

LivingCare Imaging Limited

Quality Report

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Date of inspection visit: 28 November 2018 5
February 2019
Date of publication: 16/04/2019

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

LivingCare imaging was established in June 2017 and was founded by a joint venture between LivingCare and a group of radiologists that made up Skeletal Imaging (from hereafter references as the company). LivingCare imaging is part of the larger LivingCare group. The clinic is based in Thorpe Park Clinic Leeds and offers access via the M62 and M1 to the patients from Yorkshire and other areas of the country.

LivingCare Imaging has its own radiographic staff and shares administrative support from the larger company which included the Human Resources functions. The service originally offered only 3T magnetic resonance imaging scans and Ultrasound to patients but have more recently expanded and changed their Statement of Purpose to include X-rays and children between the age of 13-18. Originally the X-ray facility was installed to support the magnetic resonance imaging service by being able to x-ray patients prior to a magnetic resonance imaging scan who were unsure if they had any metal fragments in their body. The magnetic resonance imaging scanning facility, X-ray facility and Ultrasound was available by referral to both private and NHS patients.

Magnetic resonance imaging is a medical imaging technique used in radiology to form pictures of the anatomy and the physiological processes of the body in both health and disease. Magnetic resonance imaging scanners use strong magnetic fields, magnetic field gradients, and radio waves to generate images of the organs in the body.

An X-ray tube produces a very concentrated beam of electrons known as X-ray photons. This beam travels through the air and comes into contact with body tissues. Soft tissue, such as skin and organs, cannot absorb the high-energy rays, and the beam passes through them, meaning more photons reach the X-ray detector, giving a darker appearance on the image. More dense areas in our bodies, such as bone, allow fewer X-rays through and so appear brighter on X-ray images.

An ultrasound scan, sometimes called a sonogram, is a procedure that uses high-frequency sound waves to create an image of part of the inside of the body. An ultrasound scan can be used to monitor an unborn baby, diagnose a condition, or guide a surgeon during certain procedures. A small device called an ultrasound probe is used, which gives off high-frequency sound waves. You can't hear these sound waves, but when they bounce off different parts of the body, they create "echoes" that are picked up by the probe and turned into a moving image. This image is displayed on a monitor while the scan is carried out.

Between November 2017 and November 2018, the service had scanned 1526 patients both NHS and private. The X-ray service had started in February 2018 and had X-rayed 121 patients up until February 2018. Between January 2017 and January 2018, the service had carried out 511 ultrasound scans.

We inspected the magnetic resonance imaging, X-ray and Ultrasound services using our comprehensive inspection methodology. We carried out an unannounced inspection of the magnetic resonance imaging service on 28 November 2018 and an unannounced inspection of the X-ray and ultrasound on 5 February 2019.

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.

During the inspection we spoke with four staff and one patient. We reviewed 10 sets of patients notes who had a magnetic resonance imaging scan, four sets of patient notes who had an X-ray and four sets of patient notes who had an ultrasound scan, reviewed nine staff files and 37 policies and procedures.

Services we rate

Summary of findings

We rated it as **Good** overall because;

- All staff mandatory and safeguarding training was up to date.
- There were records of regular cleaning and hand hygiene audits being conducted.
- All relevant magnetic resonance imaging equipment was labelled in line with Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations.
- All the staff files contained relevant proof of qualifications including practicing privileges, skills and experience, training record, photographic identification and current Disclosure and Barring Service (DBS) checks.
- Staff had current up to date appraisals and there were copies of current up to date appraisals from the primary employers of the seven sub-contracted radiographers.
- There was positive patient feedback and staff demonstrated an understanding of the patients.
- The availability of the service was designed around managing the demand and patient profile of those using the magnetic resonance imaging scan, X-ray and Ultrasound services.
- Patients were given choices around their appointment times which were discussed at the point of booking.
- There was a risk register and risk was discussed at the clinical governance committee meeting.
- There were regular governance meetings.

Ellen Armistead

Deputy Chief Inspector of Hospitals

Overall summary

LivingCare imaging was based within a separate department of the Thorpe Park Clinic Leeds. The service offered controlled access to one 3T magnetic resonance imaging scanner, static digital X-ray equipment and a GE Logiq E9 version ultrasound machine.

The building is a two-storey modern purpose-built facility situated on a business park on the outskirts of Leeds. There is a large car park to the side of the building for patient parking including disabled parking bays nearest to the entrance and drop kerbs from the car park to the path leading to the clinic entrance. The building was alarmed and had external and internal CCTV.

The main clinic doors opened and closed automatically and were wide enough to allow wheel chair access. In the entrance lobby there was an electronic touch screen patient booking in system which alerted reception staff the patient had arrived. There was a reception desk where patients booked in after registering their arrival. There was a general patient waiting area which had enough

seating for patients and space for wheel chair users. There was male and female toilet facilities and a disabled toilet in the ground floor diagnostic imaging waiting area. A water dispenser was available for patients to use.

The magnetic diagnostic imaging facility was on the ground floor. There was a separate entrance door which lead to a lobby area leading to the magnetic resonance imaging facility, X-ray room and Ultrasound room. There was a waiting area for patients. There was a shared male and female disabled toilet accessible by wheel chair. There were two patient changing cubicles for patients who were required to change into gowns. There were lockers for patients to leave their valuables in while being scanned or X-rayed. There was a portable automated external defibrillator in the lobby area. There was a consultation room with computers and seating where issues could be discussed privately with patients. There was a key pad coded entry door for magnetic resonance imaging staff to use to access the magnetic resonance imaging scanning facility. There was a bell for staff and

Summary of findings

patients to use next to the key pad to alert magnetic resonance imaging staff someone was outside. This system prevented someone who had not completed a safety questionnaire accidentally entering when a scan was ongoing. If there were back to back appointments there was a separate magnetic resonance imaging patient waiting area on the first floor.

The magnetic diagnostic imaging scan room contained the scanner. There was an office adjacent to the scan room with an observation window for magnetic resonance imaging staff to view patients while they were being scanned.

The X-ray room door had safety warning information displayed and a warning light which illuminated when the X-ray equipment was being used. The room was lead lined. There was a partitioned section and screen which the staff stood behind when X-raying patients. There were two computers with display screens which staff used to view the digital images generated by the X-ray.

The Ultrasound room had an external sign to indicate if the room was in use. Inside there was curtain which could be pulled around the examination bed if the patient needed to remove clothing and wear a gown. The ultrasound scanner was portable.

The service was not accredited by a national body.

LivingCare Imaging had a full staff establishment of 1.8 whole time equivalent (WTE) radiographers for magnetic resonance imaging. The service had recently recognised the need to increase the radiographer establishment in February 2018 by 0.8WTE because of an increase in demand. Both the radiographers had post graduate certificates in magnetic resonance imaging. The radiography staff undertook both magnetic resonance imaging scans and X-rays.

The staff in the ultrasound department consisted of two bank sonographers who worked on a Monday and Friday the working hours were dependent on demand. Both were health and care professional council registered (HCPC). One of the sonographers did muscular skeletal (MSK) and upper abdominal scans, and the other one only did MSK only. The service carried out ultrasound guided injections which were mainly steroid injections to settle pain and inflammation prior to a scan. No controlled drugs were used. The service carried out

Arthrograms which are done for patients with small cartilage tears around joints. Arthrograms included use of dilute contrast dyes used during magnetic resonance imaging scans.

The magnetic resonance imaging service was available 9am to 5pm Monday to Friday. Staff could start at 8am and stay later if required dependent upon appointments. There was occasional weekend working for sports team referrals. There was no lone working as part of staff contractual arrangements and if the clinic was open on a Saturday one of the referrers medical team always attended with the patient, for example the team physiotherapist or doctor.

