

Alliance Medical Limited

Norfolk and Norwich PET-CT Centre

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

This was the first time we had inspected and rated this 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, and managed safety well. 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. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand the process.
- 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 felt respected, supported and valued. The service engaged well with patients to improve services.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic and screening services

Rating

Good



Summary of each main service

This was the first time we had inspected and rated this 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, and managed safety well. 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. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand the process.
- 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 felt respected, supported and valued. The service engaged well with patients to improve services.

Summary of findings

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Summary of this inspection

Background to Norfolk and Norwich PET-CT Centre

Norfolk and Norwich PET-CT (Positron emission tomography-computed tomography) centre is operated by Alliance Medical Limited (AML) and provides diagnostic imaging services for people 18 years of age and over.

The procedure combines the pictures from a positron emission tomography (PET) scan and a computed tomography (CT) scan. The PET and CT scans are done at the same time with the same machine. The combined scans give more detailed pictures of areas inside the body than either scan gives by itself. A PET-CT scan is a specialist CT scan with an injection of radioactive isotope. The radioactive isotope injection shows up cells that are active either with disease or inflammation and can help the doctors focus on whether you need further investigations such as a biopsy.

Norfolk and Norwich PET-CT centre is based in the grounds of Norfolk and Norwich University Hospital NHS Foundation trust.

The PET-CT centre has a registered manager in post and is registered to provide the following regulated activity:

- Diagnostic and screening procedures

This is the first time we have inspected the service.

The main service provided by the Norfolk and Norwich PET-CT centre was diagnostic and screening procedures.

How we carried out this inspection

During the inspection visit, the inspection team looked at the quality of the overall environment and observed how staff were caring for patients. We spoke with the Registered Manager and five staff members. We reviewed five patient care and treatment records, observed patient consultations and spoke with two patients. We reviewed policies, procedures and other documents which related to the running of the service.

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>

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

Diagnostic and screening services

Good 

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

Are Diagnostic and screening services safe?

Good 

This was the first time we had inspected and rated this service. We rated safe as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. At the time of our inspection, the provider key performance indicator (KPI) dashboard confirmed mandatory training compliance was 95%, this met the provider target.

The mandatory training was comprehensive and met the needs of patients and staff. Topics covered included but were not limited to fire safety, basic life support and infection prevention and control.

Staff completed training on recognising and responding to patients with mental health needs and dementia.

Staff had received appropriate training in the regulations, radiation risks, the local rules and use of radiation. Staff were introduced to and had read the positron emission tomography-computed tomography (PET-CT) scanner local rules (November 2021) on induction to the service and following any updates.

The centre manager monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. 95% of staff had completed safeguarding adults level 2 training. This met the service provider target.

The registered manager and the clinical lead had both completed safeguarding adults level 3 training. The clinical lead was the safeguarding lead for the service.

Diagnostic and screening services

The service provider had adopted the local NHS trust safeguarding adults policy. The policy was in date and due review September 2022. We spoke with four members of staff about safeguarding, they all knew how to make a safeguarding referral and who to inform if they had concerns.

The service provider had adopted the local NHS trust safeguarding children policy. The policy was in date and due review May 2024 however, the service provider did not scan patients under 18 years old.

The service had a chaperone policy and staff could describe what action to take in the event of a chaperone being present during the scan. Records from November 2021 evidenced staff followed the policy.

Cleanliness, infection control and hygiene

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

All the clinical and non-clinical areas we visited were visibly clean and tidy and had suitable furnishings which were clean and well-maintained.

In the patient waiting area, seating was spaced apart to conform with COVID-19 guidance. Floor signs indicated the importance of social distance and hand sanitisers were visible throughout the reception area and the PET-CT centre.

Reception staff asked COVID-19 questions as part of the patient's telephone booking. On arrival at the centre, staff asked patients a series of COVID-19 related questions and encouraged them to wear appropriate face coverings.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service had adapted its infection prevention and control (IPC) policy in response to the COVID-19 pandemic. Staff cleaned touch points such as door handles and computer mouse and keyboards three times daily.

