Vista Diagnostics Limited

Quality Report

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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

Vista Diagnostics Limited operates as part of the InHealth group. The service provides MRI (Magnetic Resonance Imaging) diagnostic imaging facilities for children aged 14 and above and adults.

We inspected MRI diagnostic facilities only, using our comprehensive inspection methodology. We carried out an unannounced inspection on 15 November 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.

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

The main service provided by this service was MRI diagnostic imaging.

Services we rate

Summary of findings

This was the first time we have rated this service. We rated it as requires Improvement overall.

We found areas of practice that require improvement in this service.

- Effective systems were not in place to keep people protected from avoidable harm.
- Infection prevention and control measures were not fully established. The environment in the scanning room was not visibly clean. There was no cleaning schedule or checklist for the scanning rooms. Staff were not always bare below the elbow, which was their policy.
- Stock control was poorly managed, and multiple items of out of date single use equipment were found.
- Medicines were not always stored in a locked cupboard, which was a risk to patients and the public.
- The oxygen cylinder from the resuscitation trolley was empty, which had not been identified by staff in the daily checks.
- The staff were not aware of the fringe field area around the MRI scanner which contact with could cause harm to some patients.
- The service was not safeguarding patients from the risk of falls by using wooden steps to get on to and off the scanning table. The wooden steps did not have a handrail.
- Processes were not sufficiently in place to ensure the correct patient received the correct scan on the correct area of the body.
- Staff did not always feel supported or listened to. The service did not always engage well with staff.
- There was not a positive culture that supported and valued staff. Staff morale was low.

However, we found good practice in this service

- The service provided mandatory training in key skills to all staff and made sure everyone completed this.
- Staff understood how to protect patients from avoidable harm, and the service worked well with other agencies to do so.
- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- Information leaflets were provided in the service for patients on what the scan would entail and what was expected of them prior to a scan.
- Staff cared for patients with compassion. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people.

Following this inspection, we issued the service with a warning notice and told the provider that it must take some actions to comply with the regulations and that it should make other improvements. Details are at the end of the report.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Requires improvement 	Diagnostics was the only activity the service provided. We rated this service as requires improvement because there were areas of concern in safe and well led.

Summary of findings

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Requires improvement

Vista Diagnostics Limited

Services we looked at
Diagnostic imaging

Summary of this inspection

Background to Vista Diagnostics Limited

Vista Diagnostics Limited is operated as part of the InHealth group. The service opened in 2006. It is a private service in London. The service primarily serves the communities of the London or people who commute into London for work.

The service did not have a registered manager at the time of inspection, However, an application had been received and was being processed for the operations manager to be the registered manager and the registration was completed on 28 November 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in MRI and Radiography. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

Information about Vista Diagnostics Limited

The Vista Diagnostics Limited service has two magnetic resonance imaging (MRI) scanners. At the time of the inspection one of the scanners was closed for refurbishment. The service has five clinical rooms where ultrasound investigations are performed. We did not inspect these services. All services other than MRI at Vista Diagnostics Limited are provided on an ad-hoc basis by InHealth group and are registered separately with the CQC and managed by a separate operations manager employed by InHealth group.

Vista Diagnostics Limited is registered to provide the following regulated activities:

- Diagnostics and screening procedures.

During the inspection, we spoke with eight staff including: clinical assistants, radiographers, clinical co-ordinator and the operations manager. We spoke with three patients, and we reviewed three sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected four times, and the most recent inspection took place in March 2013, which found the service was meeting all standards of quality and safety it was inspected against.

Activity (August 2017 to July 2018)

- In the reporting period August 2017 to July 2018, there were 9220 attended appointments.

Staff in the service consisted of one 0.33 whole time equivalent operations manager, who covered three locations in London, a 0.33 whole time equivalent clinical coordinator, two superintendent radiographers, eight radiographers and four clinical assistants and two part-time clinical assistants.

Track record on safety

- No never events.
- No serious injuries.
- No incidences of healthcare acquired meticillin-resistant staphylococcus aureus (MRSA).
- No incidences of healthcare acquired meticillin-sensitive staphylococcus aureus (MSSA).
- No incidences of healthcare acquired Clostridium difficile (c. diff).
- No incidences of healthcare acquired Escherichia coli (E-Coli).
- No deaths.
- 32 complaints

Services accredited by a national body:

Summary of this inspection

- Investors in People Gold award - December 2016 to December 2019.
- International Organization for ISO - information security management systems - ISO 9001: 2015 – December 2001 to December 2019
- ISO 27001 2013 - August 2013 to December 2019
- Improving Quality in Physiological Services (IQIPS) adult and children's physiology- July 2016 to July 2021

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Building Maintenance
- Laundry
- Maintenance of medical equipment
- Radiology reports

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?

Requires improvement

We rated safe as requires improvement because:

- The service did not control infection risks well. The MRI scanning room was not visibly clean. The service did not adhere to infection control policies. Staff did not wash their hands or use hand gels between patients. Some staff were not bare below the elbow.
- The fringe fields around the MRI scanner were not clearly displayed, which would endanger patients who had metallic items in their body if they got too close to the scanner.
- Stock control of single use items, for example syringes, was not managed well. Medicines were not always stored in a locked cupboard.
- Staff did not use the society of radiographers 'pause and check' prior to carrying out procedures, which identified right patient, right scan, right body part.

However, we also found the areas of good practice

- Mandatory training courses were undertaken and regularly updated.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Are services effective?

We do not currently rate effective for diagnostic imaging.

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Patients had access to water and hot drinks whilst awaiting their scan.
- The service worked closely with referrers to provide a seamless treatment pathway for patients.
- The service made sure staff were competent for their roles.
- We found good systems for gaining consent from patients.

However we also found

- Staff we spoke with in the service had Limited knowledge of the requirements of the Mental Capacity Act 2005

Are services caring?

Good

We rated caring as good because:

Summary of this inspection

- Staff cared for 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 in decisions about their care and treatment.

Are services responsive?

