned three young people under the age of 18 years of age.

The provider had a safeguarding adults' policy dated October 2018 which included details of how staff should report concerns. Staff we spoke with demonstrated limited understanding of their responsibilities regarding safeguarding. Staff told us they would contact the referring doctor if they had any safeguarding concerns.

Not all staff had the appropriate level of safeguarding training for their role. This meant that patients were at risk of harm as staff did not have appropriate training to enable them to recognise different types of abuse and to take appropriate action to report concerns.

Safeguarding adults and children training courses for radiographers was completed every three years. Four radiographers had completed safeguarding adults and safeguarding children level 2, and two of the radiographers had completed safeguarding adults and safeguarding children level one. Since the inspection the provider has advised they have an identified lead who has been booked onto safeguarding children level three training.

The provider told us they had access to a local NHS foundation trust provider's safeguarding team. This was not detailed in the provider's service level agreement (SLA) with the local NHS foundation trust.

Diagnostic imaging

The service did not display information regarding safeguarding people from abuse in areas where people using the service would see it.

Cleanliness, infection control and hygiene

Staff kept themselves, equipment and the premises clean, but hand hygiene compliance was variable.

The QS MRI scanner room cleaning schedule set out details of the cleaning required for the magnetic room. The radiologist staff cleaned the MRI examination room daily to ensure magnet safety precautions for magnetic scanners was observed. A sign sheet had been introduced since the beginning of October.

We observed the scanner was cleaned after each patient by radiography staff. In the patient preparation area, we observed an “I am clean sticker” on one piece of equipment, which meant staff could not be assured that other equipment had been clean.

We found all areas within the imaging centre to be visibly clean and tidy during our inspection. There was daily cleaning record for general areas which was signed to confirm cleaning had been undertaken. We saw a record of daily cleaning for the period July to October 2018.

Hand hygiene audits were undertaken to measure compliance with the World Health Organisation’s (WHO) ‘5 Moments for Hand Hygiene.’ These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients. We did not observe any posters displaying the five moments of hand hygiene near hand washing facilities. We reviewed the audits from August to October 2018, which showed the compliance rate varied for in four of the five areas audited which included cleaning hands before and after contact with patients. It was not clear how non-compliance was followed up. There were no action plans in place to address areas of non-compliance.

The provider told us they had access to the infection and prevention control lead (IPC) was provided by a local specialist neurological NHS hospital. This was not detailed in the SLA with the local NHS foundation trust.

An infection control audit undertaken in October 2018 demonstrated eleven areas were audited with three areas scoring less than 100%, these were the cleaning

cupboard (75%), MRI examination room (75%), and disinfectants and equipment (94%) equipment. An action plan identified the problems, recommendation and action taken, which included new equipment being ordered.

There were hand washing facilities and hand sanitiser gel available in line with infection prevention and control guidelines. Staff were bare below elbow and used personal protective equipment (PPE) such as gloves.

Environment and equipment

The service had suitable premises and equipment, however the process for checking

equipment was not robust.

A resuscitation trolley and defibrillator were in the patient preparation area. Staff completed a checking chart and the seal tag number was recorded and the contents of drawers were checked weekly. This was to ensure the resuscitation equipment was safe and ready for use in an emergency. However, when checking the defibrillator, we found the pads were out of date which showed their checking procedures were ineffective. This was addressed immediately and the pads were changed.

In the patient preparation area, we found nine of items were out of date these included five lectro cath tubes (May 2016), one blood transfusion set (October 2017), three boxes of disposable gloves (June 2008) and a box of pressure connecting tubes (April 2018). This demonstrated the process for checking equipment was not robust.

The local emergency procedures set out how the service could be accessed by the emergency resuscitation team from the local specialist neurological hospital which operated across the Queen Square. The local emergency evacuation procedure included the removal of the patient from the scan room into the patient preparation area. The resuscitation team would resuscitate the patient away from the scanner. We saw no evidence of emergency evacuation practices being held at QSIC.

Queen Square Imaging Centre had a service level agreement with the local NHS trust for the trust to provide resuscitation training. This included the provision two emergency simulation sessions per year, the provision of a resuscitation policy, equipment and servicing.

Diagnostic imaging

Queen Square Imaging Centre was accessible directly from the street. There was a reception area that was staffed between 9.00am to 5.00pm outside these hours radiographers would cover the reception area. The waiting area had comfortable seating that could be easily cleaned, a range of magazines, access to refreshments, a television and an accessible toilet.

