Medical Imaging Dexa Scanning, Crawley

Quality Report

Crawley Hospital,
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Crawley,
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Website: http://www.medicalimaging.org.uk

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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	Good
Are services safe?	Good
Are services effective?	
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Medical Imaging Partnership (MIP) provides a dual-energy X-ray absorptiometry (DEXA) scanning service which commenced in September 2016 in response to a request from the local clinical commissioning group to set up a DEXA provision for mid-Sussex following the cessation of another service. DEXA uses a very small dose of ionising radiation to produce pictures of the inside of the body to measure bone loss (medical use), or body fat (composition scans only i.e. gyms).

The service is established within the musculoskeletal (MSK) Unit at Crawley Hospital. The service is provided in a room within the MSK Physiotherapy department on the ground floor of the hospital with level access. The room has a dedicated changing room immediately adjacent. The room is equipped with a Hologic W scanner and IT equipment to link to the radiology information system and the picture archiving communication system so that images and paperwork can be retrieved and sent to the reporting team securely.

The central referral centre for Medical Imaging Partnership organises appointments for patients on receipt of referral. The patients are referred from GP surgeries in Sussex as direct access activity or via approved specialist fracture liaison nurses.

The service currently runs three or four days per week.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to Medical Imaging Dexa Scanning: Crawley on 8 April 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.

Nigel Acheson
Deputy Chief Inspector of Hospitals

Overall summary

Services we rate

We rated it as **Good** overall.

We found good and outstanding practice in relation to diagnostic imaging:

- 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.
- Staff were all trained to level two in safeguarding and demonstrated knowledge of when a safeguarding referral may be needed.
- The waiting room and clinical areas were visibly clean and tidy. The service had suitable premises and equipment and looked after them well.
- The service had a robust process for reporting any unexpected findings such as suspected cancer. They kept clear records and asked for support when necessary.
- Risk assessments were undertaken for each patient including radiation risks.
- Staff told us how the incident reporting system worked and gave examples of learning from past incidents.

Summary of findings

- Policies and procedures used in the service followed evidence based practice and were developed in line with the health and care professions council (HCPC) standards of proficiency for radiographers.
- Staff had the required qualifications, training and specialist experience. The professional qualifications of all relevant clinical staff were checked before they started work. We saw their professional membership status was monitored quarterly.
- Consultants, radiographers and technicians had good relationships and staff said they would have no hesitation to ask for advice if they felt it was not needed.
- Patients were treated with dignity and respect. We observed staff being professional and compassionate. We heard staff speak to patients in a friendly yet professional manner both in person and in telephone conversations.
- Referrals were responded to rapidly. Patients could be offered immediate appointments if required.
- The service was compliant with the Disability Discrimination Act 1995. The premises catered to individual needs when reasonably possible.
- Timely reporting was monitored, supported with IT systems allowing results to pass quickly to referrers. Urgent or unexpected findings triggered process, which ensured results were seen promptly by consultants.
- The company had reviewed its values and refreshed them with staff involvement. Corporate functions aimed to support clinical activity at site level with policies, procedures, resources and effective communication cascaded to ensure that provision met objectives for patient care.
- We found an open and candid approach to incident and complaint management. Staff we talked with understood their role to ensure an open and transparent approach was routinely applied.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

However; we also found areas of practice that require improvement;

- The service could not always guarantee impartiality throughout the interpretation process because they could not always access external translators.
- The service had not concluded their review of all policies and procedures to ensure they are up to date and in line with best practice.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	The service provided care that was safe, effective, caring, responsive and well led. Patients were extremely happy with the care they received and found staff to be caring and compassionate. Staff took the time to interact with patients and those close to them in a respectful and considerate manner. Staff were encouraging, sensitive and supportive to patients and those close to them. Staff were well trained and supported and worked according to agreed national guidance to ensure patients received the most effective care. There were sufficient staff, with the skills and expertise to manage the service. Patients were able to access the service at times that suited them. Individual needs of patients were considered. The service had clear leadership and governance both locally and at provider level at Medical Imaging Partnership.

Summary of findings

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Summary of this inspection

Background to Medical Imaging Dexa Scanning, Crawley

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The service is established within the MSK Unit at Crawley Hospital. The service is provided in a room within the MSK Physiotherapy department on the ground floor of the hospital with level access. The room has a dedicated changing room immediately adjacent. The room is equipped with a Hologic W scanner and IT equipment to link to the radiology information system and the picture archiving communication system so that images and paperwork can be retrieved and sent to the reporting team securely.