Good

We rated responsive as good because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service was open seven days a week and provided appointments what were convenient for patients.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- There was not always sufficient oversight of the quality and safety of the service provided.
- A positive culture was not always promoted which resulted in staff not always feeling supported and valued.
- The service did not always improve service quality or safeguard high standards of care by creating an environment for excellent clinical care to flourish.
- The service did not always engage well with staff.
- Risks weren't always identified and acted upon promptly.

However we found areas of good practice:

- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it had developed with staff and patients.
- The service engaged well with patients, the public and local organisations. They planned and managed appropriate services, and worked with partner organisations effectively.

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

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 first time we have rated this service. We rated it as **requires improvement.**

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Annual mandatory training courses were undertaken and regularly updated. Mandatory training included 'face to face' and 'e-learning' modules. Staff training files included a training record of subjects, such as; fire safety and evacuation, health and safety in healthcare, equality and diversity, infection prevention and control, moving and handling objects and moving and handling people/patients, safeguarding adults, safeguarding children level 2, customer care and complaints, basic life support (BLS) and data security awareness.
- Mandatory training rates were regularly reviewed at Vista Diagnostics Limited's team meetings.
- At the time of this inspection, 100% of staff had completed or were in the process of undertaking their mandatory training. Courses were booked and we saw evidence of this whilst we were on the inspection.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had received training on how to recognise and report abuse and they knew how to apply it.**
- The lead for adults and children's safeguarding was the nominated individual who was trained to level three. (A nominated individual is a person within a service nominated to act as the main point of contact with the Care Quality Commission (CQC)). There was a corporate safeguarding lead who was trained to level four, who was available to provide advice when required.
- Staff were trained to recognise adults at risk and were supported by the InHealth group safeguarding adult's policy. Staff understood their responsibilities. They understood and complied with the company's safeguarding policies and procedures. We saw evidence staff had read the safeguarding policies and contact details for local authorities safeguarding teams were displayed.
- All staff had received safeguarding adults training.
- All staff had received training in safeguarding children and young people level two, because children from the age of 14 years were scanned in the service. This met intercollegiate guidance: 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff', March 2014.
- Staff we spoke with were aware of the Department of Health (DoH) female genital mutilation and safeguarding guidance for professionals, March 2016.

However, InHealth group did not provide training in accordance with this. Staff told us if they were concerned about any patients they would refer their concerns to the local safeguarding team.

- Vista Diagnostics did not provide services for children under the age of 14 years. However, we saw contact numbers for all local adult and child safeguarding team referrals were located on a notice board in the scanning viewing room. The contact details for the InHealth group safeguarding team were located in the administration office.
- Weekly complaints, litigation, incidents and compliments (CLIC) meetings were held and a biannual safeguarding board, which monitored compliance with safeguarding policies and raising concerns processes. These meetings identified themes from incidents and set improvement goals.

Cleanliness, infection control and hygiene

- **The service did not control infection risks well.** The MRI scanning room was not visibly clean. We found dirt on the floors and a dirty duster behind a bin. There was a build-up of dirt and debris underneath wooden steps used to assist patients onto the scanning table. The cleaning of the MRI scanning room was the responsibility of the radiographers. The service was unable to show us a cleaning schedule or completed checklist which would demonstrate when the scanning room had been cleaned last. The rest of the premises was visibly clean.
- Radiographers told us the MRI scanning equipment was cleaned daily by the radiographers, although this was not routinely recorded or evidenced by a cleaning checklist.
- The service did not adhere to infection control policies. They did not always use control measures to prevent the spread of infection. We saw dust and dirt on the floor in the scanning room.
- We watched staff going about their work and we did not see staff using hand gel or washing their hands between patients. Hand hygiene audits were undertaken by the operations manager monthly 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. Although the hand hygiene audits showed 100% compliance, we did not observe staff washing or using gels to clean their hands.
- There was access to a hand washing sink directly opposite to the door of the scanning room, though we did not see staff using the sink to wash their hands during our observations.
- Two of the four radiography staff members in the service at the time of our inspection were not following to the bare below the elbow policy. Staff had access to a supply of personal protective equipment (PPE), including gloves and aprons. We saw staff using PPE appropriately.
- Between August 2017 and July 2018 there were no incidences of healthcare acquired infection in the service.
- All the patients we spoke with were positive about the cleanliness of the unit.
- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort different types of waste and these were labelled appropriately.

Environment and equipment

- **The premises and equipment were mostly suitable to provide the service however, there were areas of concern.**
- The layout of the service was compatible with health and building notification (HBN06) guidance. Access was via Waterloo Road, to a reception area, where people were then directed to the lifts to the service, which was situated on the first floor. Patients who were using a wheelchair had to access the building through a service area due to stairs at the front entrance.
- The service's reception area had a reception desk that was staffed during opening hours. The reception area provided a range of magazines, refreshments and toilet facilities for patients and relatives.