The service completed monthly IPC audits. Data sent to us following our inspection demonstrated 100% compliance for March, April and May 2022. IPC audits considered waste management, personal protective equipment (PPE) availability and use and the cleanliness of the general environment among other things.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore gloves, aprons and face masks when delivering patient care and had bare arms below the elbow.

The service provider completed monthly hand hygiene audits. Data provided after the inspection showed 100% compliance for March, April and May 2022.

Staff cleaned equipment after patient contact. Staff changed disposable paper towel on chairs and the scanner bed and pillowcases and wiped down furniture between patients.

Labels on disposable curtains showed staff replaced them monthly or sooner if they became soiled.

Staff completed infection, prevention and control training as part of their mandatory training.

There were no incidents relating to healthcare associated infections in the 12 months before our inspection.

Diagnostic and screening services

Staff described how any patient attending the centre with a known infectious disease would be scanned at the end of the day in order to reduce the risk of cross infection.

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 centre consisted of a patient waiting area with accessible toilet, reception, three cubicles, dispensing room, scanner room, scanner control room, staff room, reporting room and a patient toilet as well as the manager's office and a cubicle space which could accommodate a trolley.

There was clear signage where ionising radiation exposures occurred. Radiology signs were displayed on entry to the centre and displayed on the PET-CT scanner door. Staff used an illuminated sign and a 'do not cross' cord pulled across the door to the scanner room when a scan was in progress.

Signage on the floor made it easy for staff and patients to see which areas were potentially radioactive.

Patients could reach call bells and staff responded quickly when called. Each patient cubicle and toilet had a patient call bell accessible on the wall and closed circuit television (CCTV) operated at the centre to aid the safety of patients and staff.

Staff carried out daily safety checks of specialist equipment. Staff completed daily and weekly safety checks of specialist resuscitation equipment and the defibrillator, records for April and May 2022 were completed without omission.

Records confirmed portable appliance testing (PAT) had been completed in December 2021.

The service had suitable facilities to meet the needs of patients' families. The patient waiting area had five wipe clean seats and a coffee machine as well as a television and WIFI available for relatives and patients who were waiting.

Staff disposed of clinical waste safely and arrangements were in place for waste management and collection. There was clear waste segregation and staff labelled sharps boxes and did not overfill them.

The service had enough suitable equipment to help them to safely care for patients. Records showed that equipment was serviced regularly and planned preventative maintenance had taken place.

The PET-CT scanner was serviced twice yearly, at its last service, 20 March 2022, it was identified as fit for use.

Annual radiation monitor assessments and recalibration took place in May 2022 and were next due in 2023.

The radiation protection supervisor (RPS) completed twice yearly audits of the centre. Audit reports from December 2021 and March 2022 showed all areas were compliant.

The service monitored staff for radiation exposure. Staff wore dosimeter badges to monitor their exposure to radiation as well as finger shields when drawing up the radioisotope doses. Records shared by the provider following our inspection confirmed badges were sent away for monitoring on a monthly basis in line with policy.

Diagnostic and screening services

We spoke with staff who demonstrated knowledge of how to deal with spillages. Staff told us they would complete an incident form. Spillage kits, arrangements and decontamination procedures were in place. Staff had received training on managing a spill.

The registered manager completed monthly health and safety audits of the centre. Audits for January to May 2022 were all compliant.

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

Staff knew about and dealt with any specific risk issues. Pregnancy checking procedures were in place and pregnancy posters were displayed throughout the centre. We reviewed a care record for a woman of childbearing age and saw that a pregnancy risk assessment had been completed.

Staff completed risk assessments for each patient on arrival. Patients completed the PET-CT patient data form which was a safety screening questionnaire to ensure they were suitable to be scanned and enter the PET-CT environment. We observed patients completing this form with staff.

Staff monitored the blood sugar of fasting patients prior to scanning. Staff had postponed the scan of a patient who evidenced a high blood sugar, as per procedure, as this would have implications on subsequent image quality.

Staff responded promptly to any sudden deterioration in a patient's health. A cardiac arrest and medical emergencies policy was available for staff to access. The policy was version controlled and in date for review. Staff told us that in the case of a medical emergency, they would begin immediate life support and call the host NHS trust resuscitation team and transfer the patient to the local NHS Trust.