The central referral centre for Medical Imaging Partnership organises appointments for patients on receipt of the referral. The patients are referred from GP surgeries in Sussex as direct access activity or via approved specialist fracture liaison nurses.

The service currently runs three or four days per week.

The service had not been inspected prior to this inspection.

The service was registered to provide the following regulated activities:

- Diagnostic and screening procedures.

Our inspection team

The team that inspected the service was comprised of a CQC lead inspector and a CQC inspector. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Medical Imaging Dexa Scanning, Crawley

During the inspection, we visited the DEXA scanning room and facilities and the waiting area. We spoke with one member of staff (radiographer) who was also the registered manager and with two reception staff. We spoke with four patients and one relative. During our inspection, we reviewed four sets of patient records.

The service is managed by Medical Imaging Partnership and is located near the waiting room affording patients easy access from reception. Patients are greeted by the host hospital reception staff on arrival and collected by Medical Imaging Partnership imaging staff.

The DEXA scanning service is staffed by a DEXA technician with the support of two radiographers who work at Medical Imaging Partnership. There is no service provided outside of the scheduled hours so there is no need for on-call staff. Referrals are generated centrally in MIP and no children under the age of 16 years had been referred to this location. The service does not outsource any part of the regulated activity and accepted referrals from GP surgeries in Sussex as direct access activity.

There were no special reviews or investigations of the location ongoing by the CQC at any time during the 12 months before this inspection. This was the services' first inspection since registration with CQC.

All radiographers and reporting radiographers are employed by Medical Imaging Partnership. A rheumatologist oversees the reporting service under a reporting agreement.

Summary of this inspection

Track record on safety:

- No Never events
- No serious injuries
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff) or hospital acquired E-Coli.

Services accredited by a national body:

- ISAS - The accreditation is for the whole of the MIP organisation, since 2015. Full reaccreditation received on 16 January 2019.

Services provided at the location under service level agreement:

- Reception
- Cleaning and household waste disposal
- Hard facilities maintenance
- Fire safety
- Security

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?

Good

We rated Safe as **Good** because:

- People were protected by a strong, comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.
- The service provided sufficient mandatory training to ensure staff could meet the needs of the service.
- Staff were aware of their role in protecting patients from the risk of abuse. Staff reported concerns in line with national guidance.
- The risks associated with the spread of health acquired infection were reduced because staff followed best practice.
- Staff numbers ensured the service was delivered safely and effectively.
- Patients had their individual needs risk assessed before a procedure. Staff were able to discuss risk effectively with people using the service.
- We found systems and processes to ensure incidents were reported, learned from, and used to improve the service.

Are services effective?

Diagnostic imaging services are not currently rated in this domain.

- People had good outcomes because they received effective care and treatment that meets their needs. The service provided care and treatment based on national guidance.
- Staff were competent to meet the needs of patients. They were provided with an annual appraisal and supported to learn and develop professionally.
- Staff obtained consent in line with service guidelines.

Are services caring?

Outstanding

We rated caring as **Outstanding** because:

- Feedback from people who used the service, those who were close to them and stakeholders was continually and consistently positive about the way staff treated people. People thought that staff went the extra mile and their care and support exceeded their expectations. There was a true ethos of compassionate care in the service.

Summary of this inspection

- People's emotional and social needs were as important as their physical needs. We heard and saw multiple examples of staff supporting patients through their journey, explaining procedures and taking into consideration individuals' emotional needs.
- People who used services and those close to them were active partners in their care. Staff were fully committed to working in partnership with all people involved in the patient's care and making this a reality for each person.

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. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

However:

- The service could not always guarantee impartiality throughout the translation process because they could not always access external translators.

Are services well-led?

Good

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- We saw a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The provider's strategy was to ensure a safe, high quality sustainable service. The organisation had recently restructured involving individual consultation with staff to ensure its ability to offer best value to clients.

However:

Summary of this inspection

- The service was yet to conclude their review of all policies and procedures to ensure they were up to date and in line with best practice.