There was capacity for X-Rays from 9am to 5pm Monday to Friday with evening appointments offered if required. To maximise staff efficiency working across both X-ray and magnetic resonance imaging 30 min X-ray appointments were offered. There were currently 80 free appointments per week. The referrals for magnetic resonance imaging scans and X-rays came from professional football, rugby and sports clubs, private sources including Consultant Surgeons, Physiotherapists, Osteopaths, Chiropractors and internally from LivingCare ear, nose and throat NHS referrals. Referrals could be made for pre-magnetic resonance imaging safety X-Rays for private and NHS patients carrying out intra-orbital foreign body X-Rays (IOFBs) from a radiographer or an original magnetic resonance imaging referrer.

Referrals for ultrasound came from the following sources; professional sports clubs, private doctors, physiotherapists, other healthcare professionals, a private medical insurer, choose and book system for general practitioners (GPs), internal NHS referrers from other services provided by LivingCare which were Urology for pre-cystoscopy renal and diagnostic scans and from the any qualified practitioner (AQP) contract with a local NHS hospital trust.

The service used seven radiologists on a consultation basis to review the magnetic resonance imaging scan results, X-rays and ultrasound scans and prepare reports. Four specialised in musculoskeletal images and three specialised in neurological images.

Administrative staff provide support for all the services located in Thorpe Park Clinic.

Summary of findings

The service was registered to provide the following regulated activities:

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

Activity In the reporting period November 2017 to November 2018

- The magnetic resonance imaging section of the service saw 1526 patients, 383 were private non-sports, 960 were from professional sports clubs and 183 were NHS Living Care ear, nose and throat referrals.
- In the reporting period February 2018 and February 2019, the X-ray section saw 121 patients

- In the reporting period January 2017 and January 2018, the ultrasound section had carried out 511 ultrasound scans.
 - Track record on safety
 - No Never events
 - No clinical incidents, no incidents with harm, one with low harm, none with moderate harm, none with severe harm and no deaths.
 - There were no reports of serious injuries
 - No IRMER/IRR reportable incidents
- No complaints were recorded.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating Summary of each main service

We rated it as **Good** overall because;

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- There were records of regular cleaning and hand hygiene audits being conducted.
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- All the staff files contained relevant proof of qualifications including practicing privileges, skills and experience, training record, photographic identification and current Disclosure and Barring Service (DBS) checks.
- Staff had current up to date appraisals and there were copies of current up to date appraisals from the primary employers of the seven sub-contracted radiographers.
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- The availability of the service was designed around managing the demand and patient profile of those using the magnetic resonance imaging scan, X-ray and Ultrasound services.
- Patients were given choices around their appointment times which were discussed at the point of booking.
- There were regular governance meetings.
- There was a risk register and risk was discussed at the clinical governance committee meeting.

Good



Summary of findings

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Good 

LivingCare

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to LivingCare Imaging Limited

LivingCare Imaging Limited is part of LivingCare Imaging Limited. The service was established in was established in June 2017 and operates from a private clinic is based in Thorpe Park Clinic Leeds. The magnetic resonance imaging scanning, X-ray and Ultrasound services were available by referral to both private and NHS patients.

The clinic has had a registered manager in post since June 2017. The service is registered for the following regulated activities:

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

We conducted an unannounced an inspection of the magnetic resonance imaging service on 28 November 2018 and unannounced inspection of the X-ray and Ultrasound services on 5 February 2019

The service had not been subject to a previous CQC inspection.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, assistant inspector and a specialist advisor with expertise in radiography for the inspection of the magnetic resonance imaging service and a lead

inspector and assistant inspector for the inspection of the X-ray and Ultrasound services. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about LivingCare Imaging Limited

LivingCare imaging was based within a separate department of the Thorpe Park Clinic Leeds. The service offered controlled access to one 3T magnetic resonance imaging scanner, static digital X-ray equipment and a GE Logiq E9 version ultrasound machine.

The building is a two-storey modern purpose-built facility situated on a business park on the outskirts of Leeds. There is a large car park to the side of the building for patient parking including disabled parking bays nearest to the entrance and drop kerbs from the car park to the path leading to the clinic entrance. The building was alarmed and had external and internal CCTV.

The main clinic doors opened and closed automatically and were wide enough to allow wheel chair access. In the entrance lobby there was an electronic touch screen patient booking in system which alerted reception staff the patient had arrived. There was a reception desk where patients booked in after registering their arrival. There was a general patient waiting area which had enough

seating for patients and space for wheel chair users. There was male and female toilet facilities and a disabled toilet in the ground floor diagnostic imaging waiting area. A water dispenser was available for patients to use.

The magnetic diagnostic imaging facility was on the ground floor. There was a separate entrance door which lead to a lobby area leading to the magnetic resonance imaging facility, X-ray room and Ultrasound room. There was a waiting area for patients. There was a shared male and female disabled toilet accessible by wheel chair. There were two patient changing cubicles for patients who were required to change into gowns. There were lockers for patients to leave their valuables in while being scanned or X-rayed. There was a portable automated external defibrillator in the lobby area. There was a consultation room with computers and seating where issues could be discussed privately with patients. There was a key pad coded entry door for magnetic resonance imaging staff to use to access the magnetic resonance imaging scanning facility. there was a bell for staff and patients to use next to the key pad to alert magnetic resonance imaging staff someone was outside. This system prevented someone who had not completed a

Summary of this inspection

safety questionnaire accidentally entering when a scan was ongoing. If there were back to back appointments there was a separate magnetic resonance imaging patient waiting area on the first floor.

The magnetic diagnostic imaging scan room contained the scanner. There was an office adjacent to the scan room with an observation window for magnetic resonance imaging staff to view patients while they were being scanned.

The X-ray room door had safety warning information displayed and a warning light which illuminated when the X-ray equipment was being used. The room was lead lined. There was a partitioned section and screen which the staff stood behind when X-raying patients. There were two computers with display screens which staff used to view the digital images generated by the X-ray.

The Ultrasound room had an external sign to indicate if the room was in use. Inside there was curtain which could be pulled around the examination bed if the patient needed to remove clothing and wear a gown. The ultrasound scanner was portable.

The service was not accredited by a national body.

LivingCare Imaging had a full staff establishment of 1.8 whole time equivalent (WTE) radiographers for magnetic resonance imaging. The service had recently recognised the need to increase the radiographer establishment in February 2018 by 0.8WTE because of an increase in demand. Both the radiographers had post graduate certificates in magnetic resonance imaging. The radiography staff undertook both magnetic resonance imaging scans and X-rays.

The staff in the ultrasound department consisted of two bank sonographers who worked on a Monday and Friday the working hours were dependent on demand. Both were health and care professional council registered (HCPC). One of the sonographers did muscular skeletal (MSK) and upper abdominal scans, and the other one only did MSK only. The service carried out ultrasound guided injections which were mainly steroid injections to settle pain and inflammation prior to a scan. No controlled drugs were used. The service carried out Arthrograms which are done for patients with small cartilage tears around joints. Arthrograms included use of dilute contrast dyes used during magnetic resonance imaging scans.

The magnetic resonance imaging service was available 9am to 5pm Monday to Friday. Staff could start at 8am and stay later if required dependent upon appointments. There was occasional weekend working for sports team referrals. There was no lone working as part of staff contractual arrangements and if the clinic was open on a Saturday one of the referrers medical team always attended with the patient, for example the team physiotherapist or doctor.

There was capacity for X-Rays from 9am to 5pm Monday to Friday with evening appointments offered if required. To maximise staff efficiency working across both X-ray and magnetic resonance imaging 30 min X-ray appointments were offered. There were currently 80 free appointments per week. The referrals for magnetic resonance imaging scans and X-rays came from professional football, rugby and sports clubs, private sources including Consultant Surgeons, Physiotherapists, Osteopaths, Chiropractors and internally from LivingCare ear, nose and throat NHS referrals. Referrals could be made for pre-magnetic resonance imaging safety X-Rays for private and NHS patients carrying out intra-orbital foreign body X-Rays (IOFBs) from a radiographer or an original magnetic resonance imaging referrer.