Requires improvement

Diagnostic imaging

- The scanning area was located to the right of the reception desk through access controlled doors. Both scanners had a scanning observation area. These ensured patients were visible to staff during scanning.
- The fringe fields around the MRI scanner were not clearly displayed and staff we spoke with were not aware of the fringe field, (The fringe field is the outer magnetic field outside of the magnet core. Depending on the design of the magnet and the room, a quite large fringe field may extend for several metres around the MRI scanner). This means that some patients may be at risk if they ventured too close to the scanner.
- There was sufficient space for staff to move around the scanner and for scans to be carried out safely. During scanning all patients had access to an emergency call/ panic alarm, ear plugs and ear defenders. Patients could have music played whilst being scanned. There was a microphone which allowed contact between the radiographer and the patient at all times.
- The service used a set of wooden steps to get patients on to and off the scanning table. The scanning table does move up and down. The steps did not have a handrail for patients to hold to support them with climbing the steps. This posed a risk of falls for patients who may be unsteady on their feet or who were extremely anxious about the scanning process. No risk assessment had been undertaken by the service with regards to the use of the wood steps. We asked staff why they used the steps and did not move the scanning table up and down to get patients in place for scans and we were told that moving the scanning table took too long and it was quicker to get patients to climb the three steps up to the scanning table.
- In accordance with Medicines and Healthcare Products Regulatory Agency (MHRA) guidance, scanning rooms were equipped with oxygen monitors to ensure that any helium gas leaking for example liquid nitrogen or liquid helium, would be identified and ensure that they were not displacing the oxygen and compromising patient safety.
- Scanning rooms were fitted with an emergency quench switch. This was protected against accidental use and when pressed starts a controlled quench and turned off the magnetic field in the event of an emergency. The magnet was fitted with emergency "off" switches, which temporally stopped scanning and switched off the power to the magnet sub-system, but did not put out the magnet. Staff we spoke with were aware of what to do if an emergency happened.
- The service had an MRI safe wheelchair and trolley available for transferring patients from the scanner in an emergency situation.
- There were systems to ensure repairs to machines or equipment, when required, were completed in a timely manner. This ensured patients would not experience prolonged delays to their care and treatment due to equipment being broken and out of use. Servicing and maintenance of premises and equipment was carried out following a planned preventative maintenance programme.
- There were processes in place to ensure equipment was serviced in accordance with the manufacturer's guidance. All the equipment we checked, with the exception of the patient weighing scales was within the service date. The generators were tested monthly on a planned schedule to ensure patient scanning was not affected.
- Equipment and medical devices that stopped working were reported through the InHealth group technical support team. Staff told us there was usually a very quick response and very little delay in getting equipment repaired. Equipment breakdown was logged on the InHealth group's incidents log to enable the company in monitoring the reliability of equipment.
- All non-medical electrical equipment was electrical safety tested. We viewed servicing records for the MRI scanner and found them to be up to date.
- We checked the resuscitation equipment on the MRI unit. This appeared to be visibly clean and emergency equipment had been serviced. However, we found over 40 single-use items for example syringes and needles in the resuscitation trolley, scanning room and recovery area which were sealed but were out of date. They were removed as soon as we pointed them out to staff. This did not leave the resuscitation trolley without the necessary equipment required as in date stock was available

- In the event of an emergency there were procedures in place for removal of a collapsed patient from the MRI scanner. We saw records of a practice evacuation of a patient from the MRI. Staff had used the MRI safe wheelchair. Staff were confident in their explanation of what they would do in the event of having to remove a patient from the scanner in an emergency situation.
- All relevant MRI equipment was labelled in accordance with recommendations from the Medicines and Healthcare products Regulatory Agency (MHRA). For example, 'MR Safe', 'MR Conditional', 'MR Unsafe'. All equipment in the assessment area was labelled MR Safe.
- We found there was suitable signage which informed people that the area was a controlled area.
- Pull cords were available in areas where patients were left alone, such as toilets and changing areas. There was a button in the scanner that patients could press if the wanted to stop the scan for any reason.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient via their referral form.** The service used a magnetic resonance imaging (MRI) patient safety questionnaire. Risks were managed and updated in line with any change in the patient's condition.
- Signs were displayed in the service in both words and pictures highlighting the contra-indications to MRI including patients with heart pacemakers. Patients . We saw staff checking with patients whether they had a pacemaker or other metallic objects in their bodies during the pre-scan checks.
- Patients had the choice of wearing their own clothes or changing into a gown prior to the scan. All patients underwent a risk assessment. Patients signed the risk assessment which stated they accepted and understood the risk around wearing their own clothing. All clothing was checked by staff to ensure there were no metallic pieces.
- Processes were not in place to ensure the correct patient received the correct radiological scan at the right time. The service did not have a Society of Radiographers (SoR) 'paused and checked' poster within the unit. The posters were used as reminding them to carry out checks on patients.
- We saw staff checking two out of three-point demographic checks to correctly identify the patient. The two checks we saw staff routinely complete were the identity of the patient and the site of the scan. Completing the 'paused and checked' would provide assurance that the MRI operator was using the correct imaging modality, and the correct patient and correct part of the body was scanned. Using the 'paused and checked' would also decrease the number of wrong site scans.
- The service ensured the requesting of an MRI was only made by staff in accordance with the MHRA guidelines. All referrals were made using dedicated MRI referral forms which were specific to the contract with the commissioning group. All referral forms included patient identification, contact details, clinical history and the type of examination requested, as well as details of the referring clinician/ practitioner.
- There were clear pathways and processes for staff with regards to people using the service who became unexpectedly unwell or if an unexpected result was found during the scan. For example, the InHealth group routine MRI guidance policy was available to guide staff in referring patients to an emergency department for conditions related to the spine. Patients that became unwell in the service would be referred to their GP. Staff told us that if a patient required more urgent treatment they would call 999.
- InHealth group had a pathway for unexpected urgent clinical findings. In the case of NHS patients, an urgent report request was sent to the external reporting provider. Once the report was received (within 24 hours), an email was sent to the referrer to highlight an urgent report was required. In addition to this, the InHealth group picture archiving and communication system (PACS) team also contacted the referrer by phone to inform them an urgent report had been sent. The name of the person who was spoken with at the referring service was recorded on the InHealth group database. The referring service were asked to

acknowledge that an email with the report had been received and this was recorded on the InHealth group system. During our inspection we saw evidence this process was being adhered to.

- If a patient was a private patient, the reporting radiologist was contacted by a member of staff from Vista Diagnostics Limited to advise them that an urgent report was required. This ensured the report received prompt attention.
- All clinical staff were basic life support (BLS) and automated external defibrillator (AED) trained. All administration staff were BLS trained. Should a patient require emergency first aid treatment, staff would ring 999 and then commence basic life support until the emergency services arrived.