The MRI controlled area was on the lower ground floor and contained two patient changing rooms, a patient preparation area, a separate toilet, the MRI magnet/examination room, the MRI control room with the post processing and reporting area. We found the door way to the MRI controlled area had a key pad however we saw the door was wedged open during the inspection which meant patients could easily access a restricted area. Staff told us of an incident when a member of the public had gained access to the centre and tried to find their way out of the building via a back door.

The scanning room had enough space for staff to move around the scanner and for scans to be carried out safely. During scanning all patients had access to a panic button, ear plugs and could bring their own choice of music or bring DVD's to watch during the scan. Mirrors in the scanning room allowed patients to see staff in the MRI scanning room.

MRI local safety rules were in place and these were up to date and reflected best practice. There was signage which detailed the magnet strength and safety rules.

The magnet was fitted with emergency buttons which stopped scanning and switched off power to the magnet.

An MRI safe equipment such as a trolley for the safe transferred of patients and oxygen cylinder were available in the scanning room. MRI safe equipment is equipment that is safe to be used within the scanning room.

Records were held of regular servicing and maintenance of the equipment. During the inspection we checked that service dates for all equipment and found these were all in date.

Scales were used to weigh patients for MRI safety and contrast calculation. This was recorded on the MRI safety sheet.

Assessing and responding to patient risk
Staff completed risk assessments for each patient.

All patients were required to complete MRI safety questionnaires. The safety questionnaires included asking patients if they had diabetes, renal conditions, hypertension or gout. Female patients were asked if they were pregnant or breast feeding. We saw these were completed fully. Radiography staff went through the check lists with patients before they had a scan to ensure patients understood the questions. This followed best practice and demonstrated that a comprehensive risk assessments and risk management plans were developed in line with national guidelines.

There were separate MRI safety questionnaires for relatives or friends so they could support the patient during the scan.

Gowns were available for patients to use if their clothing contained metal, such as metal zips. The gowns promoted safety, comfort and to protected patient dignity.

There was a process for flagging unexpected or significant findings. The radiography staff would flag these straight away to the medical radiologist who was reviewing the scan who would advise radiography how they should proceed. During the inspection we observed this process during the inspection when radiography staff flagged an unexpected finding.

All referrals included patient identification, contact details, clinical history and examination requested, and details of the referring clinician/practitioner.

Radiography staff used The Society of Radiographers "Pause and Check" system. Pause and Check consisted of the three-point demographic checks to correctly identify the patient, as well as checking with the patient the site/side to be imaged, the existence of previous imaging and for the operator to ensure the correct imaging modality is used. We saw a 'Pause and Check' poster was displayed in the MRI scan control room.

A first aid kit was available in the MRI scan control room.

Radiographer staffing

The service had enough radiographer staff to keep people safe.

The provider's radiographic service was led by a team of six senior radiographers, all of whom are employed by QS Enterprises Ltd but also held honorary contracts with a local NHS foundation trust. This enabled staff to access

Diagnostic imaging

the trust on line training and intranet. The provider employed one whole time equivalent (WTE) superintendent radiographer, four WTE and one-part time (4.4 WTE) senior radiographers.

The radiographers worked on a rota working from 8.00am to 8.00pm on a Monday, Tuesday, Thursday and Friday and on a Wednesdays from 8.00am to 6.00pm.

The superintendent radiographer was responsible for the safe and efficient running of the department and the MRI service.

The service reported no staff vacancies within the last 12 months.

The service reported it had not used bank or agency staff in the last three months. The registered manager advised QSIC did not use bank or agency staff.

Staff we spoke with felt that the staffing levels were appropriate to meet the needs of patients.

Medical staffing

Consultants were not required to work under practising privileges with the provider. The provider held details of the consultants GMC number, insurance and details of the NHS trusts they worked for. Since the inspection the provider has advised they require each Consultant to provide proof of their appraisal either by their NHS employer or the NHS Revalidation Support Team to ensure that consultants were fit and proper persons to perform the reporting role.

The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services.

Medical staff from the local specialist neurological NHS hospital worked on rotation to review scans and prepare reports for consultant sign off.

Records

Records were clear, up-to-date and easily available to all staff providing care.