Referrals for ultrasound came from the following sources; professional sports clubs, private doctors, physiotherapists, other healthcare professionals, a private medical insurer, choose and book system for general PR actioners(GPs), internal NHS referrers from other services provided by LivingCare which were Urology for pre-cystoscopy renal and diagnostic scans and from the any qualified practitioner (AQP) contract with a local NHS hospital trust.

The service used seven radiologists on a consultation basis to review the magnetic resonance imaging scan results, X-rays and ultrasound scans and prepare reports. Four specialised in musculoskeletal images and three specialised in neurological images.

Administrative staff provide support for all the services located in Thorpe Park Clinic.

The service was registered to provide the following regulated activities:

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

Summary of this inspection

Activity In the reporting period November 2017 to November 2018

- The magnetic resonance imaging section of the service saw 1526 patients, 383 were private non-sports, 960 were from professional sports clubs and 183 were NHS Living Care ear, nose and throat referrals.
- In the reporting period February 2018 and February 2019, the X- ray section saw 121 patients
- In the reporting period January 2017 and January 2018, the ultrasound section had carried out 511 ultrasound scans.

- Track record on safety
 - No Never events
 - No clinical incidents, no incidents with harm, one with low harm, none with moderate harm, none with severe harm and no deaths.
 - There were no reports of serious injuries
 - No IRMER/IRR reportable incidents
- No complaints were recorded.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Good** because:

- All staff mandatory and safeguarding training was up to date.
- All areas of the clinic appeared visibly clean and well looked after.
- There were regular cleaning and hand hygiene audits conducted.
- All relevant magnetic resonance imaging equipment was labelled in line with Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations being labelled magnetic resonance safe.
- The scanning room had warning signs displayed.
- Staff kept individual patient record containing details of scans and reports which were stored securely and were easily accessible to the relevant clinicians.

Good



Are services effective?

Effective was inspected but **Not rated**

- Patients had their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice.
- The service had faster scanning protocols for patients who were in pain or suffering discomfort which meant the scan would not take as long.
- The service used steroid injections to reduce pain and inflammation for patients undertaking an ultrasound scan if required.
- All the staff files contained relevant proof of qualifications including practicing privileges, skills and experience, training record, photographic identification and current Disclosure and Barring Service (DBS) checks.
- We saw evidence of an audit conducted in July 2018 which looked at the ultrasound imaging quality, the archiving of images and the uploading of patient information correctly. All the areas audited achieved 100% compliance.

Are services caring?

We rated caring as **Good** because:

- There was positive patient feedback.
- Staff demonstrated an understanding of the patients.

Good



Summary of this inspection

- There was the ability for patients to be offered a double appointment providing enough time for magnetic resonance imaging staff to discuss any concerns and allow a tour of the facility to reduce patient anxiety.

Half hour appointments were used for X-rays which enabled anxious patients to attend in good time to familiarise themselves with the facility and discuss any concerns with staff.

Are services responsive?

We rated responsive as **Good** because:

- The availability of the service was designed around managing the demand and patient profile of those using the magnetic resonance imaging, x-ray and ultrasound services.
- The type of magnetic resonance imaging scanner used could obtain better musculoskeletal images which were the majority referrals.
- The type of X-ray machine used produced instant digital images.
- The environment was appropriate and patient centred.
- Patients were given choices around their appointment times which were discussed at the point of booking.

Good



Are services well-led?

We rated well-led as **Good** because:

- The management team were described as visible, approachable and helpful by staff.
- Appraisal forms were linked to the services 'mission statement and values.
- Staff told us they felt part of a team and everyone supported each other.
- Good team work and support was observed during the inspection.
- There were regular magnetic resonance imaging governance meetings.
- There was a risk register and risk was discussed at the clinical governance committee meeting.
- There was positive feedback from both a patient survey and staff survey.

Good







Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Information about the service

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Diagnostic imaging

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- No complaints were recorded.

Diagnostic imaging

Summary of findings

We rated it as **Good** overall because;

- All staff mandatory and safeguarding training was up to date.
- There were records of regular cleaning and hand hygiene audits being conducted.
- All relevant magnetic resonance imaging equipment was labelled in line with Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations.
- All the staff files contained relevant proof of qualifications including practicing privileges, skills and experience, training record, photographic identification and current Disclosure and Barring Service (DBS) checks.
- Staff had current up to date appraisals and there were copies of current up to date appraisals from the primary employers of the seven sub-contracted radiographers.
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- The availability of the service was designed around managing the demand and patient profile of those using the magnetic resonance imaging scan, X-ray and Ultrasound services.
- Patients were given choices around their appointment times which were discussed at the point of booking.
- There were regular governance meetings.
- There was a risk register and risk was discussed at the clinical governance committee meeting.

Are diagnostic imaging services safe?

Good 

We rated Safe as good.

Mandatory training

- All staff mandatory training was provided by an external training company.
- The training records were held by the company Human Resources Department and were recorded on a computer database.
- We checked the mandatory training records for the 1.8 whole time equivalent employed staff and the seven sub contracted radiology consultants. All the mandatory training was up to date. Each course completed had the date attended and when a refresher was due.
- When a refresher course was required this was automatically flagged sending an email reminder to the individual, their supervisor and the HR supervisor.

Safeguarding

- We saw evidence the service had two nominated safeguarding leads who were trained to safeguarding level three in children and adults.
- We saw evidence of magnetic resonance imaging, X-ray and Ultrasound staff were trained to safeguarding level two. The training was in accordance with intercollegiate guidelines and up to date.
- The date of course attendance was recorded on a computer database managed by the company Human Resources Department
- Although the service had not made any safeguarding referrals staff we spoke with knew how to make a referral. There was poster displayed in the magnetic resonance imaging scanning room office which could be viewed by staff working in both magnetic resonance imaging and x-ray which had clear instructions how to make a referral and how to contact the safeguarding leads.
- The service had a Safeguarding children, young people and adult's policy which aimed to ensure no

Diagnostic imaging

act or omission by LivingCare as healthcare providers, put a service user at risk and systems were in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.

- The policy outlined the principles of prevention of harm and abuse through high quality care, effective responses to allegations of harm and abuse which were in line with multi-agency procedures and using learning to improve service to patients. The policy covered definitions of risk, the prevent strategy and staff roles and responsibilities.