Radiography staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- InHealth group used a purpose built 'staffing calculator', designed to take account of expected, and a degree of unexpected absences; ensuring sufficient staff availability across all operational periods. Required staffing levels were calculated using core service information including: operational hours, patient complexity and service specifications, physical layout and design of the facility/service, expected activities, training requirements, and administrative staffing requirements. Staffing levels had been set following extensive working time studies, analysing average task time requirements. This ensured sufficient staff to support patient's needs. The policy and procedure outlined how the headcount (actual number of staff on duty) and full time equivalent (FTE) numbers were to be calculated and managed at unit level. We reviewed the rotas and found rotas staff levels and actual staff levels were comparable.
- The superintendent radiographer was responsible for clinical shifts being rostered in accordance with InHealth group 'Healthy Working Time' policy. The superintendent radiographer was trained in rostering and used the staffing tool to ensure safe staffing numbers. The operations manager was responsible for monitoring the hours worked by staff and ensuring they did not exceed working time limits. This included ensuring staff who worked longer than six hours at a time received a 20-minute rest break. Workers were entitled to a daily rest period of at least 11 hours uninterrupted rest in every 24-hour period, as well as a weekly rest period of 24 hours uninterrupted in every seven-day period. The operations manager could flex staffing numbers to meet operational requirements.
- Staff in the service consisted of one 0.3 whole time equivalent (WTE) operations manager, two superintendent radiographers, eight radiographers, one 0.3 clinical coordinator WTE, and six clinical assistants.
- Business continuity plans were in place to guide the service when responding to changing circumstances. For example, sickness, absenteeism and workforce changes. Agency staff were not used at Vista Diagnostics Limited. The services own staff would usually cover any gaps. This ensured staff continuity and familiarity with the service.
- We were told that intravascular (IV) contrast administration was carried out at the service on designated days. The day we inspected was not such a day.We did however see protocols for a radiologist to attend the service under practising privileges to administer the IV contrast and to be on site to manage any severe contrast reactions patients may have during scanning, including anaphylaxis (anaphylaxis is when a patient has an acute allergic reaction to in this circumstance contrast). The service did not have permanent medical staff on-site.
- There was a minimum of two staff members in the service at all times.

Medical staffing

- Radiologists who provided the IV contrast MRI scanning, attended the service under practising privileges and were not employed by the service.

Records

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

Requires improvement

Diagnostic imaging

- Patients completed an 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 with the patients' electronic records.
- Patients personal data and information were kept secure and only authorised staff had access to the information. Staff received training on information governance and records management as part of their mandatory training programme.
- Staff completing the scan updated the electronic records and submitted the scan images for reporting by an external radiologist. The service has a service level agreement (SLA) in place with two private providers of diagnostic imaging reporting. Part of the service included a quality assurance agreement in relation to auditing of reports to review the quality of the images, identification of clinical errors in the reports and a review of the quality of the transcribed report.
- We reviewed three patient records during our inspection and saw records were accurate, complete, legible and up to date. Paper records were shredded in accordance with the InHealth group policy once the paper based information was uploaded onto the electronic records system.
- The service provided electronic access to diagnostic results and could share information electronically if referring a patient to a hospital for emergency review.
- The radiology information system (RIS) and picture archiving and communication system (PACS) was secure and password protected. Both systems were secure and each member of staff had their own personal password.
- All the forms completed by patients were scanned and transferred electronically to the patient management system (PRM), which was also accessible by the InHealth group patient referral centre (PRC) to enable further communication with referrers.

Medicines

- **The vast majority of medicines were stored securely.** However, we found two vials, one of a local anaesthetic and one of an anti-inflammatory loose in the recovery room. Both were highlighted to staff and removed immediately. No controlled drugs were stored and/or administered as part of the services provided in this unit. Medicines requiring storage within a designated room were stored correctly, in line with the manufacturers' recommendations, to ensure they would be fit for use.
- Contrast media, sometimes called a MRI contrast media, agents or 'dyes', are chemical substances used in magnetic resonance imaging (MRI) scans. The contrast medium is injected intravenously (into a vein) as part of an MRI scan. Contrast media was stored in the scanning room which is temperature controlled to ensure the media is kept within the correct temperature range as advised by the manufacturer. IV contrast media was purchased by the service through the InHealth group procurement service.

  The service did not have an on-site pharmacist. However, InHealth group had a consultant pharmacist who issued guidance and support at a corporate level and worked collaboratively with the InHealth group clinical quality team on all issues related to medicines management. Staff told us they could contact the InHealth group pharmacist if they had any concerns about medicines patients were taking.
- Patient group directions (PGDs) were used for administration of saline. PGDs allow some registered health professionals, such as radiographers, to give specified medicines to a predetermined group of patients without them seeing a doctor. We saw, in staff training files, where staff had been assessed as competent in the provision of saline and use of PGDs.
- We also found the oxygen cylinder was empty, although the daily checklist was completed by staff on the day of inspection and each day to the beginning of the month preceding the inspection. A new cylinder was ordered immediately.

Incidents

- **The service had an incident reporting policy and procedure in place to guide staff in the process of reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, and investigate and record near misses.**

Requires improvement

Diagnostic imaging

- Staff reported incidents using an electronic reporting system. Between August 2017 and July 2018, the service reported 33 incidents relating to MRI services through the incident reporting system. Most incidents in the period involved equipment problems, payment problems, aggressive patients or scan not being able to be completed because the patient was unwell. There were two incidents relating to wrong site scanning.
- Learning from incidents was shared with staff at the services via regular staff meetings.
- During the period August 2017 to July 2018 there had been no serious incidents requiring investigation, as defined by the NHS Commission Board Serious Incident Framework 2013. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive investigation.
- There had been no 'never events' in the previous 12 months prior to this inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. The 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.
- Incidents were reviewed weekly at the clinical governance complaints, litigation, incidents and compliments (CLIC) meeting. The clinical governance team analysed incidents and identified themes and shared learning to prevent reoccurrence at a local and organisational level.
- An InHealth group organisational policy and procedure was available to staff providing guidance on the process to follow if an incident was to occur that met the requirements of the duty of candour regulation. All staff had been trained and made aware of duty of candour and what steps to follow where it was required.
- During the inspection we spoke with two members of staff regarding duty of candour. Both staff members could tell us their understanding of the requirements of the duty of candour regulation.
- Relevant national patient safety alerts were disseminated to staff by email. Read receipts were documented to demonstrate staff had read the alert.