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	Outstanding	Good	Good	Good
Overall	Good	N/A	Outstanding	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Outstanding ☆
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We rated safe as **Good.**

Mandatory training

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

- The registered manager was responsible for reviewing compliance with mandatory training and informing staff when they were due an update. Staff knew how to access mandatory training and were supported to do so.
- Training and development included face-to-face and e-learning modules. Staff training records were kept up to date centrally, on a spreadsheet which was accessible to all staff in a read-only format.
- We reviewed the mandatory training spreadsheet of all staff across the Medical Imaging Partnership sites and it clearly indicated when staff were due, were booked, or were overdue for mandatory training. Staff were reminded by e-mail if they had not completed training within a set timeframe. Training compliance was reported as 100% at this site.
- Staff were trained in the following mandatory modules: infection control, conflict resolution, mental capacity act, preventing radicalisation, manual handling, fire safety, health and safety, safeguarding adults and children, bullying and harassment, lone working, equality and diversity, stress essentials, display screen equipment, alcohol and drug awareness, safe driving, general data protection regulation (GDPR) and basic or immediate life support.
- All key staff were trained in basic life support and the lead radiographer was also trained in immediate life support.
- Paediatric life support was not included in the training modules. The service did not include paediatric life support as a mandatory training module as they did not assess paediatric patients under the age of 16 years. This was in line with the Resuscitation Council, 2015: Paediatric basic life support.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were equipped to identify any potential issues and were aware of how to escalate this to the Medical Imaging Partnership safeguarding lead for onward management. The Medical Imaging Partnership safeguarding lead was trained to level three in adults and children's safeguarding.
- The service did not treat patients under the age of 16 years of age. However, staff had received and completed safeguarding level two training for children and young people. This met intercollegiate guidance: 'Safeguarding children and young people: roles and competencies for health care workers'. The guidance states all non-clinical staff and clinical staff who have

contact with children and young people should be trained to level two. This was in line with Safeguarding Children and Young People: Roles and Competencies for Health Care Staff' (March 2014).

- The Protection of Adults at Risk Policy was in line with guidance and easily accessible on the service's shared drive. The policy provided guidance on the PREVENT strategy (a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism), as well as what to do if suspected physical abuse was identified.
- We saw 100% of staff had completed their safeguarding training level one and level two in both children and adults.
- The service had made no safeguarding referrals to the local authority in the 12 months prior to inspection.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

- The provider had infection prevention and control policies and procedures in and staff were aware of this policy. Staff also received mandatory training in this subject. All staff were compliant with this training module.
- The unit reported no healthcare related infections in the 12 months prior to our inspection.
- A service level agreement between Medical Imaging Partnership and the host site ensured provision of a safe environment, including maintenance and cleaning with good compliance. Waste was appropriately segregated and secured for disposal.
- The waiting, changing and clinical rooms were visibly clean and tidy. General cleaning of the premises was undertaken daily and the clinical room was cleaned following operational days. Clinical staff were responsible for ensuring equipment was kept clean in-between patients and at the end of each clinic. We saw that cleaning was in line with recommended guidelines. For example, the service used a roll of paper covering sheets disposed between patients and pillowcases were changed daily or if soiled between patients.
- We observed staff cleaning equipment and the DEXA scanning machine after each patient use. Staff used specific disinfectant wipes to clean equipment after patient use. The actions taken by staff prevented the spread of germs.
- The service had a designated infection control lead who reviewed and managed the control of infection risks and had oversight of cleanliness for the equipment and premises.
- There was a daily operational cleaning schedule which we saw had been completed. The checklist clearly identified the days the service was running and showed cleaning was conducted on the days the service was open. The checklist ensured cleaning oversight about equipment, surfaces, daily quality assurance, pillow cases and daily stock. It also ensured organisation of the daily archive and weekly disk backups.
- The service undertook a cleaning audit on a regular basis and sent results to the Medical Imaging Partnership headquarters for review and action if needed. The cleaning audit had a 100% compliance rate in the 3 months prior to inspection.
- Other audits, including hand hygiene audits, were completed by the host site. As the results included the whole of the host sites' department it was not possible to generalise data for this service. This audit information was monitored through the quarterly quality and contract meetings.
- Throughout our inspection all staff were compliant with best practice regarding hand hygiene, and staff were bare below the elbow. Staff and patients had access to hand washing facilities and alcohol gel.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

- There was one patient changing room which contained lockers for patients to store their valuables when they were being scanned.