Patient records were stored and held electronically. Records were available for access by staff. Patients'

personal data and information was kept secure and only staff had access to the information. Staff received training on information governance as part of their mandatory training programme

Patients completed a MRI safety consent checklist form which recorded the patients' consent and answers to the safety screening questions. This was later scanned onto the electronic system and kept MRI scan log was held electronically on the electronic radiology system. with the patients' electronic records.

All NHS MRI examinations at the QSIC were performed using the local NHS foundation trust patient hospital number. Each examination was booked and recorded using the local NHS foundation trust radiology information system (RIS) system and QSIC's own patient record system.

All imaging was stored securely on QSIC's primary image archive as well as being transferred securely via a direct link to the local NHS foundation trusts PACS system. This allowed for all imaging and reports to be accessed by the referring clinician using the local NHS foundation trust electronic health record system.

Arrangements ensured referrals from doctors not working for the local NHS foundation trust received results and the radiology reports via compact disc (CD) and paper copy. Email were sent password protected.

We reviewed nine patient care records during this inspection and saw records were accurate, complete, legible and up to date.

Queen Square Imaging Centre had a health record management policy which was in date and due for review in September 2019.

Medicines

The service did not always follow best practice when prescribing, giving and storing medicines.

Medicines, including intravenous fluids, were not stored securely. Medicines requiring secure storage were not stored within lockable cabinets. Staff told us the cabinet did not need to be locked as the door to the patient area had a locked using a keypad. However, during the inspection, the door was propped open which meant the medicines were not stored securely. No controlled drugs were stored or administered at Queen Square Imaging Centre.

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The administration of contrast media was done under a protocol. A protocol is a set of instructions to guide the care of a patient or to assist the practitioner in the performance of a procedure. The local injection policy stated, “The radiographer must have authority from either the requesting physician or on-duty radiologist before giving intravenous injections of MRI contrast”. In records we reviewed it was not clear how this authority was documented. Following the inspection, the provider advised they have implemented changes to their administration process.

When contrast media was administered this was recorded on the MRI safety questionnaire. Staff recorded details of the contrast administered, quantity, dose and expiry date which was in line with good practice guidelines. This was later scanned on to the electronic patient record.

Staff were trained on the safe administration of contrast medium including intravenous contrast. We reviewed staff competency files and saw all staff had received this training.

The MRI safety questionnaire included a question asking the patients consent to an injection of contrast media if necessary. This reflected current and best practice.

No information was given to patients post scan which documented the contrast media they had been given. This meant if they had side effects they would not know what to expect or who they should contact if they had any concerns. One patient we spoke with told us they usually relaxed in the reception area before leaving so they had time to recover from the contrast media that was administered.

Incidents

Staff recognised incidents and reported them. However, the service had two systems for reporting incidents but it was not clear how learning from these, was shared or how practice was reviewed.

There were nine incidents reported in the period March 2017 to October 2018. The themes included patient reactions to administration of contrast (4/7), lone working (2/7), aggressive behaviour (1/7), an interpreter not arriving (1/7) and a patient fall (1/7). All the incidents had details of actions taken to prevent a reoccurrence. These incidents all related to private patients.

Incidents involving NHS patients were reported through an electronic incident reporting system widely used in the NHS to report incidents. Under the QS Enterprises Ltd service level agreement (SLA) all adverse incidents were managed by the local NHS foundation trust. Information on the number of incidents reported on NHS patients was not provided.

It was not clear how learning from incidents was shared. We reviewed four sets of radiographers meeting minutes which demonstrated incidents were not discussed as part of these meetings. The provider advised the lone working policy had been reviewed following an incident when a member of the public walked into the imaging centre in the morning (8.00am) and were able to access different areas of the imaging centre.

There had been no never events in the 12 months prior to the inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

The staff we spoke with demonstrated limited understanding of their responsibilities under duty of candour.

Are diagnostic imaging services effective?

We do not currently rate of effectiveness for diagnostic imaging.

Evidence-based care and treatment

The service did not reference the National Institute for Health and Care Excellence (NICE) guidance or other national guidelines in policies procedures and guidelines.

Diagnostic imaging

Services, care and treatment were delivered in line with the National Institute for Health and Care Excellence (NICE) and the referring NHS trust's requirements. However, Queen Square Imaging Centre policies, procedures and guidelines did not reference the National Institute for Health and Care Excellence (NICE) guidance and other relevant professional guidance such as the Royal College of Radiologists.

Staff assessed patient's needs. Scans were planned and delivered in line with evidence-based, guidance, standards and best practice.