Staff shared key information to keep patients safe when handing over their care to others. Staff ensured that referrers acted on urgent or unexpected findings through completion of the urgent pathology checklist and contact with the Administration of Radioactive Substances Advisory Committee (ARSAC) consultant radiologist who was based at the hospital.

The service had processes in place to ensure the right person received the right radiological scan at the right time. We observed staff checking three points of patient identification, patient full name, address and date of birth and completing the pause and check process before carrying out the scan.

The service had appointed the clinical lead as the radiation protection supervisor (RPS) and staff could access a medical physics expert (MPE) and the radiation protection adviser (RPA) who was based in the neighbouring NHS trust on the phone or by email.

Diagnostic and screening services

Staffing

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

The service had enough clinical and support staff to keep patients safe. The service employed one senior technologist who was also the clinical lead, four technologists, three clinical assistants (CAs) and a receptionist plus the registered manager.

The registered manager calculated staffing requirements based on the shift length. On long days, (7am to 8pm) the service operated with, three technologists, a clinical assistant (CA) and a receptionist. On standard days (8am to 8pm) there was one less technologist. The registered manager was present in the centre three days per week as they also oversaw another location

Technologists in the PET CT centre could contact administration of radioactive substances advisory committee (ARSAC) radiologists for any urgent advice as the radiologists were based in the local NHS trust.

All staff received a formal induction on starting work at the Centre. We reviewed two staff records that confirmed inductions had been completed.

Qualification checks such as General Medical Council, Allied Health Professionals checks were carried out prior to employment. The 'IRMER Referrer, Practitioner and Operator List' confirmed doctors' qualifications

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. Staff scanned paper records and stored them electronically before disposing of the paper forms in a secure confidential waste bin. Radiology results were reported through the radiology imaging system. Images were shared on the NHS trust's information system which enabled sharing of information.

We reviewed five patient records. Records were detailed and included the patients' medical history, weight and height, medication and confirmed the patient's agreement to the scan and the scan details as well as evidence of justification of the scan. Information specific to female patients of child bearing age was also collected.

Records were stored securely. Staff turned records face down when not using them and disposed of them confidentially when they had finished with them.

The service carried out monthly records audits to conform compliance with referral guidelines. Audit data from October 2021 confirmed 100% compliance.

Medicines

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

Diagnostic and screening services

Staff followed processes to prescribe and administer medicines safely. All administrations of radiopharmaceutical were performed under the written authorisation of an administration of radioactive substances advisory committee (ARSAC) license holder. This was evidenced in the five patient records we reviewed.

An ARSAC licence holder was always available when the service was operational. A list of ARSAC licences holders was seen in the scan control room and staff said they were easily contactable.

Staff completed medicines records accurately and kept them up-to-date. Five patient records we reviewed confirmed staff accurately recorded the type and dose of radiopharmaceutical used as well as the name of who had administered it.

Staff stored and managed radiopharmaceuticals safely. Staff took delivery of radiopharmaceuticals up to three times per day. Staff received deliveries in line with the provider's policy.

Radiopharmaceuticals were stored inside a lead lined dispensing cabinet in a locked room. Only authorised staff could access the room.

Staff followed national practice to check patients had the correct medicines. Staff weighed patients on arrival to the centre to ensure the dose to be administered was calculated accurately. Radioisotopes were only drawn up once the patient was present.

Staff reviewed each patient's medicines and provided advice to patients about their medicines. Staff completed pre scan questionnaire to determine what medications and vaccinations the patient had received prior to the scan. Staff explained to patients the necessary safety precautions to take after their scan.

The service did not administer contrast media.

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 knew to apologise and gave patients honest information.

Staff knew what incidents to report and how to report them. There were no serious incidents in the last 12 months and the service had reported no never events. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Staff told us that, if there was a serious incident, they would contact the radiology protection adviser (RPA) or medical physics expert (MPE) and record the incident on the incident reporting system. The registered manager would investigate the incident and share any learning or changes to practice with the team.

Staff understood the duty of candour. We spoke with two members of staff and the registered manager about duty of candour and when it would be used. All the staff we spoke with had knowledge of the duty of candour but had never needed to use it.