Good

Diagnostic imaging

- Imaging equipment was selected in line with the specification required for best quality diagnostic images. We saw all equipment was covered by maintenance agreements. Staff were informed when equipment was due for a service and the lead radiographer kept a spreadsheet for their own reference.
- We saw that the scanning equipment had undergone a critical examination and commissioning report by a radiation consultancy service in January 2019. The report concluded that the unit was in good condition with no significant defect or superficial damage and that it met its specification and was fit for use.
- There were clear processes for managing faulty equipment. Staff recorded faults in a log book and reported them to the Medical Imaging Partnership operations manager. Immediate arrangements were made to adjust appointments to avoid delays.
- Clinical staff underwent training on equipment prior to using it to ensure they were competent in its use. This was documented in their files which we reviewed during our inspection.
- There were radiation warning signs clearly visible to warn people they were walking into a controlled area. Access to this location was restricted during imaging by staff closed the door when a scan was being performed. However, the radiation sign on the door did not have the name of the designated radiation protection supervisor or a contact phone number signed.
- Staff were aware of safe practice areas to minimise exposure to radiation and the environment including the operating computer was set to protect staff from unnecessary radiation exposure when the DEXA scan was being used.
- Staff's radiation exposure was monitored through a personal monitor. Reports on radiation exposure were produced monthly and an annual summary was available. We saw policies reflected good practice and protected staff from unnecessary exposure to radiation.
- The unit had a service level agreement with the host hospital who had responsibility for managing the building. We saw environmental risk assessments, fire procedures, and other risks were managed by the host site under a service level agreement. We were told that any issues with the physical environment were reported to and dealt with quickly by the host hospital. There was effective liaison between the two providers' management and staff to facilitate a safe working environment
- The service did however undertake some annual risk assessments which included electric fire from medical equipment, fire elsewhere in the hospital, public access to vicinity and staff and public affected by fire. All risk assessments were within date.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

- We reviewed the service's radiation risk assessment and were assured of the quality of this document. The radiation risk assessment has the purpose of identifying the measures needed to restrict the exposure to ionising radiation to anyone who might be affected by it, for example the radiation worker, other people working in the vicinity, maintenance and cleaning staff, or members of the public. We saw clear indications of defined work areas, the nomination of a radiation protection supervisor and a radiation protection advisor as well as the stated dose investigation levels.
- Screening procedures were robust and screening questionnaires were scrutinised appropriately by radiographers or the DEXA technician. Patients referred to the service received this questionnaire in the post and completed it prior to the appointment.
- The radiographer or DEXA technician reviewed the referral form and safety questionnaire before conducting any scan. We saw a case where the scan was not started due to incomplete details on the referral form. Before starting the procedure, staff helped the patient complete the form.
- Radiation risks were assessed at the time of booking the appointment and managed accordingly. These were clearly documented alongside the image for the consultant and radiographer to review.

Good

Diagnostic imaging

- We saw the Society of Radiographers (SoR) "Pause and Check" posters in the scanning room. This was a visual reminder which staff followed before starting the procedure. Pause and check consists of the three-point checks to correctly identify the patient, as well as checking with the patient the site to be imaged.
- The service had a robust process for reporting any unexpected findings such as suspected cancer. Results of this nature were immediately flagged on the internal reporting system and fast tracked for review. This information was also sent to the referring consultant. This ensured that unexpected findings were promptly and properly investigated.
- All radiographerswere trained in basic life support or immediate life support. Medical emergencies were managed by contacting 999. There was a defibrillator on site (Patients were evacuated by emergency ambulance if required.
- The local rules were clearly displayed and we saw staff had signed these in line with recommendations. The local rules' guidance was complete and in line with regulation. Local rules are used to ensure that work was carried out in accordance with the Ionising Radiation Regulations (IRR) and relevant guidance documents such as The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).
- We saw notices in the scanning room advising people to notify staff if they were pregnant. Additionally, persons of child bearing age had to complete the risk assessment form indicating if they were pregnant or not.
- The service also had an Ionising Radiation Safety Policy. The document created in July 2018, provided guidance to safe practice regarding risk in pregnancy, pregnant or breastfeeding staff, patient identification policy, incident reporting and co-operation between the provider and the host site. It also included an equality impact assessment designed to ensure the service did not discriminate against any disadvantaged or vulnerable people.

Staffing

Staff numbers ensured the service was delivered safely and effectively.

- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients always received safe care. There was always one member of staff which was either a DEXA technician or a radiographer allocated to the scanner when a list was in progress. During operational days there was also the support of a second member of staff who was a radiographer should assistance be required or in case of absences.
- The service employed two whole time equivalent (WTE) radiographers and a 0.69 WTE DEXA technician. There were also three zero hours contract reporting radiographers employed by the service.
- The service reported no vacancies at the time of the inspection. The service a DEXA technician and a radiographer had been recruited recently by the service and were undergoing their induction. The team worked across all Medical Imaging Partnership sites according to need. This had led to the clinical manager having to work clinically.
- The service reported a 5.5% average rate of sickness absence from the radiographer between December 2018 and February 2019.
- The service reported no use of bank staff in the 12 months prior to the inspection. However, they had 24 shifts completed by agency staff from December 2018 to February 2019. The agency member of staff has since been recruited to a permanent role at the service.
- Planned or short notice absences were covered by the provider's staff pool which prevented the use of bank staff.

Medical staffing

- The provider's medical director was a consultant radiologist and had oversight of clinical safety in the planning and structure of services and their delivery. Additionally, a consultant rheumatologist with special interest in bone health oversaw the service and was available for advice. Staff told us both consultants were available by telephone and email to support them if required.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

- Patients' individual care records were well managed and stored appropriately. Paper patient referrals, paper safety questionnaires and DEXA scan result reports were scanned and stored electronically with the other patient records. The service had procedures to ensure that any paper based information was stored and managed in accordance with general data protection regulation (GDPR)
- All Imaging reports were available in the Medical Imaging Partnership picture archiving and communication system. An email was generated to alert referrers that the report was available which could then could download securely to their patient record.
- The diagnostic reports were produced in accordance with the Standards for Reporting and Interpretation Imaging Investigation 2018 published by the Royal College of Radiologists. We reviewed three sets of electronic notes and found that records were accurate, complete, legible and up-to-date. Each report included, patient identification, date of the DEXA scan and of the report, clinical information, the name of the referrer as well as a description of findings.

Medicines

- There were no medicines held on site or administered. There were no controlled drugs held on the premises.Controlled drugs are medicines liable for misuse that require special management.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Staff were able to discuss risk effectively with people using the service.

- The service had a 'Management of Clinical Risks Policy which outlined the identification, management and reporting of clinical risks, including individual staff responsibilities. This policy was aligned to national guidance however, it was overdue for review since October 2018.
- There were no incidents reported by the service between the period of February 2018 and January 2019. However, staff could tell us what would be considered an incident.
- There was an incident management reporting system to review and implement actions and shared learning. This aimed to address any issues to minimise risk of recurrence and improve quality of care delivered.
- Staff we talked with told inspectors how the incident reporting system worked and provided evidence of learning from incidents reported throughout the Medical Imaging Partnership organisation. Learning from these incidents was discussed as part of the monthly clinical governance meeting and staff told us the size of the team supported timely and effective feedback.
- Staff told us the service had a 'no blame' approach to incident reporting. Staff were aware of how to raise an incident and could tell inspectors of the action taken to prevent recurrence.
- The service did not report any never events in the 12 months prior to our inspection. Never events are defined as serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should be implemented by all healthcare providers.
- The service had a Complaints Management Policy, that outlined the duty of candour. Staff were familiar with this. There had been no notifiable safety incidents that met the requirements of the duty of candour between February 2018 and January 2019. 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.

Good

Diagnostic imaging

Are diagnostic imaging services effective?

We do not rate effective for this core service. However, we found:

Evidence-based care and treatment

The service provided care and treatment based on national guidance.

- Policies and procedures used in the service followed evidence based practice and were developed in line with the health and care professions council (HCPC) standards of proficiency for radiographers. These standards set out safe and effective practice in the radiography profession.
- Policies also reflected the National Institute for Health and Care Excellence (NICE) guidelines. We saw evidence of this in the Osteoporosis: assessing the risk of fragility fracture (2012) NICE guideline CG146: Measure bone matter density to assess fracture risk in people aged under 40 years who have a major risk factor, such as history of multiple fragility fracture, major osteoporotic fracture, or current or recent use of high-dose oral or high-dose systemic glucocorticoids.
- The service's procedures were in line with the Ionising Radiation Regulations 2017 (IRR17) and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. The registered manager/radiology clinical manager had also attended the British Institute of Radiology course on IR(ME)R 2017, to ensure they were competent in any changes.
- All new staff signed to confirm they had read and understood the policies relating to their clinical practice. The registered manager was responsible for updating staff with any changes to guidance that may impact on the unit. Prospective changes were also shared at a corporate level.
- Staff told us there was an ongoing review of all policies and procedures to ensure guidelines were being adhered to because of changes in IR(ME)R guidelines. We were told that the service was aware and would not carry out examinations or techniques that were contra-indicated by the above bodies. Another change resulting from IR(ME)R guidelines was that the service had ensured there was a DEXA safety/lifestyle questionnaire completed and signed by the patient prior to all procedures.