- MRI local safety rules were in date and reflected best practice.

Nutrition and hydration

Patients had access to water whilst waiting for their scan. There was a water dispenser for patient use in the waiting area. Patients could ask for a cup for tea or coffee which was provided.

Pain relief

Pain assessments were not undertaken at QSIC. The provider did not hold any pain relieving medicines on site.

Patient outcomes

Managers did not monitor the effectiveness of care and treatment and used the findings to improve them.

No formal peer review audit was undertaken by QSIC. Radiographers told us if there were quality problems, they would highlight concerns to the consultants who would take further action.

All scans were reported by a consortium of consultant neuro-radiologists employed by the local specialist neurology hospital as part of their active governance programme with 10% of all radiology reports produced double reported and audited for accuracy. It was unclear how this was reported to QSIC so that any learning was identified and findings were taken forward.

There were no clinical audits. QSIC audit schedule for 2018 had three audits listed. These were administration audits, radiology reporting time audits and patient satisfaction audits. The schedule detailed the frequency of each of the audits.

The service monitored the MRI turnaround times for private patients for one week during each month. The number of reports monitored each month varied from between 36 and 56. The audits demonstrated:

- the percentage of reports reported within 24 hours in the ten month period January 2018 to October were between 93% and 100%.
- the percentage of reports reported within 4 hours in the ten month period January 2018 to October were between 86% and 100%.
- the percentage of reports reported within 2 hours in the ten month period January 2018 to October were between 69% and 97%.

Queen Square Imaging Centre had an administration audit schedule and policy dated August 2018. Audits were to be completed every four months. The audit included several areas including ensuring patient records had been scanned, patients had consented correctly, if patients had been recalled, claustrophobic patients, cancelled scans and did not attend (DNA) rates. One audit was provided for September 2018 which showed the 10 patient records audited all conformed to the specified requirements.

Competent staff

The service made sure all staff were competent for their roles.

The service had systems in place to ensure that medical staff were competent and had the right qualifications, skills and experience which were necessary for the work performed by them.

All radiographers were Health and Care Professions Council (HCPC) registered and met standards to ensure delivery of safe and effective services to patients.

The provider reported that 100% of staff had received an appraisal in the last 12 months. Staff told us they had annual appraisals and they could attend clinical practice study days which were provided by the local NHS foundation trust. Staff were also able to undertake further professional development which included post graduate training in MRI. As part of radiographers continuing professional development (CPD) radiographers presented cases for discussion in staff meetings. Radiography staff were also able to attend international conferences to learn about the latest techniques in MRI imaging.

Diagnostic imaging

The provider had a local induction checklist which was mandatory for all new staff to complete within two weeks. The local induction ensured staff were competent to perform their required role. The local induction included an introduction to the work location, health and safety, governance and code of conduct.

Multidisciplinary working

All staff worked together as a team to benefit patients.

The service had service level agreement with the local NHS trust. This included the provision of a clinical advisor and clinical scientist support.

Consultants radiologists from the local NHS trust rotated on the site and worked alongside the radiographers reviewing the scans.

Seven-day services

Queen Square Imaging Service did not provide a seven day a week service.

The service operated from 8.00am to 8.00pm on a Monday, Tuesday, Thursday and Friday. On Wednesdays the service opened at 8.00am and closed at 6.00pm.

Appointments were flexible and could be offered at short notice if required.

Health promotion

The provider did not have health promotion information available to support the national priorities of for example, alcohol awareness and bone health to improve the populations health.

An information leaflet was available for private patients. This included what is an MRI scan, what would happen during the visit and how patients should prepare for their scan.

Consent and Mental Capacity Act

The service's consent policy did not provide guidelines for staff on how they should gain consent from young people under the age of 18 years of age.

Queen Square Imaging Centre had a consent policy. The consent policy stated consent was obtained by the radiographer asking a series of safety questions. The policy did not refer to how staff should seek consent from young people under the age of 18 years of age.

We saw that patients were required to complete, sign and date a safety questionnaire which the consenting radiographer would also sign and date. We observed one patient being consented by a radiographer, they went through the patient's responses to the questions with the patient to make sure the patient had understood them. The patient was given an opportunity to ask questions about the scan.

Staff we spoke with were aware of the need for consent and gave patients the option of withdrawing consent and stopping their scan at any time.