Staff received feedback from the investigation of incidents, both internal and external to the service. Team meeting minutes dated 25 April 2022 confirmed staff had reported issues with interpreters not attending appointments. The registered manager had investigated and shared concerns with the NHS trust responsible for booking them.

Diagnostic and screening services

Are Diagnostic and screening services effective?

Inspected but not rated 

This was the first time we had inspected this service. We do not rate effective.

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service held policies on the providers intranet. Policies were dated and had been reviewed in line with provider policy. Staff showed us how to access them.

Policies were based on national guidelines, for example resuscitation council and NICE.

To ensure radiation doses were kept as low as reasonably practicable, the service undertook regular dose reference level (DRL) audits and displayed DRLs in the control room. Audit data from November 2021 showed 93% compliance.

Nutrition and hydration

Staff sent information about fasting and posters in the waiting area advised patients about refraining from food and drinks until they had received their scan.

Staff booked patients who were living with diabetes into the early morning slots to minimise the time they spent fasting. All patients had blood sugar levels checked and recorded on arrival to the centre.

Staff advised patients to drink plenty fluids after their scan to remove the radiopharmaceuticals from their body.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Staff did not give pain medicines at the positron emission tomography-computed tomography (PET-CT) centre. To alleviate any discomfort staff positioned patients using pillows and a wedge and checked that patients were comfortable before beginning the scan.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

The service was accredited by the Quality Standard for Imaging (QSI). QSI was designed to be applied within an imaging service for the purposes of quality improvement. It articulated the expectations of good imaging, international radiology and teleradiology services. It reflected wide consultation and valuable comments and suggestions received from professional colleagues and relevant UK government agencies and regulatory bodies. The accreditation was ongoing.

The service participated in relevant clinical audits. The service completed six monthly dose reference level (DRL) audits. The audit for November 2021 showed 93% compliance. Staff displayed the DRL in the control area.

Diagnostic and screening services

The service took part in monthly clinical audits confirming that all scans had been reported appropriately. In May 2022, 30 scans out of 292 were reviewed and showed 100% compliance.

The service took part in monthly image quality scores audits. In the year April 2021 to March 2022, 454 images out of 3854 images were reviewed and 92% were graded five, this is “images were perfect without any artefacts”. This exceeded the Alliance Medical LTD (AML) average of 90%.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff’s work performance and provided support and development.

Managers gave all new staff a full induction tailored to their role before they started work. Staff completed a comprehensive three month local induction checklist which took new staff through key milestones identified on day one, the first week and during their first month. As the new staff member progressed through the induction checklist they and their manager would sign and date to confirm each area was achieved.

Staff obtained equipment competencies. We saw competency folders for three members of staff which evidenced staff had received training and completed competency assessments in line with provider policy.

Managers supported staff to develop through yearly, constructive appraisals of their work. Three staff confirmed they had received an appraisal.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Meeting minutes were shared on the centre’s intranet page and were emailed to staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers encouraged staff to attend PET-CT Academy training courses in topics such as dementia and cancer, Cannulation, aspiring leaders programme. Courses were free and could be online or in person. Two members of staff told us they had attended the training.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients.

Staff shared images generated in the centre with administration of radioactive substance substance advisory committee (ARSAC) radiologists in the NHS trust for reporting.

Seven-day services

Key services were available to support timely patient care. The service operated Monday to Saturday from 8am until 8pm but could flex to start at 7am in order to meet patient demand.

Health promotion

Staff gave patients advice to lead healthier lives. Staff advised patients regarding post scan care and referred them back to their GP or consultant if they had additional questions relating to their health conditions.

Diagnostic and screening services

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. Patients consented to undergo PET-CT at the point of referral with their consultant.

Staff confirmed patients were happy to proceed with the scan during the pre-scan health questionnaire and patients signed the form to confirm their information was correct.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff obtained verbal consent at the point of cannulation. Staff cannulated patients for the injection of the radiopharmaceutical drug.

When patients could not give consent, staff made decisions in their best interest. Staff told us if they had concerns about a patient's ability to give consent, they would postpone the scan until they had obtained a best interest decision from the referring consultant. However, this had never happened.