Cleanliness, infection control and hygiene

- During inspection all areas of the clinic appeared visibly clean and well looked after. There were bottles of alcohol hand gel situated around the clinic for staff and patients to use.
- The service used a professional cleaning company to clean the premises. The cleaning contract did not include the magnetic resonance imaging scanning room, the x-ray bed or equipment or ultrasound machine, probes and bed. The senior radiographer explained because of safety concerns the cleaners were not allowed in the scanning room and magnetic resonance imaging staff cleaned that area and equipment within it as well as the X-ray bed and equipment and the ultrasound machine, probes and bed.
- There were up to date cleaning records which showed the scanner, X-ray bed and equipment and the ultrasound machine, probes and bed were cleaned after each patient and the scanning, X-ray and ultrasound room floors were swept and moped daily. There were up to date records which showed the patient bed and ear defenders were cleaned between patients.
- There was a sink in the corridor outside the magnetic resonance imaging scanning office, inside the x-ray room and inside the ultrasound room for handwashing which had hand wash, hand sanitiser and moisturising cream.
- During the inspection an "I'm clean sticker" was on the magnetic resonance imaging scanner room door, x-ray door and ultrasound door. It was signed and dated indicating the room had been cleaned that day.
- We saw evidence a hand hygiene audit had been completed in September 2018. The audit covered the following; opportunities to clean hands, staff bare below elbows, cuts and grazes covered by a waterproof plaster, correct hand washing technique used and were paper towels disposed of without touching the waste paper bin lid. Ten observations were completed across each of the five audit areas all of which had been carried out correctly by staff.
- We observed members of magnetic resonance imaging and ultrasound staff cleaning their hands with alcohol gel after interaction with a patient.
- Disposable ear plugs were available for patients to use.
- The service used a disposable paper towel on the patient bed during scans which were disposed of and changed between patients.
- Staff told us if they were notified through the referral system a patient could be an infection risk they would scan them last on the appointment list and use specialised cleaning products to clean the scan room and equipment.
- The service had an infection control policy dated August 2016 due for review August 2019. The aim of the policy was to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and to outline arrangements in place for them, and any others affected work activities, that reduced the risk of ill health arising from exposure to micro-organisms. The policy took account of recognised principles of good practice and compliance with all relevant legislation, including: Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations 1999 and Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended). The policy outlined personal responsibilities, risk assessments and actions.
- The service had a Legionella risk assessment dated August 2018 due for review August 2020. The document covered personal responsibilities, risk assessments and actions. There was a Legionella audit dated August 2018 carried out by an external company which did not identify any issues.

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Environment and equipment

- We saw evidence all imaging equipment were covered by a manufacturer maintenance contract and warranty. The senior radiographer told us external repair company attended usually within 48 hours of receiving notification of the fault.
- The service had a contract with local NHS hospital trust for magnetic resonance imaging /X-Ray/ Ultrasound safety and quality assurance which is part of the Ionising Radiation Medical Exposure Regulations (IRMER).
- There was service level agreement with local NHS hospital trust which included baseline quality assurance testing covering, electrical safety checks and function checks on the scanner and probes including air and phantom scans to check performance and image quality, and written reports which included any recommendations for use. In addition, the medical physics clinical scientist provided advice on use of equipment and user quality assurance checks on an as required basis.
- Imaging , or simply , is a specially designed object that is scanned or imaged in the field of medical imaging to evaluate, analyse, and tune the performance of various imaging devices including magnetic resonance imaging scanners. We saw the phantoms used in the quality assurance process were stored in a locked cupboard the key for which was held by the lead radiographer.
- The lead radiographer told us the service used lead plate which absorbed radiation and was used to test the levels of radiation emitted when the X-ray machine was being used.
- There was evidence only magnetic resonance imaging compatible equipment was situated in the magnetic resonance imaging scan room. All relevant magnetic resonance imaging equipment was labelled in line with Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations being labelled MR Safe.
- Entry to the magnetic resonance imaging scanning room and office was restricted by a locked coded key pad entry system.
- The X-ray room was visibly clean and the entry door had safety warning information displayed and a warning light which illuminated when the X-ray equipment was being used which complied with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). The room was lead lined. There was a partitioned work station with a screen which the staff stood behind when X-raying patients. There were two computers with display screens which staff used to view the digital images generated by the X-ray.
- There was an Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) checklist on wall covering PAUSE which means; P – Patient; A – anatomy; U – user checks; S – systems and settings; E – exposure.
- There was a six-step hand washing technique poster near the sink with soap, hand sanitizers and moisturiser. All the bins for waste were foot pedal operated. Disposable gloves and waste paper bags were available. There was a stop button on wall if needed in an emergency stop the X-ray. Lead aprons to protect patients where necessary were available. Disposable paper roll for the X-ray bed for single use was available.
- In the partitioned work station staff had access to the Digital Diagnostic Radiography System learning and reference guide which was a manual supplied by the manufacturers and an iRefer book titled; Making the best use of clinical radiology published by the Royal College of Radiologists. The copy we saw was the 8th edition
- The Ultrasound room had an external sign to indicate if the room was in use. The room appeared visibly clean.
- Inside the ultrasound room there was curtain which could be pulled around the examination bed if the patient needed to remove clothing and wear a gown. The ultrasound scanner was portable.
- The room had a patient bed next to the portable scanner. There was a sink with a six-step hand washing technique poster and soap, hand sanitizers and moisturiser. All the bins for waste were foot pedal operated. Disposable gloves and waste paper bags were available. Disposable paper roll for the

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ultrasound bed for single use was available. There was a storage unit which contained disposable items. A sample of eight different types disposable items were checked all were in date.

- There was a desk and computer work station for staff to use to review results and write reports.
 - There were two patient changing cubicles for patients who could be required to change into gowns and lockers for patients to leave their valuables in while being scanned.
 - The diagnostic imaging waiting area for patients appeared visibly clean. There was comfortable seating with tea and coffee making facilities available.
 - If the patient was not mobile there was a magnetic resonance imaging safe wheelchair to get the patient to the scanner. The wheelchair was none metallic and safe to use in the magnetic resonance imaging room. The patient scan bed had height adjusters which could be raised or lowered to allow the patient to get safely on to the scan bed.
 - The door to the scanning room had warning signs displayed stating, “magnetic field”, “no pacemaker”, “no loose metal parts” and “use ear protection”.
 - Patients who were being scanned were provided with disposable ear plugs to reduce the noise of the scanner. Ear defenders were also available.
 - If a patient suffered a cardiac arrest there was a crash trolley and a portable defibrillator machine on the ground floor diagnostic imaging lobby magnetic resonance imaging. The defibrillator was checked during inspection. There was a sticker outlining it had been checked and was due a recheck in August 2019. We saw evidence weekly checks had been conducted on the crash trolley.
 - There was a magnetic resonance imaging safe trolley which could be used to transfer an ill patient from the scan room, X-ray or ultrasound room to await an ambulance.
 - Staff told us any unexpected scan findings could be reviewed quickly on site by doctors and clinical staff from other services based in the Thorpe Park clinic building.
- We saw a copy of radiographic x-ray tube and digital detector quality assurance report following an inspection by the department of medical physics and engineering radiological physics of a local NHS hospital trust carried out on 26th June and 6th July 2017. The report concluded with exception of the advice given regarding alignment and collimation during automatic exposure control (AEC) exposures, the overall performance of the unit is satisfactory and like other general electric (GE) systems.
 - During inspection we saw evidence of a service level agreement between the provider and the department of medical physics at a local NHS hospital trust in relation to the Ultrasound service. The agreement was to carry out electrical safety checks and function checks on the scanner and probes, quality assurance testing of the scanner and probes including air and phantom scans, to check performance and image quality, provide a written report including any recommendations for use and advice on use of equipment and user quality assurance checks.
 - The provider also had an agreement provision of radiation protection and medical physics expert services and the department of medical physics at a local NHS hospital trust to provide radiation protection and medical physics expert services. This covered; performance of annual quality assurance testing to the specifications detailed in (IPEM) which is the Learned Society and professional organisation for physicists, clinical and biomedical engineers and technologists working in medicine and biology. IPEM report 91 “Recommended Standards for the Routine Performance Testing of Diagnostic X-ray Imaging Systems”, acting as medical physics expert as required by the Ionising Radiation (Medical Exposure) Regulations IR(ME)R 2000 and acting as radiation protection adviser as required by the Ionising Radiation Regulations (IRR) 1999.
 - During inspection we reviewed the August 2018 X-ray equipment inspection report from a local NHS hospital trust and the September 2018 X-ray machine manufactures servicing report. No problems or issues were found in either inspection.
 - We reviewed the August 2018 ultrasound equipment inspection report from a local NHS hospital trust. No problems or issues were found in either inspection.

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- The director of operations told us the service had a fire evacuation plan. We saw evidence this had been tested. There was evidence the fire local service had conducted a fire safety visit and a check of the fire alarm system by the company which had installed it had been conducted.