Are diagnostic imaging services effective?

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**
- Patients care and treatment was delivered and clinical outcomes monitored in accordance with guidance from the National Institute for Health and Care Excellence (NICE). NICE guidance was followed for diagnostic imaging pathways as part of specific clinical conditions.
- Staff assessed patients' needs and planned and mostly delivered patient care in line with evidence-based, guidance, standards and best practice with the exception of the 'paused and checked' list. For example, staff followed the Medicines and Healthcare Products Regulatory Agency (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use. An audit was carried out annually to assess clinical practice in accordance with local and national guidance.
- Staff could access policies, procedures and guidelines via the services internal intranet.

Nutrition and hydration

- **Staff gave patients enough drink to meet their needs**.

- Patients had access to water and hot drinks whilst awaiting their scan. During our inspection we observed staff offering patients drinks before and after they were scanned.

Pain relief

- **Pain assessments were not undertaken at the service**. Staff did not provide pain relief to patients. Patients managed their own pain and were responsible for supplying any required analgesia. We were told patients received a letter prior to the procedure advising them to continue with their usual medications. We saw staff asking patients if they were comfortable during our inspection.

Patient outcomes

- The service, through the patient referral centre, recorded the times taken between a referral being received for a scan and the time it took for a scan to be booked. They also recorded the time from the scan to when the scan was reported on.
- Staff compared and audited key elements of the referral and scanning pathway and these were benchmarked with other InHealth group locations.
- Audits of the quality of the images were undertaken at a corporate level. The results of the audits and issues that were identified were fed back to the local service for quality assurance purposes and learning and improvement.
- InHealth quality audits were undertaken annually and used to drive service improvements. 14 individual areas were audited including, patient experience, health and safety, medical emergency, safeguarding, equipment and privacy and dignity. The operations manager for the service receives the results of the audits and disseminated the results to the team for learning and action.
- Patient feedback was captured electronically, following attendance at the service an email was sent to the patient requesting feedback. The operations manager told us this was reviewed regularly for the service. The operations manager told us they called dissatisfied patients to try and resolve issues. We noted the majority of feedback was positive about the staff and the speed of access to the scan.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.**
- All staff received a local and corporate induction and underwent an initial competency assessment.
- The staff survey results for 2017, showed 22% of the nine respondents felt they had the opportunity to learn and grow in the last year. The operations manager provided us with an action plan that had been developed following the staff survey to work with staff on resolving this issue for staff. Both the operations manager and staff told us their skills were assessed as part of the recruitment process and during their induction. Staff had the right skills and training to undertake the MRI scans. Staff skills were assessed as part of the InHealth group recruitment process, at induction, through probation, and then ongoing as part of staff performance management and the InHealth group appraisal and continuous professional development (CPD) process.
- Staff we spoke with told us the local induction provided assurance staff were competent to perform their required role. For clinical staff this was supported by a comprehensive competency assessment toolkit. This covered key areas applicable across all roles including equipment, and clinical competency skills relevant to their job role and experience.
- We were told by staff that InHealth group provided an internal training programme for magnetic resonance imaging (MRI) aimed at developing MRI specific competence following qualification as a radiographer. Modality specific training was given in magnetic resonance imaging safety led by the InHealth group magnetic resonance safety expert and MRI clinical lead who held the international magnetic resonance safety officer (MRSO) certificate.
- The opportunity to attend relevant courses to enhance the professional development was provided for all staff and the organisation and operations manager supported this. InHealth group offered access to both internal and externally funded training programmes

and apprenticeships to support staff in developing skills and competencies relevant to their career within the service. However, the staff survey from December 2017, showed 89% of nine responders felt that nobody regularly spoke to them about their progress and development. This issue was also part of the action plan that had been developed by the operations manager when they took over the role in April 2018.

- Radiographers' performance was monitored through peer review and issues were discussed in a supportive environment. Radiologists fed back any performance issues with scanning to enhance learning or highlight areas of improvement in individual radiographers' performance.
- All radiographers were registered with the Health and Care Professions Council (HCPC) and met HCPC regulatory standards to ensure the delivery of safe and effective services to patients. Radiographers had to provide InHealth group with evidence of continuous professional development (CPD) at their appraisals. MRI radiographers must have either completed or been in the process of completing their MRI competency assessment training.
- Staff had regular one to one meetings with their manager and a biannual appraisal to set professional development goals. Records we checked confirmed that staff appraisals were up to date. Results in the staff survey showed that 78% of the nine people who responded to the survey felt they did not have the opportunity to learn and grow in their role.

Multidisciplinary working

- **Staff at the service stated they worked closely with referrers to provide a seamless treatment pathway.**
- The service worked closely with the referring NHS trusts or private referrers, which provided a smooth pathway for patients.
- Staff told us there was good communication between services and there were opportunities for them to contact referrers for advice, support and clarification.
- The service used two external services to report scan results. The staff we spoke with told us they had a good working relationship with both services and could speak to them regarding any concerns there might be with regards to the images.

Seven-day services

- The service operated a 14 hour a day service on Monday to Friday opening from 7am to 9pm. A 12-hour service was available on Saturdays and Sundays from 8am to 8pm.

Health promotion

- **Information leaflets were provided in the service for patients on what the scan would entail and what was expected of them prior to a scan.** The service also provided information to patients on self-care following a scan. However, the service did not enable patients to increase their control over, and to improve, their health by providing information and access to a wide range of social and environmental information or health promoting activities.