Nutrition and hydration

- Patients could access hot and cold drinks in the waiting area. There was also a cafe next to the host site waiting area which provided snacks and small meals.

Pain relief

- The service informed patients that the procedure was not painful. However, if people had conditions that caused pain or discomfort they were advised to manage their pain prior to their appointments. Additionally, if a patient expressed concerns about pain, this was assessed on an individual basis and staff gave guidance and support to manage the situation accordingly.
- We observed staff throughout our inspection reassuring and checking if patients were comfortable or in pain during their scans. They were advised to alert the radiographer if they had any concerns. If necessary, their scan was abandoned or postponed if they were unable to continue. Staff reported this rarely occurred.

Patient outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve them.

- All reporting was completed through electronic picture archiving and communication systems (PACS). We were told the reporting system on PACS had been set up to allow reporting radiographers to generate advisory reports as the results produced during examination were immediate.
- Three reporting radiographers within Medical Imaging Partnership were responsible for generating patient reports. The reporting team used an approved reporting template consisting of a highlight of the diagnosis and advisory treatment in line with National Institute for Health and Care Excellence (NICE) and National Osteoporosis Guideline Group (NOGG) 2017 guidelines.

- There was a dedicated radiation protection supervisor who took responsibility for radiation safety in the service. The service could also access a radiation protection advisor if required.
- The service did not complete any discrepancy audits. This was unnecessary as the procedure produced a report were results were compared to standardised bone matter density levels for equivalent age and sex groups. The purpose ofdiscrepancy audits is to promote collective learning fromradiology discrepanciesand errors and thereby improve patient safety.

Competent staff

The service made sure staff were competent for their roles.

- Staff were appropriately qualified and experienced to provide safe care. All staff, including locums, were comprehensively inducted and completed mandatory training and
- All radiographers were registered with Health and Care Professional Council (HCPC) and met standards to ensure they were delivering and providing safe and effective service to the public. All clinical staff were required to re-register every two years in accordance with HCPC, meaning staff were expected to maintain their own continuing professional development (CPD). Professional registration was checked prior to employment, and then quarterly.
- Staff had the required qualifications, training and specialist experience. The professional qualifications of all relevant clinical staff were checked before they started work.
- Specialist reporting radiographers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. This included training and assessment of competencies. Staff also attended national osteoporosis training days and meetings.
- Medical Imaging Partnership Limited provided all staff with a two-week corporate induction programme. Staff were expected to complete specific core competencies within three months of employment and advanced competencies within nine months of employment. All staff completed this, regardless of their previous experience.
- The annual appraisal process had recently been reviewed, improved and implemented to identify continuous professional development and personal development plans. Staff were positive about the changes and had completed their appraisal.
- We reviewed a staff appraisal and saw feedback was given on work performance. Staff had regular contact with consultant radiologists and discussed cases and monitor image quality with them.
- Medical Imaging Partnership Limited rotated staff through other locations to expose radiographers to a wide range of practices in imaging techniques. This supported the radiographer's professional development.
- Staff told us they had the opportunity to attend relevant courses to their role and felt very supported by the organisation and managers to attend the courses.

Multidisciplinary working

Staff of different kinds worked together as a team to benefit patients.

- There was a good relationship between the staff at the host site and the Medical Imaging Partnership staff. We were told they worked as one team. This was visible through the way reception and the diagnostic team helped the patient's pathway through the service.
- Staff we spoke with said they felt they could contact anyone from the host hospital anytime they required advice. They could also speak to colleagues which operated from a nearby mobile unit if they required assistance.
- Consultants and radiographers had a good relationship and staff said they would have no hesitation to ask for advice if they felt it was needed.
- Staff said they could also contact the Medical Imaging Partnership's safeguarding lead or infection, prevention and control lead for advice.

Seven-day services

Good

Diagnostic imaging

- The service ran in line with demand and did not offer a seven-day service. It only opened at this location at limited times, usually three to four days a week.

Health promotion

- We saw leaflets for patients in the waiting room with advice on osteoporosis and diet.
- Staff told us they would direct patients to associations and websites with health information if patients had queries or raised concerns.

Consent and Mental Capacity Act

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.