Staff clearly recorded consent in the patients' records. All the patient records we checked confirmed patients had given consent.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had completed annual mandatory training in consent processes and the Mental Capacity Act. All the staff we spoke with had an understanding in these areas.

Are Diagnostic and screening services caring?

This was the first time we had inspected and rated this 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. Staff chatted with patients and attempted to put them at ease.

Patients said staff treated them well and with kindness. We spoke with two patients who were both satisfied with their experiences throughout the process and told us staff had been kind.

Staff followed policy to keep patient care and treatment confidential. Staff closed blinds in the scan room when helping patients on to the scanner bed and closed curtains in cubicles to maintain patient privacy when inserting cannulas.

Patients could be escorted if it was considered essential to the success of the scan and in cases where patients had additional needs.

Diagnostic and screening services

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. We observed two patient interactions from admission to the centre to their discharge. Staff kept patients informed about the process and explained what was going to happen.

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 care and treatment.

Staff made sure patients and those close to them understood their care and treatment. During the COVID-19 pandemic, family members were not allowed into the centre, staff telephoned them to advise when their relative had started their scan and advised them what time they would need to be collected.

Patients gave positive feedback about the service. Family and Friends test results for April 2022 identified high satisfaction levels (over 90%) by patients for their overall experience, appointment booking, and information provided at the booking.

Patients could request a chaperone and the use of chaperones poster was displayed to inform patients of this option.

Are Diagnostic and screening services responsive?

This was the first time we had inspected and rated this service. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local NHS trust. The service provided positron emission tomography (PET) computerised tomography (CT) scanning services for the host NHS trust.

The service operated six days per week, Monday to Saturday, from 8am until 8pm but could flex this to 7am to accommodate more patients.

Facilities and premises were appropriate for the services being delivered. Patients accessed the centre along a level corridor or from the car park and used an intercom system to gain access to the building.

The waiting area had five comfortable chairs and a drinks dispenser as well as a TV and WIFI. Staff had removed reading material in line with infection prevention and control during the COVID-19 pandemic.

The service had systems to help care for patients in need of additional support or specialist intervention. The service held one slot per day to allow longer to scan those patients living with a learning disabilities or dementia.

Diagnostic and screening services

Managers ensured that patients who did not attend appointments were contacted. Staff confirmed that reception staff would contact any patient who had not attended for their appointment and rebook them.

Information leaflets were available for patients, for example: positron emission tomography–computed tomography (PET-CT) – A guide to your scan. This information leaflet was sent to patients electronically or in paper format at the time of booking. It could also be accessed via the Alliance Medical Limited (AML) website.

The information included what the scan was, how to prepare for the scan and what to expect during and post scan.

Patients could access frequently asked questions on the AML website.

COVID-19 information, pregnancy and scan information were available for patients to read on arrival at the centre.

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.

The service had equipment to enable the scanning of obese patients (bariatric). There was a bariatric chair in the waiting room and the scanner bed and the emergency trolley had weight limits suitable to care for larger patients.

Interpreter services could be arranged to support communication for those patients who did not speak English as a first language.

For those patients who had additional needs, including complex communication needs, additional time was factored into the appointment slot.

Staff escorted visually impaired patients and any patient requiring assistance with mobility.

Patients could request a chaperone and information was displayed in the main corridor and available to patients.

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.

Patient referrals were created by the consultants. These were then sent to the host trust's nuclear medicine administration team. The administration team sent patient referrals to the Administration of Radioactive Substances Advisory Committee (ASARC) consultant radiologists to determine any contraindications and to vet the procedure and returned them to the administration team, these vetted referrals are then sent on to the AML bookings team.

The process involved the patient being contacted by telephone, then a scan appointment letter was sent, and the patient was booked in and their details entered onto the radiology information system.

Staff re-checked the referrals and booking list on the morning patients were due.

At the time of our inspection the service manager advised there was no delays for scans. Two patients we spoke with told us they had undergone their scan less than seven days since their consultant referred them.

Diagnostic and screening services

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 shared information about how to raise a concern with patients. At the point of booking, staff emailed or posted a copy of the AML complaints information leaflet to patients.

The AML website was clear and easy to navigate regarding making a complaint.