Consent and Mental Capacity Act

- **Staff we spoke with in the service had Limited knowledge of the requirements of the Mental Capacity Act 2005 (MCA).** We asked the operations manager about staff training in the MCA. The operations manager told us this was part of the safeguarding e-learning module. We reviewed the InHealth group's safeguarding e-learning and found the MCA was referred to, but the module did not provide staff with sufficient detail in regard to the requirement of the Act or deprivation of liberty safeguards (DoLS). We were told InHealth group had purchased an e-learning programme for the Mental Capacity Act 2005 and InHealth group were considering which staff the module would be relevant to. However, at the time of inspection we were not assured all staff had an appropriate level of knowledge to support people who may lack capacity to consent.
- There were no patients who lacked capacity to make decisions in relation to consenting to treatment attending the service during the inspection. Should a patient attend who lacked the mental capacity to give consent, guidance was available to staff through the

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InHealth group corporate consent policy. Staff told us they would encourage patients to be accompanied where there were concerns about their capacity to consent to care or treatment.

- Staff we spoke with were aware of the requirements for obtaining consent from patients and patients were given the opportunity to withdraw their consent and stop the scan at any time. The service used a MRI consent form to record patients' consent which also contained the patients' answers to their safety screening questions.
- Staff were aware of children's consent procedures and InHealth group had a corporate consent policy in place. The service only saw young people aged 14 and above. For young people aged 14 to 16 would have consent provided by a parent or guardian. Young people (aged 16 or 17) were presumed to have sufficient capacity to decide on their own medical treatment, and provide consent to treatment, unless there was significant evidence to suggest otherwise. Staff could tell us about Gillick competence, this is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Are diagnostic imaging services caring?

Good

This was the first time we have rated this service. We rated it as **good.**

Compassionate care

- **Staff cared for patients with compassion. Patients confirmed that staff treated them well and with kindness.**
- We observed staff treating patients with dignity, courtesy and respect. We observed staff introduced themselves prior to the start of a patient's imaging scan, interacted well with patients and included patients during general conversation.
- 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.
- Staff introduced themselves and explained their role and went on to explain what would happen next.
- Staff ensured patients privacy and dignity was maintained during their time in the facility and MRI scanner. The service provided changing rooms for patients to change into gowns and ensured patients were covered as much as possible to preserve their modesty and dignity.
- Staff talked to patients who were anxious and discussed the processed thoroughly.

Emotional support

- **Staff provided emotional support to patients to minimise their distress. Understanding and involvement of patients and those close to them.**
- Patients told us staff were professional and supported them well. They considered their privacy and dignity had been maintained throughout their time in the unit.
- Staff had good awareness of patients with complex needs and gave examples of how they would deal with anxious or challenging behaviour.
- Staff talked to patients who were anxious and discussed the processed thoroughly. The service performed scans feet first into the scanner for patients who were claustrophobic. Staff stopped scanning immediately if requested. They discussed with the patient how they wished to process and would arrange for the patient to come back other day to complete the scan if the patient felt unable to carry on.
- We observed staff providing ongoing reassurance throughout the scan, they updated the patient on how long they had been in the scanner and how long was left.
- The service allowed family members of carers to accompany patients who required support into the scanning area.

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- The staff we spoke with described how important providing emotional support for patients was. Staff recognised and provided support to patients as an important part of their role. They recognised that scan-related anxiety could impact on diagnosis for patients and a possible delay in further treatment.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Staff recognised when patients and those close to them needed additional support to help them understand and be involved in their care and treatment and enabled them to access this. This included for example, access to interpreting and translation services.
- Patients and those close to them could find further information or ask questions about their scan. A range of MRI related leaflets were available to patients in the unit. Patients could also access information on MRI scanning from the InHealth group's website.
- The service allowed for a parent or family member or carer to remain with the patient for their scan if this was requested.

Are diagnostic imaging services responsive?

Good

This was the first time we have rated this service. We rated it as **good.**

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- The service was planned and designed to meet the needs of the patients. Information about the needs of the local population and the planning and delivery of services was agreed collaboratively with the individual Clinical Commissioning Groups (CCGs) and the service.
- The service provided evening and weekend appointments to accommodate the needs of patients who were unable to attend during the day time on week days.
- The service was accessible to all patients. Access to the service was by way of established routes, with bus stops and the London underground and national railway station a very short walk away. Wheel chair users had to access the building through a service entrance. They could access the service through the main reception and the lifts to the service were of sufficient size to accommodate large wheelchairs and motorised scooters.
- Patients were greeted when they entered the service and accessed a comfortable waiting area, there were toilet facilities available for people to use and there were hand washing facilities. The patient waiting and changing areas were appropriate and patient centred. There was comfortable seating, toilets, magazines and a water and hot drinks machines.
- The service's website gave people useful information about the service it provided, its other sites and the referral process.
- Patients could help themselves to hot and cold drinks in the main reception area.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- During the scan, staff aimed to make patients as comfortable as possible with padding aids, ear plugs and ear defenders to reduce noise. They ensured the patient was in control throughout the scan and gave them an emergency call buzzer to allow them to communicate with staff should they wish. Microphones were built into the scanner to enable two-way conversation.
- Patients were advised should they wish to stop their examination, staff would assist them and discuss choices for further imaging or different techniques and coping mechanisms to complete the procedure. Explanations were given post examination on any aftercare of cannulation sites, hydration needs and how and where to get results of the scan.

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- An MRI compatible wheelchair and trolley were available should the patient be unable to weight-bare.
- An interpreting service was available through a telephone line service and were arranged for patients requiring it. Information was available for visually impaired patients in large font or could be provided in braille with notice.
- Children and nervous, anxious or phobic patients could be invited to have a look around the service prior to their appointments, so they could familiarise themselves with the room and the scanner to decrease apprehension.
- Patients with a learning disability or dementia could bring a relative or carer to their appointment as support. Patients and relatives could be present in the scanning room if required.