Staff demonstrated limited understanding of their responsibilities under the Mental Capacity Act. Staff told us that they would refer patient back to the referring consultant if a patient lacked capacity. Mental Capacity Act 2005 training was not part of the mandatory training programme. Following the inspection the provider advised that Mental Capacity Act 2005 training was included within the safeguarding level 1 and 2 training.

Are diagnostic imaging services caring?

Good 

This was the services first inspection. We rated caring as **good**.

Compassionate care

Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Staff were seen to treat patients with dignity, kindness, courtesy and respect during the inspection. Staff introduced themselves prior to the start of a patient's treatment and spoke kindly, and with understanding of how they might be feeling.

Staff ensured that patients privacy and dignity was maintained during their time in the MRI scanner. Patients for MRI had designated changing rooms. Patients were provided with a gown if required in the changing room to protect their modesty whilst having their scan.

In the reception / waiting area we observed patients could be overheard when speaking to reception staff which could compromise patient's privacy and dignity.

Diagnostic imaging

Staff demonstrated a kind and caring attitude to patients. This was evident from the interactions we witnessed on inspection and the feedback provided by patients. We heard one patient thank a staff member for giving them “best injection they ever had”. Another patient we spoke with who had used the service regularly told us the staff treated them very well and were very good.

To ensure patients were comfortable staff asked patients if they wanted a blanket for warmth and comfort before the procedure and we observed staff checking if patients if they were comfortable during the procedure. Patients were also given ear plugs to protect their ears prior to the scan.

Patients could leave feedback following their scan at QSIC. Patients were asked to rate their experience from one to five. In the period April 2018 to September 2018 a total of 104 patients left feedback and all scored the service between four and five.

Patients were also asked to leave comments these included: I was very nervous but the whole journey from the private consulting rooms through to the scan itself was very easy and all my questions answered”, “I really appreciated you allowing me to have a trial run on the scanner before deciding whether to proceed!”, “Brilliant”, “Wonderful experience”, “Looked after me well”, and “Lovely team”.

Emotional support

Staff provided emotional support to patients to minimise their distress.

We observed the staff provided ongoing reassurance throughout the scan, they updated the patient on how long they had been in the scanner and how long was left. Patients also had a panic button they could press any time during the scan to summon help. Staff could stop the scanning immediately if the patient requested this.

Patients could bring their own choice of music or bring DVD’s to watch during the scan which was played through headphones. This helped to disguise the noise the scanners made which could cause anxiety for some patients. Earplugs were also available which protected their ears and helped to reduce the noise.

Patients could see the radiology staff whilst in the scanner using a mirror system which help to provide reassurance.

If patients were anxious about their scan staff would invite patients into have a look at the scanner and spend time talking them about the process to give reassurance.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them about their care and treatment.

We observed when staff checked through the patient’s safety questionnaire, patients were given an opportunity to ask questions.

Family members or carers were able accompany patients that required support into the scanning area.

Are diagnostic imaging services responsive?

Good 

This was the services first inspection. We rated it as **good**.

Service delivery to meet the needs of local people

The service was planned and designed to meet the needs of the patients as it gave them access to timely scans.

Queen Square Imaging Centre (QSIC) predominately scanned private patients for consultants from the local NHS foundation trust and had a service level agreement with the local specialist neurological NHS hospital to scan NHS patients. Most patients scanned at the QSIC were referred with neurological or neurosurgical conditions.

Progress in delivering services against the service level agreement was monitored six monthly by the superintendent radiographers from QSIC and the local specialist neurological and NHS hospital.

Evening appointments were available until 8.00pm four evening per week to accommodate the needs of patients who were unable to attend during the day time on week days.

The environment within QSIC was appropriate and patient centred. There was comfortable seating, toilets, magazines and a water machine were available.

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Meeting people's individual needs

The service took account of patients' individual needs.

Queen Square Imaging Centre could offer same day appointments, or an appointment at a time which is most convenient for the patient. Appointments could also be arranged so patients were able to see their consultant for their results on the same day, which meant that patients did not have to make multiple journeys. One patients told us that they received their appointments quickly, and if they phoned the appointment was normally within one week.

Queen Square Imaging Centre could report 90% of scans within 4 hours of the scan taking place.

Patients left with a compact disc of their scan so they were also able to take this to their next referring consultant/doctor appointments.

Microphones were built into the scanner to enable two-way conversation to reassure patients and offer support. Patients had a panic button they could press any time during the scan to summon help. Staff could stop the scanning immediately if the patient requested this. the patient requested this for example if patients felt claustrophobic.