- We observed patients giving informed consent before any scan was undertaken. This was verbally confirmed during the patient pre-scan information review process and was recorded on a form completed by the patient and a radiographer prior to imaging.
- Mental Capacity Act training was available for staff as part of the mandatory training. At the time of our inspection, 100% of clinical staff had completed the training. This meant that all staff had received training which equipped them to deal with MCA issues.
- Capacity to consent information was requested on patients' referral form. If a patient lacked capacity, staff followed Mental Capacity Act principles ensuring best interest decisions were made and least restrictive options were provided.

Are diagnostic imaging services caring?

Outstanding ☆

We rated caring as **Outstanding.**

Compassionate care

Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. People thought that staff went the extra mile and their care and support exceeded their expectations.

- Staff took the time to interact with patients and those close to them in a respectful and considerate manner. Staff were encouraging, sensitive and supportive to patients and those close to them. They understood and respected patient's personal, cultural, social and religious needs, and took these into account. We were given specific examples were staff went above and beyond to respect these
- We saw staff explain to all patients the procedures for the examination in simple terms and clarify how long the process would last, while reassuring patients if they had any questions.
- Staff made sure patients' privacy and dignity was respected. For example, staff would ask patients to change in a dressing room and highlighted that if they needed any help they could call for support. Staff also made patients aware that they would be in the room with them during their examination.
- We heard examples of when staff had gone out of their way to support patients who were distressed or felt overwhelmed by their experience. We also saw an example where staff stood by the patient and their family and reassured them until they felt comfortable in the scanning device. Staff maintained constant communication and reassurance during the scanning process to reduce distress. This met NICE QS15 Statement 2: 'Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills'.
- We spoke with four patients and one relative and they all said they had been very happy with the service they had received. One person described the service as "an excellent service" and as "having flexible appointment times that suited me". None of the patients we spoke with raised concerns about their treatment. All people said they had been treated with care, compassion and respect and said the end to end process was "seamless".
- Patients referred to the service had the opportunity to complete feedback through a survey tool and indicate their likelihood to recommend the service. The feedback tool used an electronic based form. We saw

that in the three months before our inspection 98.5% of the 130 patients who answered the questionnaire were either likely or very likely to recommend the service.

Emotional support

People's emotional and social needs were seen as being as important as their physical needs.

- Staff were sensitive to the impact that a patient's care, treatment or condition had on their wellbeing and on their relatives, both emotionally and socially. Staff were aware patients attending the service were often feeling nervous and anxious and explained how they could support them by listening to their concerns and trying to facilitate the diagnostic procedure. This met NICE QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed.
- Patients we talked with were very complimentary about the service they received. They felt secure and safe by the way staff provided answers to their questions and demonstrated a calm and reassuring approach. One patient described how they were supported by staff. The patient was very anxious due to an emergency referral and described how the member of staff had spoken with them in a compassionate way and ensured that they had understood information to lessen their concerns. All patients we spoke with told us they were treated well, by kind staff.
- The interactions we observed showed staff being professional and compassionate. We heard staff speak to patients in a friendly yet professional manner both in person and in telephone conversations.
- Staff took the time to support patients emotionally and explained what it was like to undergo the procedure.
- Patients could attend appointments with carers and family members. Staff ensured time was taken to assure patients and anyone accompanying them what the process and its' effects were. This helped minimise distress and anxiety. Staff told us, if a patient or family member became distressed, rather than provide support to them in an open environment, staff would take them into the examination room to talk with and maintain their privacy and dignity.

Understanding and involvement of patients and those close to them

People who used services and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.

- Staff gave clear explanations about the procedures and encouraged patients to ask questions. Patients told us they were provided with enough information before and during their appointments. Staff took the time to explain the procedure and what would happen during their appointment to both the patient and anyone accompanying them.
- We heard how staff would involve carers and external agencies such as care homes when planning and preparing the scan. Staff explained the process and safe procedures for the scan to go smoothly. Family members accompanying patients could also ask questions and staff took the time to answer these.
- Staff recognised when patients and their relatives needed additional support to help them understand and be involved in their care and to enable access. This included explaining procedures and reassuring both patients and their families of the processes that would occur during their stay at the service. This met NICE QS15 statement 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.
- The service made sure that patients and their relatives could find further information or ask questions about their care and treatment. Information leaflets were offered with the appointment letters to support information sharing about the scans offered. Patients described how the leaflets were helpful in making the process clearer and knowing who could be involved.