Assessing and responding to patient risk

- The senior radiographer told us patient risk would be reviewed at the referral stage. Any patients, who were deemed to be high risk were not scanned and referred for treatment with the NHS.
 - LivingCare staff had access to external radiologist support daily if they need to discuss any referrals and possible associated patient risk.
 - When patients attended for a magnetic resonance imaging scan they were required to complete a magnetic resonance imaging safety questionnaire. This was reviewed by magnetic resonance imaging staff prior to the appointment and the contents confirmed with the patients to identify any risk which was not apparent at the referral stage. The safety questionnaire was signed by both the patient and the radiographer.
 - When patients attended for an X-ray checks were made to confirm the patient's identity, name and pregnancy risk if female. The lead radiographer told us the service did not have many female patients of child bearing age, however, when an appointment was booked this information would be requested and confirmed by reception staff when patients arrive at the clinic. If there is any doubt a pregnancy test could be conducted in the clinic.
 - When patients attend for an ultrasound scan there are no safety checks. Staff checked to confirm the patient's identity. Prior to the appointment NHS patients would be sent an information letter. Private patients were contacted by phone, procedures explained and they could be provided with information leaflets on request.
 - The service carried out Arthrograms which are carried out on patients with small cartilage tears around joints. Arthrograms included use of dilute contrast dyes used during magnetic resonance imaging scans.
- The lead radiographer told us because the contrast was at such a high level of dilution there was no requirement to carry out kidney function tests prior to using it unlike magnetic resonance imaging.
- Staff we spoke with told us if a patient was unsure if they had metal fragments in their eyes there was a facility in the clinic to X-ray the patient to confirm this prior to the magnetic resonance imaging scan.
 - In the event of a patient medical emergency the service could access assistance from doctors, surgeons, advanced nurse practitioners (ANP`s), nurse practitioners and registered general nurses (RGN`s) working within the Thorpe Park Clinic building providing other services.
 - The lead radiographer told us about a patient who had vomited after a scan and three nurses from different parts of the clinic attended immediately, took full observations, recorded the blood pressure and sent a letter back to the referrer. The patient went home with members of family a short time later. We were told about another patient which was presenting signs of pain during a scan. The radiologist identified a previously undiagnosed tumour. The results were fed back to referrer within 20 minutes.
 - The senior radiographer told us there was an emergency button in the facility that if pressed all available medical staff would attend the source of the activation.
 - There was a call button held by the patient used if the patient was experiencing any problems.
 - Although the service had not reported any unplanned transfers of a patient to hospital in the in the 12 months prior to our inspection. The service did have an emergency transfer policy date April 2018 due for review April 2020. The policy identified the process including immediate resuscitation, reporting responsibilities and staff responsibilities should a patient needed to be transferred to hospital.
 - The service had a requesting, justification and reporting policy which provided referrers with an overview of the framework in place within LivingCare

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to ensure appropriate imaging examinations were performed for patients, resources were used effectively and the risks associated with requesting, reporting and imaging were managed.

- The purpose of the policy was to ensure a structured and organised plan of action existed to support an emergency that may arise before, during or after planned treatment within the primary care facilities within the LivingCare's remit.
- The service had Resuscitation Policy dated October 2016 due for review October 2019. The policy outlined there was no cardiac arrest call system available. There was also a cardiac procedure document dated September 2018 and due for review September 2020. The policy outlined the use of defibrillation, when appropriate, using an automated external defibrillator (AED) and the emergency call to "999" for a paramedic ambulance procedure.
- The service had a local rules guidance document dated November 2017 due for review November 2020 which covered the protection of persons against ionising radiation in relation to the Ionising Radiations Regulations 1999" (IRR99), and the Ionising Radiation (Medical Exposures) Regulations 2000" (IRMER).
- We saw evidence all magnetic resonance imaging staff had received basic life support training which was up to date.
- If a patient became ill during any diagnostic procedure scan staff told us they would immediately remove the patient to the diagnostic imaging lobby, provide immediate first aid in accordance with their training and ring 999 for an emergency ambulance.
- Staff told us they rarely got referrals for pregnant patients for a magnetic resonance imaging scan or X-ray and if they did they would be referred for a scan at a NHS facility because of the potential risks.

Scanning staffing

- The service did not use nurse staffing in any of the diagnostic imaging services.

- The magnetic resonance imaging and x-ray staff consisted of 1.8 whole time equivalent radiographers who were employed by LivingCare imaging. The radiography staff did both magnetic resonance imaging scans and X-rays.
- The staff in the ultrasound department consisted of two bank sonographers who worked on a Monday and Friday. The working hours were dependent on demand. Both were HCPC registered. One of the sonographers did muscular skeletal (MSK) and upper abdominal scans, and the other one only did MSK only.

Medical staffing

- Livingcare used seven radiologists on a consultation basis to review the magnetic resonance imaging scan results from all the services dependent upon their speciality and prepared reports. Four specialised in musculoskeletal images and three specialised in neurological images. The level of radiologists was sufficient to meet the organisational needs.
- There were no staff vacancies at the time of the inspection.

Records

- The service used a combination of computer systems for all patient records. All records were entered on both system prior to an examination to taking place. Records of referral, images and reports were stored there.
- Referrals were received through encrypted e mail into a computer system. They were printed off and scanned onto a different computer system which held patient records as the two systems were not compatible with regards to sharing information.
- The paper referrals once scanned were stored in confidential waste bags and collected by a specialist shredding company and disposed of.
- During the inspection we checked 10 sets of patients scanned magnetic resonance imaging records, four sets of x-ray records and four sets of ultrasound records all were complete containing the referral, scan report and safety questionnaire.
- We saw evidence of an audit conducted in October 2018 which looked at the magnetic resonance imaging

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quality, the archiving of images and the uploading of safety questionnaires correctly. All the areas audited achieved 100% compliance except the uploading of safety questionnaires which achieved 97%.

- We saw evidence of an audit conducted in July 2018 which looked at the ultrasound imaging quality, the archiving of images and the uploading of patient information correctly. All the areas audited achieved 100% compliance.
- At the time of the inspection the provider had not audited X-ray images.
- Following the audit all diagnostic and imaging staff were e mailed the results of the audit and were reminded of the importance of uploading of safety questionnaires and to ensure patients were comfortable to minimise movement so image quality was at its best.
- The service had access to medical records policy dated September 2016 due for review September 2019. The policy provided procedures to be followed when dealing with requests for access to health records as set down by the Data Protection Act 1988, in relation to living individuals and the Access to Health Records Act 1990 in relation to requests made on behalf of the deceased. There were 28 areas covered.
- The magnetic resonance imaging scan results and X-rays were checked by one of the four musculoskeletal radiographers in the clinic on a Tuesday or Thursday morning each week. The volume of neurological scans was lower so one of the three neurological radiologists would attend the clinic once there were five scans to review. The patient record would be updated with their report.

Medicines

- The service carried out ultrasound guided injections which were mainly steroid injections to settle pain and inflammation prior to a scan. No controlled drugs were used. The service carried out Arthrograms which were done for patients with small cartilage tears around joints. Arthrograms included use of dilute contrast dyes injected prior to the scan which is used for some magnetic resonance imaging scans.

- Medicines used for ultrasound guided injections were stored in a safe in a locked room next to the magnetic resonance imaging scanning room. The key was accessible to radiographers, doctors and consultants.
- There was a list of which medicines were stored in the safe on a notice on the safe door. During inspection the medicines in the safe were inspected all were in date, contained in the original boxes with the patient safety information.
- There was a stock sheet which indicated when medicines had been used and the expiry date of those in stock. The lead radiographer told us the stock list was checked daily and medicines, if required, were ordered through the LivingCare administrative department.
- Patients were asked by staff when making an appointment if they took blood thinning medication as it was necessary to stop those five days before procedures as it could be a health risk to the patient. This information was verified by staff with the patient prior to the appointment.
- The service did not hold patient medication and advised patients not to bring medication to the clinic unless they need to take the medication whilst they were there.
- The service did not use non-medical prescribers in the service or Patient Group Directions (PGDs).
- No intravenous contrast media was being used at the time of the inspection for magnetic resonance imaging scans. The only injections provided were ultrasound-guided, with all staff adhering to the relevant policies and patients consented.