Staff could give examples of how they used patient feedback to improve daily practice. Staff shared how they had made sure additional blankets were available for patients after a patient said they had been cold.

Managers shared feedback from compliments with staff. One patient had been subjected to multiple appointments being cancelled due to the delay in the centre receiving the drug. The patient reported that the communication from the centre had been excellent.

Are Diagnostic and screening services well-led?

Good 

This was the first time we had inspected and rated this 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. They supported staff to develop their skills and take on more senior roles.

The Norfolk and Norwich PET-CT centre was open six days a week. During that time the registered manager (RM) was on site three days. The clinical lead radiographer oversaw the day to day running of the centre in the RMs absence.

The RM had been in post since 2019 and had a background in managerial roles.

All the staff we spoke with were positive about the RM, telling us they were always approachable and supportive.

The RM had introduced extended roles for staff. This meant that staff could take on additional responsibility within the service and were able to take on lead roles such as the health and safety lead.

Vision and Strategy

The service had a local vision for what it wanted to achieve. The vision focused on sustainability of services.

The centre had a local vision to become a seven-day service and increase the centre footprint.

Alliance Medical Limited (AML) values were displayed in the centre corridor and were identified as openness, collaboration, excellence, learning and efficiency. Two staff we spoke with were aware of the company vision and values.

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 described Norfolk and Norwich positron emission tomography-computed tomography (PET-CT) centre as a good place to work.

Staff described feeling valued by the local manager. AML provided a staff award programme and one of the staff at the centre had been rewarded for going above and beyond their role in providing patient care.

The service had a whistleblowing policy for staff.

AML had introduced a company wide freedom to speak up guardian (FTSUG). The FTSUG poster directed staff to contact telephone details for the FTSUG. Staff could describe how to contact the FTSUG but no staff we spoke with had used the service.

Governance

Leaders operated effective governance processes, throughout the service. Staff had regular opportunities to meet, discuss and learn from the performance of the service.

AML had a service wide governance policy which detailed roles, responsibilities and accountabilities for all staff groups. The policy was version controlled and in date for review.

The RM met twice yearly with the leads from the host NHS trust. Meeting minutes dated February 2021 and November 2021 confirmed meetings were well attended by representatives from both providers.

The RM met with the service leaders to discuss the key performance indicator (KPI) dashboard weekly. This included a review of patient numbers, turnaround times and incidents.

Staff held monthly team meetings. Meeting minutes dated March 2022 confirmed staff discussed service performance.

Staff held informal safety huddles daily to plan the workload and share any relevant information relating to the service delivery.

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.

The service had a business continuity plan which staff could follow in events such as equipment failure and IT failure among other things.

Site meeting minutes dated February 2021 and November 2021 confirmed the RM and the leads from the host NHS trust discussed performance and service delivery issues.

Diagnostic and screening services

Risk was a standard agenda at all governance meetings. The RM had a folder of risk assessments for risks relating to the service, for example, violence and aggression, hot drinks dispenser and theft. Risk assessments were in date and reviewed annually or if there was an incident.

The service had a register of risks to service delivery. The risk register detailed ongoing risks to service delivery and the mitigating actions in place. All risks had a named risk manager, had been rated, and reviewed. This meant we were assured the service had robust arrangements for identifying, recording and managing risks and issues and implementing mitigating actions.

A summary of the health and safety incidents, trends and actions were part of the monthly team meeting.

The 'Risky Business' newsletter informed staff of incidents and lessons learned provider wide.

Information Management

The service collected reliable data and analysed it. Data or notifications were consistently submitted to external organisations as required.

All staff had completed data protection training.

Staff accessed the electronic patient record system through a secure log in and patient information was encrypted and sent to radiologists using a secure email account.

Engagement

Leaders and staff actively and openly engaged with patients, staff to plan and manage services.

Patient engagement surveys collated patient feedback on their imaging experience. The monthly Friends and Family test (FFT) results for April 2022 identified high satisfaction levels (over 90%).

Staff had recently acted on patient feedback. The patient had reported that there was a lack of signage for the centre. The NHS trust have agreed to improve signage.

Learning, continuous improvement and innovation

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

The service took part in research.

Two staff members we spoke with told us they had attended continuing professional development (CPD) courses promoted by AML.