Access and flow

- **People could access the service when they needed it. Waiting times from referral to treatment and arrangements to treat patients were in line with good practice guidance.**
- Patients were referred to the service by via the InHealth group referrals system. Patients could book appointments through several media platforms including, telephone and self-booking services through the InHealth group interactive 'patient portal' on the internet. All appointments were booked via the InHealth group patient referral centre (PRC). However, patients' appointments were usually made by telephone at a time and date agreed by and convenient to them.
- In the case of a requirement to conduct an urgent scan due to a request by a referring clinician or a patient, the PRC could offer alternate InHealth group locations in London to the referrer or patient within a reasonable distance.
- All the referrals were triaged by the clinical radiographic staff that reviewed and confirmed suitability of location for patients. For complex cases the clinical radiographic staff could seek assistance from the InHealth group consultant radiologist team.
- All referrals are triaged by InHealth Radiographers. Radiographers can contact the radiologist should they need assistance.
- Waiting times in the service were met. There were very few delays and appointment times were closely adhered to. Referrals were prioritised by clinical urgency by triage staff at the PRC. Patients were often given an appointment within 48 hours and some patients could be scanned on the same day as they were referred. The service prided themselves on ensuring the scan was provided at the patients' convenience.
- InHealth group ensured that diagnostic reports were produced and shared in a timely fashion and closely monitored key performance indicators (KPI) including referral to appointment, reporting turnaround times and reporting audit.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- InHealth group had a complaints handling policy and customer care was part of mandatory training.
- The service reported they had received 32 complaints during the period January 2017 to January 2018. Complaints were managed through the services formal complaints procedure. The 18 complaints were upheld. The vast majority, 13 out of 32, of the complaints were in relation to reports and results and the second highest area, seven out of 32 of complaints, was about staff attitude and conduct.
- The operations manager encouraged all staff to resolve complaints and concerns locally, which was reflected in the low numbers of formal complaints made against the service.
- Learning from complaints was communicated to staff through staff meetings.

Requires improvement

Diagnostic imaging

Are diagnostic imaging services well-led?

Requires improvement

This was the first time we have rated this service. We rated it as **requires improvement.**

Leadership

- Vista Diagnostics Limited was managed by the operational manager who was also the registered manager, supported by regional management and central support functions. The operations manager had worked for InHealth group for nine years but had started working at Vista Diagnostics in April 2018. The operations manager was brought in to the service to work on the concerns highlighted during the staff survey from December 2017.
- Operations managers with InHealth group were responsible for the administrative functions of the unit, for staff development and support. The operations manager was enthusiastic and keen to improve the quality of services provided. The operations manager was supported in their role by an experienced superintendent radiographer that supervised clinical work.
- Staff also had specialist lead roles within the service. For example, the operations manager was the lead for health and safety, safeguarding, and infection prevention and control (IPC).
- The operations manager also managed two other InHealth group sites in London. This meant they divided their time between sites.
- In the InHealth group staff survey, 55% of nine respondents felt poor performance was not actively managed at InHealth group. However, the survey was completed prior to the operations manager joining the service, we reviewed the action plan the operations manager had developed in response the response to the staff survey this issue was being address through one to one meetings.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff and patients**.
- InHealth group had four clear values: 'Care, Trust, Passion and Fresh thinking'. The service also had a mission statement, 'Make Healthcare Better'.The Staff we spoke to were aware of the InHealth values.
- All staff were introduced to the InHealth values when first employed during the corporate induction. The appraisal process for staff was also aligned to the InHealth values and all personal professional development objectives discussed at appraisal were linked to the company's objectives.
- Staff in the service understood the part they played in achieving the aims of the service and how their actions reflected the organisations vision.

Culture

- Most of the staff we spoke with were not overly positive in their role. The staff survey showed that only 11% of nine responders were proud to work for InHealth group. Staff felt morale was low. There had been a lot of change within the service with regards to losing the patient administrators when the patient booking service was taken from the individual services to the patient referral centre. The operations managers acknowledged that low morale was an issue they were addressing when the issue was discussed with them.
- Most staff we spoke with told us they did not feel valued. They felt their opinion was not sought or respected when given, the staff survey supported this finding which showed that 89% of nine responders felt their opinion did not count at work. Staff felt they were not actively encouraged to make suggestions about changes and improvements to the services provided. This issue was part of the action plan developed by the operations manager.
- We did not see a workforce who were actively showing pride in their role. The staff survey showed the 22% of the nine responders felt that working at the service made them want to do the best work they could.
- Staff told us there was a 'no blame' culture in regard to incidents and feedback from incidents was received by staff. The electronic incident reporting system

automatically referred incidents from the service to a designated senior manager, based upon the degree of severity of the incident. These were reviewed weekly by the complaints, litigation, incidents and complaints (CLIC) team.

- There was good communication between the local manager and the corporate level managers. The operations mangers told us that communication with staff was a work in progress at the time of the inspection, however staff did tell us they received information from newsletters, team meetings and emails. The operations manager had regular one to one supervisions with staff.
- Formal team meetings were held quarterly. We were provided with minutes from these meetings which included; how the service was progressing with regards to the company strategy, performance, policies, and reviews of incidents and complaints and any lessons learnt.
- InHealth group had an initiative called 'The Deal.' This was an initiative to support staff in taking responsibility for their own career and professional development. For example, junior and middle managers were encouraged to gain an NVQ qualification in leadership. There was a leadership development programme that would lead to a recognised level 5 qualification for senior managers in leadership and management at the time of this inspection. Staff told us 'The Deal' was linked to the InHealth group corporate values. However, staff told us there were opportunities for continuing professional development (CPD) and personal development in the organisation but they felt their progression and development was not a priority. This was an area of concern that was included in the operations managers action plan.
- Equality and diversity were promoted within the service and were part of mandatory training. The diverse staff team promoted inclusive and non-discriminatory practices.
- A freedom to speak up policy, duty of candour policy and freedom speak up guardians supported staff to be open and honest. Staff told us they had attended duty of candour training and described to us the principles of duty of candour.
- All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and take action where they needed to improve their workforce race equality. A WRES report was produced for this provider, showed there was clear ownership of the WRES report within the provider management and governance arrangements, this included the WRES action plan reported to and considered by the Board.