Incidents

- The service had reported one incident in the 12 months preceding this inspection. The incident had been reviewed and the cause identified as a patient not following instructions to remove personal items prior to a scan. Staff were made aware of this and reminded to emphasise the importance of this to patients.
- The service had an incident reporting policy document dated July 2016 and due for review July 2019. The policy covered how to report incidents,

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witnesses, risk assessment, report check list, outcome from investigation, learning outcomes, any actions required, training needed and an equality impact assessment.

Are diagnostic imaging services effective?

The effective domain was not rated.

Evidence-based care and treatment

- We saw evidence in patient notes and through speaking with staff that patients had their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice. This was done through the referral procedure, safety questionnaire and confirmation of patient details when they attended for an appointment.

Nutrition and hydration

- During inspection we saw evidence of staff offering patients hot and cold drinks before and after scans.
- Due to the short appointment times and type of service offered nutrition was not provided.

Pain relief

- If a patient was taking prescribed pain killers they were advised to continue taking the medication.
- The service had faster scanning protocols for patients who were in pain or suffering discomfort which meant the scan would not take as long.
- The lead radiographer told us steroid injections were used to reduce pain and inflammation for patients undertaking an ultrasound scan if required. The decision to use steroids would be made during the referral and patient assessment processes.

Patient outcomes

- Staff we spoke with told us they always attempted to obtain the best outcome for patients by getting the best image possible and providing the referrer with the scan results as quickly as possible.

- There was an audit programme in place for magnetic resonance imaging image quality and there was peer to peer reviews of diagnostic reporting. At the time of the inspection these were not in place for X-ray this was due to commence in March 2019.
- The lead radiographer told us ultrasound did not need peer reviewing in the same way as it was a dynamic test.

Competent staff

- During inspection we reviewed two staff files for the employed 1.8 whole time equivalent magnetic resonance imaging and X-ray staff and the seven sub-contracted radiologists. We saw evidence the service recruitment policy had been followed. All the staff files contained relevant proof of qualifications including practicing privileges, skills and experience, training record, photographic identification and current Disclosure and Barring Service (DBS) checks.
- Although there was no requirement for sonographers to be health care and professional council (HCPC) registered the two bank sonographers performing ultrasound scans were.
- Staff in the HR department we spoke with told us they did regular checks on employed staff including health care and professional council (HCPC) registration. There was evidence of this in the staff files.
- Both the employed staff had a post graduate certificate in magnetic resonance imaging qualification.
- New staff were asked to complete a training needs analysis. Once submitted the information was used to identify opportunities to do external training and to attend continuous professional development (CPD) events.
- Magnetic resonance imaging staff we spoke with told us the service encouraged them to use multiple training platforms such as journals, online and face to face training to maintain their professional competence.
- We saw evidence the HR department kept up to date with what training individuals had completed and this was discussed during appraisal meetings with staff.

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- When a refresher course was required this was automatically flagged sending an e mail reminder to the individual, their supervisor and the HR supervisor.
- We saw evidence the employed staff had current up to date appraisals and there were copies of current up to date appraisals from the primary employers of the seven sub-contracted radiographers in the staff files.
- The service had a local induction procedure which included familiarisation with the building and magnetic resonance imaging services provided as well as the reading of policies and procedures including any central alerts that were appropriate to our service.
- Staff were also supported by supervisors by quarterly performance reviews covering professional skills and adherence to policies and procedures. We saw evidence in a staff members probation report.
- The provider had bank staff available who had undergone appropriate checks and had received local induction. These staff were available to support all the services to manage access and flow.

Seven-day services

- The magnetic resonance imaging and X-ray service was available 9am to 5pm Monday to Friday. Staff could start at 8am and stay later if required dependent upon appointments. There was occasional weekend working for sports team referrals. There was no lone working and if the clinic was open on a Saturday one of the referrers medical team always attended with the patient, for example the team physiotherapist.
- The ultrasound service was available on Monday and Friday between 9am and either 2pm or 3pm depending upon demand. There were plans to expand the service to Tuesdays between 10:30am and 1pm. At the time of the inspection this was not in place.
- None of the services were available on bank holidays.

Multidisciplinary working

- The lead radiographer told us when professional sports people arrived for a scan they were often accompanied by the team physiotherapist or doctor. This enabled the diagnosis and possible treatment options to be discussed quickly.

- We saw evidence the provider was taking part in the Non- Obstetric Ultrasound(NOUS) delivery network. Commissioners in Leeds were committed to ensuring that there was an active framework for fostering continuous improvement in the delivery of eye health services. All providers of community NOUS services were required to contribute to the network. The network running for 12 months initially, from 1st April 2018 until 31st March 2019. The network was expected to generate system savings and efficiencies greater than or equal to the cost of the network.
- The lead radiographer who attended the meetings told us the purpose was to discuss how to improve the overall standard of diagnostic images from independent providers. LivingCare staff contributed to those discussions.

Access to information

- Ultrasound reports were prepared by the member of staff who had done the examination. The report would be immediately uploaded on to the internal computer patient record system and e mailed directly to the referrer and they would also receive a paper copy. The report would be added to a national computer system which GPs could access which ensured a rapid turnaround and access to the scan report.
- The musculoskeletal scans were also sent by secure e mail to the radiologist's work or home computer for review.
- The neurological scans required a higher resolution screen to view the images so these were only looked at by radiologists in the clinic.
- The scan result reports were sent via secure email back to the referrer.
- Staff told us if a patient had arranged their own appointment with a radiologist they were given a copy of the scan on a computer disc which had to be signed for.
- We saw reports returned to the refer complied with Data Protection legislation.
- Referred patients were triaged within 48 hours with an aim to scan within three to four weeks for NHS

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referrals and within one week for Private scans. The magnetic resonance imaging reports were returned to the referrer within ten days and within 48hrs for private patients.

- We saw evidence there was 100% compliance. The re-imaging rate was zero.
- The average time taken to produce a musculoskeletal (MSK) magnetic resonance imaging report was two hours. The average time taken to produce a neurological magnetic resonance imaging report was five days. The average time to produce an X-ray report was two hours. All Ultrasounds were reported the same day.
- We saw evidence the magnetic resonance imaging report turnaround times had been subject to an audit in October 2018. no issues were identified and another audit was to be repeated in 12 months.
- We saw evidence of an audit conducted in July 2018 which looked at the ultrasound imaging quality, the archiving of images and the uploading of patient information correctly. All the areas audited achieved 100% compliance.
- At the time of the inspection the provider had not audited X-ray images.
- We saw evidence of daily and weekly basis meetings with the lead radiographer and imaging staff that discussed patient access to appointments and performance. The meeting ensured appropriate timescales for managing patient referrals and the booking of appointments were maintained.
- We saw evidence quarterly meetings were held meetings with the lead radiographer and imaging staff to discuss any themes identified in the previous four weeks and if there were any issues how to overcome them.

Consent and Mental Capacity Act

- Staff told us the service did not receive many referrals for patients who lacked capacity. We saw evidence the referral letter would inform the service if the patient had any mental capacity issues. If this was the case staff told us they would contact the referrer to discuss the information in more depth.

- We were told if the patient had complex needs they would be referred to the referrer for NHS treatment.
- Staff we spoke with told us they would scan children but the patient would have to attend with a parent or guardian who would confirm patient consent.
- The service had an up to date Mental Capacity Act policy and all diagnostic imaging staff trained were trained in the Mental Capacity Act.