Family members or carers were able accompany patients that required support into the scanning area if the patient wanted them there.

Face to face translation, or sign language interpreting services, including deaf relay interpreters and British sign language (BSL) lip speakers, were provided by an external provider Staff could access the services for patients where English was not their first language.

The main entrance foyer had step free access which gave good access for people with mobility issues with automatic doors into the main reception area. There was a second, separate entrance/exit from the patient lift and internal stairwell.

Access and flow

People could access the service when they needed it.

Queen Square Imaging Centre scanned 3,404 patients in the twelve month period October 2017 to September 2018. QSCI advised the patient mix was 70% private patients and 30% NHS patients.

Private referrals were mainly sent directly to QSCI or came via specific consultant neuro-radiologist. The service would contact the patient to arrange a suitable date and time for an appointment. If patients had specific questions, or required any specific preparation prior to their appointment, this was discussed at the time. QSCI did not operate a waiting list for private patients.

The service level agreement (SLA) with the local NHS foundation trust which included the scanning of 1200 per annum between QSCI and the other QS Enterprises Ltd location. NHS patients were offered appointments within the six week timescale set out in the SLA.

If the scanner had no capacity at the time of the patient's choosing, QSCI could offer an alternative appointment or provide a scan appointment at QS Enterprises Ltd other location in London.

Queen Square Imaging Centre reported no cancelled appointments in the period September 2017 to September 2018.

The registered manager reported it was very rare for private patients not to attend their appointment. If NHS patients did not attend (DNA) QSCI would contact the appointment and offer them another appointment. After two DNA's the patient would be referred back to their referring consultant/doctor.

Learning from complaints and concerns

The service treated concerns and complaints seriously, but information on complaints was not available at the service or easily assessable on the provider's website.

Queen Square Imaging Centre had received no formal complaints in the period September 2017 to September 2018.

The register manager told us they resolved complaints and concerns as they arose.

We found no information was on display on how patients should raise a complaint.

The Queen Square Imaging Centre private patient guide referred patients to the Queen Square website for information on how to make a complaint. We found this information was not easy to find on the provider's website.

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Queen Square Imaging Centre had a complaints policy. The policy set out the timescales for acknowledging receipt of a complaint which was within two working days unless a full reply could be sent within seven working days. A full response would be made within 20 working days.

Are diagnostic imaging services well-led?

Requires improvement 

This was the services first inspection. We rated well led as **requires improvement**.

Leadership

Managers in the service had the right skills and abilities to run a service providing sustainable care.

The registered manager was the chief executive officer (CEO) for QS Enterprises Ltd. They worked from the Queen Street Imaging Centre but spent time at another registered location as well as this location. The registered manager was supported by the marketing and new business manager who acted as the deputy manager. The superintendent radiographer was responsible for the clinical issues, scans and overseeing the senior radiographers including their appraisals.

The registered manager as the CEO reported to the board of directors for QS Enterprises Ltd which met bi-monthly. The registered manager told us the board of directors were very supportive of the staff and work undertaken by QSIC.

The registered manager was visible and approachable. They worked alongside other staff within the MRI facility and was clearly proud of their team and the service they provided for patients.

Staff we spoke with found the managers and the superintendent to be approachable, supportive, and effective in their roles. They all spoke positively about the management of the service.

Vision and strategy

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

QS Enterprises had a strategic plan for 2017 – 2020. The vision and strategy for QSIC was to be at the forefront of

MRI scanning by developing and implementing new scanning techniques. Plans were in place to replace the existing scanners with a new 3Tesla GE Premier magnet, and to increase the range of services provided by installing a CT scanner.

QS Enterprises Ltd Business plan for 2018/2019 had eight strategic objectives for the developing the business which included the services at QSIC.

Radiographer staff worked closely with the staff from another location. Staff were aware of the plans to develop the services and worked closely with staff. This provided additional opportunities for training and staff development.

Culture

Managers promoted a positive culture.

The staff we spoke with were very positive and appeared happy in their role.

Staff felt valued and supported. We observed good team work and peer support.

There was an established radiography team that had worked together for many years, the staff turnover was low.

Governance

The service did not have a systematic programme of clinical audit to monitor quality or systems to identify where action should be taken.

The Medical Advisory Committee (MAC) for QS Enterprises Ltd met annually. Minutes from the meeting in March 2018 demonstrated clinical governance, operational issues, complaints, incidents, training, induction and staff appraisals were discussed.