Governance

- **The service did not always demonstrate they improved service quality or safeguarded high standards of care by creating an environment for excellent clinical care to flourish**.
- The issues identified with regard to the cleanliness of the scanning room, out of date single use stock items, storage of drugs and empty oxygen cylinder, demonstrate a lack of oversight and management of the service. The operations manager provided us an action plan to address the issues post inspection.
- Corporately, InHealth group operated a clinical governance framework which aimed to assure the quality of services provided. Quality monitoring was the responsibility of the operations manager and was supported through the InHealth group clinical quality team and InHealth group governance committee structure, which was led by the director of clinical quality. This included quarterly risk and governance committee meetings, clinical quality sub-committee meetings, a medicines management group, water safety group, radiation protection group, radiology reporting group and weekly CLIC meetings for review of incidents and identification of shared learning. All these meeting had a standard agenda and were minuted with an actions log. This ensured the actions to improve services were recorded and monitored to completion.

Managing risks, issues and performance

- **The systems the service used to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected were not as comprehensive as they should be.**

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- The concerns that had been identified and detailed with the safe section of this report demonstrate the service was not always recognising and acting upon risks. Staff were not being held to account for not cleaning the scanning room. Stock rotation was not being routinely conducted and regular stock control was not being done.
- Performance was monitored at a local and corporate level. Progress in delivering services was monitored through key performance indicators (KPI). Performance dashboards and reports were produced that enabled comparisons and benchmarking against other InHealth group services.
- The service had a performance dashboard which was updated daily and reviewed monthly by the operations manager and superintendent radiographer. The performance dashboard recorded the number of patients scanned, number of parts scanned, number of patients that did not attend (DNA), cancellations and feedback forms completed.
- There was a corporate system of risk assessments in place. Risks with higher scores were added to the local risk register. Risks on the local risk register that had actions to mitigate risks in place and still scored highly were added to the regional risk register. However, this was not yet fully embedded within the service at the time of the inspection. A quarterly report on new and updated risks was sent to the quarterly risk and governance committee where it was reviewed for comments and actions identified. Support with risk assessments was provided by the InHealth group health and safety advisor and the risk and governance lead who also advised registered managers on the correct process to add a risk to the risk register and complete the quarterly risk report. We saw the local risk register which detailed the risks identified by the service and the measures put in place to mitigate against the risks.
- There was a business continuity plan detailing mitigation plans in the event of unexpected staff shortages or scanner breakdown.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- The service had access to the InHealth group intranet where they could access policies and procedures.
- We viewed sufficient numbers of computers in the service. This enabled staff to access the InHealth group intranet when they needed to.
- The staff we spoke with could demonstrated how to locate and access relevant information and records, this enabled them to carry out their day to day roles. 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 to give timely advice and interpretation of results to determine appropriate patient care.

Engagement

- **The service did not always engage well with staff, however they appeared to engage well with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions were being implemented from the feedback received but the impact had not yet been seen at the time of the inspection.
- We were provided with the staff survey action plan for the survey which was conducted in December 2017. The action plan was developed by the operations manager when they took the role in April 2018. Results from this survey found staff engagement at Vista Diagnostics Limited was very poor at 24% compared to other InHealth group services average, which were at 71%.
- Results from the December 2017 survey included only 58% of staff responding positively to the question 'if one of my friends or family needed care or treatment, I would recommend Vista Diagnostics Limited services to them', 67% of staff said, 'patient safety is a key

priority at Vista Diagnostics Limited' and 44% said, 'I have the equipment to do my job properly.' The service had developed an action plan to address the issue of concern raised in the staff survey which we reviewed,

- Staff who worked in the service did not feel they were encouraged to voice their opinions and help drive the direction of the service provided and suggest improvements.
- The service engaged regularly with clinical commissioners to understand the service they required and how services could be improved. This produced an effective pathway for patients. The service also had a good relationship with local NHS providers.

Learning, continuous improvement and innovation

- **The service was not always committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- Staff felt that career development was not always available to them, despite the initiatives in place corporately from InHealth group.
- InHealth group had a corporate strategy, this included an expansion programme whereby the provider would provide three million diagnostic imaging appointments for the NHS in 500 locations by 2020. This meant Vista Diagnostics Limited would experience an increase in the number of appointments it offered to the NHS.
- InHealth group were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS). The director of clinical quality and clinical governance lead was a member of the ISAS London Region Network Group which shares best practice and guidance on services working towards accreditation. InHealth group aimed to be accredited across diagnostic and imaging services by 2020.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure infection risks are addressed.
- The provider must ensure fringe fields are clearly displayed
- The provider must ensure that adequate stock control measures are put in place.
- The provider must ensure all medicines are stored appropriately.
- The provider must ensure the society of radiographer 'pause and check' is completed fully for every patient.
- The provider must ensure staff receive sufficient training in the Mental Capacity Act 2005.
- The provide must ensure they are providing a well-managed, high quality sustainable care service.
- The provider must ensure that quality improvements and high standards of care are demonstrated though creating an environment where excellent clinical care can flourish.
- The provider must ensure the use of wooden steps are sufficiently risk assessed to ensure patient safety.

Action the provider SHOULD take to improve

- The provider should engage with staff to develop a culture whereby staff feel supported and enabled to provide quality and safe care that meets the needs of patients.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17: Health and Social care Act 2008 (regulated Activities) Regulations Good Governance (1) and (2) (b) which states:** **17 Good Governance** 1. Systems and processes must be established and operated effectively to ensure compliance with the requirements in this part. 2. Without limiting to paragraph (1), such systems or processes must enable the registered person, in particular, to— (b) Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; On 15 November 2018, an Inspector and a Specialist Advisor of the Care Quality Commission inspected Vista Diagnostics Limited Waterloo. This was an unannounced inspection of the service. We inspected one core service, diagnostic imaging. As the Registered Manager for the regulated activities; Diagnostic and screening procedures, you have a legal duty to ensure that good governance methods are in place, and facilitate effective operating systems and processes to comply with these regulated activities. You are therefore in this case failing to comply with this regulatory requirement. Regulation 17 (1)(2)(b)