Are diagnostic imaging services caring?

Good 

We rated caring as good.

Compassionate care

- The service had a privacy and dignity policy which outlined the practical steps which should be adopted by LivingCare staff which ensured the privacy and dignity of all patients within its care, and provided a framework for all staff working within the organisation to follow.
- The policy raised awareness to the principles of privacy, dignity and respect and enabled staff to respond appropriately if they felt the principles of the policy were being infringed.
- There were private changing rooms for patients who needed to change into a gown prior to a scan or X-ray.
- In the ultrasound room there was a curtain which could be pulled around the ultrasound bed should a patient need to remove their clothing and wear a gown to facilitate the scan.
- As there was an ability to change in the ultrasound room which meant patients did not have to use the changing cubicles in the diagnostic imaging lobby and walk in a gown out of the lobby down a short corridor to the ultrasound room. This maintained patient dignity by reducing the possibility of them being seen by staff and other patients while dressed in a gown.
- Administration staff were trained as chaperones if patients requested one.

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- During inspection a radiographer was observed interacting with a patient before the scan. They took care in positioning the patient and provided a knee support to ensure the patient was comfortable.
- One patient was spoken with after their scan. They told us they were happy with the staff, the standard of care and the information they had been provided with before and after the scan.
- Some quotes from the imaging patient satisfaction report dated June to August 2018 from patients who fed back were, “Thank you so much for your understanding and care”, “Fantastic facility, would recommend it” and “Very professional and speedy”.

Emotional support

- Staff we spoke with understood fully the type of patient and why they had attend for a scan, X-ray or Ultrasound procedure including the impact that person’s care, treatment or condition would have on their wellbeing and on those close to them, both emotionally and socially.

Understanding and involvement of patients and those close to them

- Staff told us only a few patients were unable to tolerate a magnetic resonance imaging scan. The main reasons were claustrophobia or pain.
- If claustrophobia was indicated on the referral form patients would be offered a double appointment which provided enough time for the magnetic resonance imaging staff to discuss any patient concerns and allow them a tour of the facility so they could familiarise themselves with the scanner and surroundings to reduce their anxiety.
- If it was obvious the patient undergoing the scan was in pain or discomfort staff told us they would try to make the patient as comfortable as possible and they would utilise the faster scanning protocols.
- Patients who did not tolerate the scan were offered another appointment as soon as possible or referred to the referrer so other options could be discussed with the patient.

- Half hour appointments were used for X-rays which enabled anxious patients to attend in good time to familiarise themselves with the facility and discuss any concerns with staff.

Are diagnostic imaging services responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

- The environment was appropriate and patient centred with comfortable, sufficient seating, single sex and disabled toilets. There were magazines and hot and cold drinks machines in the reception area.
- There was an electronic booking in system and a staffed reception desk where patients registered for their appointment.
- The magnetic resonance imaging and X-ray service was available 9am to 5pm Monday to Friday. Staff could start at 8am and stay later if required dependent upon appointments. There was occasional weekend working for sports team referrals. There was no lone working and if the clinic was open on a Saturday one of the referrers medical team always attended with the patient, for example the team physiotherapist.
- The ultrasound service was available on Monday and Friday between 9am and either 2pm or 3pm depending upon demand. There were plans to expand the service to Tuesdays between 10:30am and 1pm. At the time of the inspection this was not in place.
- All information in relation to a patient’s care was available in any format upon request by the patient. The service used language line if a patient’s first language was not English and information had been supplied in large print.
- The service had a 3T scanner. The Tesla (T) is the unit of measurement quantifying the strength of a magnetic field. Prior to the 3 Tesla Machine, the high-field standard was 1.5 Tesla. The 3T scanner generated a magnetic field that was twice the strength of 1.5 Tesla machines and 10 to 15 times the strength

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of low field or open magnetic resonance imaging scanners. the scanner could obtain better musculoskeletal images which were the majority referrals. The service recognised the need to have magnetic resonance imaging scanner which provided the highest quality images as possible because of the profile the patients attending for a magnetic resonance imaging scan.

Meeting people's individual needs

- We saw evidence patients were given choices around their appointment times which were discussed at the point of booking. The service offered appointments within working hours and could accommodate requests outside the usual working hours where required.
 - Requests for a scan or diagnostic procedure referrals were followed up by a pre- assessment questionnaire asking the individual to identify if they have any conditions including allergies preventing them from undergoing a scan or procedure.
 - All patients were given appropriate information and support regarding their care and treatment prior to procedures using patient information leaflets posted to the patient before they attended the clinic. If patients had any concerns they were given further advice through a phone call. All information was recorded on the patient pre- assessment referral letter.
 - Staff always discussed with the patient the reason for their procedure and any medical history the patient had given on admission. All information was documented on the patient's pathway.
 - All members of the team were introduced to the patient and told who would be looking after them throughout their time at the clinic.
 - Discharge information was given to the patient post treatment and further observations carried out prior to discharge which were recorded on to the patient pathway. Any concerns were noted and appropriate action taken.
- Mondays appointments were left clear for this reason or if a patient could not attend on another day. On average the service did between eight to ten scans on a Monday. The demand for appointments tailed off towards end of week.
- Also because of the seasonal nature of some sports for example, football and rugby having a season through winter and spring, demand for appointments reduced during the summer period.
 - Staff told us private referrals and internal NHS ear nose and throat referrals remained constant throughout the year.
 - The service ensured staffing met appropriate activity levels for magnetic resonance imaging having employed and additional member of staff working 0.8 whole time equivalent to meet demand raising staff levels to 1.8 whole time equivalent radiographers supported by a wider administrative team and radiologists.
 - The lead radiographer told us the demand for X-rays and ultrasound scans was not as predictable as magnetic resonance imaging. Current availability for these services had been based on historic patient appointment information.
 - On a weekly basis the service had a meeting to discuss patient access and performance. The meeting ensured appropriate timescales of managing of patient referrals and the booking of appointments was met.
 - The meeting used data from the service and performance metrics taken from the clinical systems. The data from January to July 2018 showed there had been capacity of 1442 unused appointments in total which equates to 63% of the appointments. In the same period 829 appointments had been attended by patients.
 - Peak times for magnetic resonance imaging appointments had been identified as being between 10am to 12am and 2pm to 4pm. This information was used to ensure there was sufficient staff on duty at those times.
 - The time from referral to the patient receiving a magnetic resonance imaging appointment was on average 50 hours. The average time from arrival at the clinic to receiving treatment was 19.3 minutes.

Access and flow

- The magnetic resonance imaging lead radiographer told us Mondays were the busiest day because of sports injuries which occurred during the weekend.

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- Peak times for X-ray appointments had been identified between 10am to 11am. This information was used to ensure there was sufficient staff on duty at those times.
- The time from referral to the patient receiving an X-ray appointment was on average 29 hours. The average time from arrival at the clinic to receiving treatment was 19.9 minutes.
- Peak times for Ultrasound appointments had been identified between 11am to 12pm. This information was used to ensure there was sufficient staff on duty at those times.
- The time from referral to the patient receiving an Ultrasound appointment was on average 86.2 hours. The average time from arrival at the clinic to receiving treatment was 13 minutes.
- Patients had choices around their appointments and these were discussed at the point of booking. The provider could offer appointments within working hours and the staff often accommodated requests outside the usual working hours where required.
- The current availability of the diagnostic services appointments had been made based on this information.

Learning from complaints and concerns

- The service had not received any complaints in relation to any of the diagnostic imaging services provided magnetic resonance imaging in the 12 months before the inspection.
- The service had a complaints policy dated July 2016 due for review July 2019 which covered 18 areas which explained the complaints recording and investigation process.

Are diagnostic imaging services well-led?

Good 

We rated well-led as good.