There were service level agreements with local NHS foundation trust for the provision of services. However, these were not comprehensive and did not detail access to the NHS providers emergency resuscitation team, safeguarding team or their infection control lead.

Radiography staff meeting were held monthly. We reviewed four set of radiographers meeting minutes which demonstrated operational and governance issues were discussed. However, these did not evidence an analysis of performance, review of audit, or discussion of local incidents where this was applicable.

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Extracts for meetings of the board of directors for QS Enterprises Ltd demonstrated that under the agenda, items such as clinical governance audit reports, the risk register, incidents and complaints were discussed as part of these meetings. Extracts were provided for four meetings held in March, May, July and September 2018. The extracts provided did not include details of action points to be completed or had been completed.

QS Enterprises held a department managers meeting annually.

Queen Square Imaging Centre had a clinical governance policy which set out how the service operated in term of human resources, infrastructure, work environment, customer satisfaction, adults, equipment and management.

Managing risks, issues and performance

The service did not have effective systems for identifying risks, planning to eliminate or reduce them.

QS Enterprises Ltd had a corporate risk register which identified 25 risks to the business. All the risks had an identified person who was responsible for overseeing them. However, there was no evidence of when the risks had last been reviewed or when they had been entered onto the risk register.

Queen Square Imaging Centre had a local risk register which identified two risks. It was unclear how these risks were monitored; what actions had been taken to mitigate the risks or when they were last reviewed. Details of three risk assessments were provided however these had not been included on the local risk register.

Queen Square Imaging Centre did not have formal MRI safety meetings which did not reflect best practise. The provider told us this was included as part of the MAC meetings and radiography meetings but there was no standing item for MRI safety.

There was a lack of local audit and no formal peer review of scans for quality and accuracy which meant QSIC were not able to easily identify what areas of practice and performance needed to be reviewed or improved.

Managing information

The service held information using secure electronic systems.

Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.

Information from scans could be reviewed remotely by referrers from the local NHS foundation trust, 90% of patient's scans were reported and reported within four hours. This meant referrers received advice and interpretation of results to determine appropriate patient care in a timely manner.

Staff had secure access to the local NHS foundation trust intranet which gave them access to trust news, policies and procedures and their training and personal development records.

There were sufficient computers in QSIC for the number of staff to be able to access the system when they needed to.

Engagement

The service engaged with patients and staff.

Queen Square Imaging centre had a patient satisfaction survey policy and procedure. The procedure set out the data to be collected which included an overall star rating with free text feedback, quality of facilities, friendliness and helpfulness of staff, quality of communication, privacy and respect, quality of information provided and quality of food/beverages (if applicable).

Private patients could feedback via an iPad that was available in the reception area, via the QSIC google page or write to the manager. NHS patients were referred to feedback via the local NHS foundation trust. However, it was not clear how this feedback was reported back to QSIC.

Radiographer meetings were held monthly and minutes were taken at these meetings. We saw the minutes from the last four meetings which included; news and updates, operational issues and governance and continuing professional development (CPD).

Learning, continuous improvement and innovation

The service was committed to improving services.

As part of the continuous improvement of the service QSIC the QS Enterprises Ltd board had approved the upgrade of the existing MRI scanner to a 3Tesla GE Premier magnet, which is a more powerful MRI scanner and provide a better experience as the bore is wider for

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patients. There were also plans to add a new modality with the installation of a CT scanner. The plans were in the early preparatory stages and the start date for the main build and replacement programme project had not been fixed.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should have robust policies, procedures and processes in place to ensure children were protected from abuse and improper treatment.
 - The provider should ensure staff understand their responsibilities under duty of candour.
 - The provider should ensure staff comply with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.
 - The service should ensure they follow best practice when prescribing, giving and storing medicines. The provider should ensure learning from incidents is shared and practise reviewed.
 - The provider should ensure they have effective systems for identifying risks, planning to eliminate or reduce them.
- The provider should ensure there is a systematic programme of clinical audit to monitor quality or systems to identify where action should be taken
 - The provider's policies, procedures and guidelines should reference the National Institute for Health and Care Excellence (NICE) guidance and other relevant national guidelines.
 - The provider should ensure the consent policy provides guidelines for staff on how they should gain consent from young people under the age of 18 years of age.
 - The provider should ensure information on complaints is easily assessible on the provider's website and in the clinic.