Leadership

- The service had lead radiographer who supervised one other radiographer.

- The magnetic resonance imaging lead reported to the operations director.
- Staff we spoke with told us the management team were visible, approachable and helpful.

Vision and strategy

- The company had a mission statement for all the services it provided which was, “We aim to make things better, for patients, for communities, for medical professionals. Our approach delivers the very highest standard of tailored healthcare when and when it`s needed. Every member of the care team is consulted, every stage of treatment is considered, helping us achieve the best possible outcome”
- The company values were; caring for our patients and colleagues, accomplishment and ownership of our work, reliable in what we say and do and empowering our patients and staff.
- We saw evidence in the staff appraisal forms we reviewed, the mission statement and values were part of the staff performance assessment.
- The service had many business objectives: which were to maintain a 95% positive minimum friends and family test scores from a sample of 10% patients, develop referrals from a minimum of two acute trusts, develop referrals from a minimum one other independent provider, continued growth in sports imaging with a 10% growth minimum, increase annual turnover whilst also increasing private imaging through funded insurance companies.

Culture

- During the inspection staff told us they felt part of a team and everyone supported each other.
- We observed good team work and support during the inspection.
- Staff we spoke with told us that the quality of the scan was more important than the quantity of scans done.
- The magnetic resonance imaging staff we spoke were very positive about the department. They told us they felt the patient care was excellent and the ability to

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turnaround scan reports quickly was part of that. They all spoke about good communication between staff and positive management support to obtain additional training qualifications.

- Staff told us they felt they could raise any issues with their supervisors and operations director and they were able to maintain a good work life balance.

Governance

- The service had a clinical governance policy which covered all the services located at Thorpe Park Clinic dated May 2018 and due for review in May 2020. The policy covered; five domains, key principles, eight key elements to clinical governance, audit cycle, terms of reference and governance members.
- The membership of the clinical governance committee consisted of the, the clinical service lead for the speciality, clinical lead nurse, medical staff who work within the service, registered manager, operations manager, clinical services manager, minute secretary
- The committee met at least three times per financial year and wherever possible to coincide with key reporting events during the year, for example, clinical governance annual report production.
- Additional meetings would be arranged when required to support the effective functioning of the company and services.
- During inspection we reviewed the minutes of the imaging management and operations meeting for January and July 2018. The meetings had a set agenda covering; finance, marketing and revenue streams, overview of available services, scanner maintenance, website, IT issues, any other business and meeting format.
- The lead radiologist told us the magnetic resonance imaging department held daily “buzz” meetings with staff including the admin team which rotated through other services. The purpose of the meetings was to confirm and check the day’s work and to review the patient referral forms. There was a record kept of what was discussed.
- During inspection we reviewed 35 policies and procedures all had been signed by staff to say they had read and understood them.
- We saw evidence the provider had 12 Ionising Radiation (Medical Exposure) Regulations IR(ME)R procedures. All were in date requiring review in November 2020.
- There was evidence the provider had an audit programme of image reports. Magnetic resonance imaging reports were audited using a 5% sample every July. X-ray reports were audited using a 10% sample every February. Ultrasound reports were audited using a 10% sample every November.
- All the areas audited achieved 100% compliance.
- At the time of the inspection the provider had not audited X-ray images.
- The provider held regular radiation protection committee meetings attended by the radiation protection supervisor (RPS), radiation protection advisor (RPA) and radiographers. The purpose of the meeting was to discuss any audit findings and monitor any action plans.
- The provider had a requesting, justification and reporting policy dated August 2018 due for review in August 2020. The policy recognised imaging was part of acute healthcare and a key component of diagnostic decision making in patient management.
- The service had regular staff meetings which followed a set agenda which was ; an overview of the current service magnetic resonance imagingreferrers (sports, private and NHS), IT systems overviewcovering training and monitoring, bookings process includingreferrals received, contacting patients, arrival and report disseminating, rotas covering private waiting cover, future services, prices covering self-pay/insured/sports clubs, an insurers update on recognition, any other business and time/ date of next meeting.

Managing risks, issues and performance

- There was evidence patient risk was discussed at the clinical governance meeting.
- The local NHS hospital trust did safety auditing on behalf of the service which they did twice a year. The

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audit covered magnetic resonance imaging, x-ray and ultrasound safety, magnetic resonance imaging, policies, incidents, signage, equipment labelling for magnetic resonance imaging safety and staff training. No improvement actions had been identified from the audit activity.

- The service had a business continuity policy approved 30 March 2017 and due for review 30 March 2019. The policy covered 20 different areas with responsibilities and actions to take.
- A business continuity plan outlines how a business could continue to operate as far as possible in the event of any unexpected disaster, incident or major occurrence which had the potential to de-stabilise the business and severely impact on the short, medium to long term running of the business.
- We saw the provider had an Ionising Radiation risk assessment dated July 2017 and due for review in July 2020. The legislation in relation to the risk assessment complied with the Ionising Radiation Regulations 1999 with approved code of practice (ACOP) and guidance (L121) version.
- The risk assessment identified six risks and five actions to ensure radiation was, as low as reasonably practicable (ALARP) for its intended purpose.
- The provider had an extensive risk register and a general health and safety risk assessments in place which had been reviewed in August 2018.
- All risks were rag rated red, amber or green with control measures.
- Each area had an owner and specific, measurable, attainable, relevant and time based (SMART) objectives. There was evidence progress had been made in each area identified.
- The provider had a policy for staff to prevent work related musculoskeletal disorders which identified the risk factors of high repetition, high levels of force, awkward joint position, direct pressure, and prolonged twisted posture associated with diagnostic and imaging work. The policy provided staff with steps to take to reduce the risks and to familiarise themselves with the principles of ergonomics to attempt to minimise musculoskeletal health hazards.

- The provider had Quality Improvement Plan (April 2018 to March 2019) which identified the following five areas where improvements could be made; introduction of clinical audit into all imaging services, scheduled patient satisfaction survey, review of private waiting room and review of 'flow' of patient journey, review of administration processes and image transfer improvements.
- Each area had an owner and specific, measurable, attainable, relevant and time based (SMART) objectives. There was evidence progress had been made in each area identified.
- There was a certificate of employers' liability and CQC certificate of registration on display on the wall in the diagnostic imaging lobby next to the door to the magnetic resonance imaging scan room.

Engagement

- The results of a recent patient survey of NHS and private patients conducted between June to August 2018 showed 93% of respondents described the service as excellent. The report concluded overall satisfaction levels were high with no major indications for improvement.
- The service offered patients the opportunity to feedback through email, letter or phone. Other digital platforms such as NHS choices, social media and digital patient satisfaction surveys were also used. In the latest survey, 93% described the service as excellent and 7% as good.
- Patients could also use NHS Choices to give feedback anonymously. The feedback was reviewed by the Clinical services manager who provided patients the opportunity to contact them to discuss any issues.

The results of a recent staff survey which covered all services magnetic resonance imaging reported 90.7% of respondents felt supported my managers, 97.8% enjoyed their role, 81.2% felt valued and 82.2% would recommend the service to friends and family.

Learning, continuous improvement and innovation

- There was evidence the service had used information obtained when patients requested appointments to identify key times to provide diagnostic imaging services with appropriate staffing.

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- The service was involved in multi-disciplinary working on NOUS sharing learning between independent health providers with the overall aim of improving the standards of diagnostic scan images.
- There was evidence the service used a local NHS hospital trust to provide independent quality checks in relation to diagnostic imaging services.
- The service had set up many education meetings for local referrers with input from magnetic resonance imaging staff doctors and consultants on subjects such as musculoskeletal scans, injections to enhance images, headache clinics to share with wider health community what services could be provided.
- There was evidence of regular staff and governance meetings where performance was discussed and improvements identified.
- The service used a quality improvement plan and risk register to identify where improvements could be made.