- Relatives or carers could remain with the patient for their appointment if this was necessary. We saw how the service ensured patients felt comfortable and emotionally well by having their carers and partners with them when possible.
- Staff told us they also interacted with patients and their families to obtain informal feedback on patient experience, and all compliments and complaints were monitored. We saw numerous feedback opinions that highlighted how staff were patient and understanding towards patients' relatives. This included family members saying they were a part of the process and involved to support their relatives.
- Patients and their families and carers were aware of how to provide feedback (compliments or complaints) in patient leaflets and on the MIP website.

Are diagnostic imaging services responsive?

Good

We rated this service 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.

- Information about the needs of the local population was used to inform how services were planned and delivered. The service was commenced in September 2016 in response to a request from the local clinical commissioning group to set up a DEXA provision for mid-Sussex following the cessation of another service. Patients were referred from GP surgeries in Sussex as direct access activity or via approved specialist fracture liaison nurses. The service was working collaboratively with commissioners to give local people timely access to DEXA scanning.
- The service was accessible to all patients. It was located near established public transport routes and there was accessible car parking for patients who wished to travel in their vehicles. Parking for the unit was suitable and within a short distance from the reception of the host hospital
- The facilities and premises were fit for the services that were planned and delivered from this location. Facilities included a scanning room, and one patient changing room. There was. The service also shared some facilities with a host hospital, including a patient waiting area and toilets. There was sufficient comfortable seating, disabled access toilets and refreshment services.
- Referrals were responded to quickly. The referrals management team contacted patients to offer the earliest appointment on a date and location that suited them.The referrals management team assessed the patient's suitability for examination at the point of booking and was available to discuss any questions or concerns the patient might raise regarding their examination.
- Patients were provided with information in accessible formats before appointments. Appointment letters contained information required by the patient such as contact details, a map and directions. The letter also informed patients about the diagnostic screening procedure, including any preparation and contraindications. The appointment letter asked patients to call in if they had any queries.
- We were told that the referral process facilitated the service's preparations should the patient have any communication or disability needs, and helped identify best ways to support patients' needs in cases of decreased mobility or ill mental health. For example, should a patient require a hoist facility, Medical Imaging Partnership would offer an alternative site where such a facility is available and liaise with the patient or carer to provide a convenient day and time dependent on the needs of the patient.
- Staff were confident and competent assisting patients who required assistance with their mobility. We heard how patients who had identified mobility concerns were provided with mobility chairs and how staff assisted patients in safe transfers to and from the scanner.
- The changing room was assessed for suitability prior to its use and provided privacy and dignity. There was sufficient space in the changing room for individuals accompanying the patient.

Meeting people's individual needs

The service took account of patients' individual needs.

- Patients' individual needs were accounted for. Staff delivered care in a way that took account of the needs of different patients on the grounds of age, disability, gender, race, religion or belief and sexual orientation. Staff had received training in equality and diversity. They had a good understanding of cultural, social and religious needs patients and showed these principals in their work.
- Patients' preferences were noted at the time of booking an appointment. This included checks to assess whether a chaperone was required for the imaging episode. We were given examples of how appointment times were extended for people with age related conditions, mobility issues, or mental health issues.
- The centre took into account the Disability Discrimination Act 1995. There was adequate disabled parking and level access. The unit was accessible to patients in a wheelchair or with limited mobility.
- We saw accessible toilet facilities and raised seating for orthopaedic patients with limited mobility.
- Reasonable adjustments were made so disabled patients could access and use services on an equal basis to others. All patients were encouraged to contact the unit if they had any needs, concerns or questions about their examination. The referral process also identified patients who could not access this service if they were unable to transfer from a chair to a bed with minimal assistance. The Medical Imaging Partnership Limited (MIP) central referral centre would be advised if this happened and a location that could accommodate the patient would be found. If this was not possible, the referrer was contacted and a suggestion of an alternate diagnostic screen would be arranged. This was in line with NICE QS15 Statement 9: Patients experience care that is tailored to their needs and personal preferences, considering their circumstances, their ability to access services and their coexisting conditions.
- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- Patients did not have access to interpreters. In a clinical emergency, the service enabled staff to use a family member to translate at the radiographer's discretion. However, the service could not always guarantee impartiality throughout the translation process. This is not best practice and has associated risks such as missing key information or the patient not feeling able to freely state their history and needs.

Access and flow

People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

- Signage to the waiting room for the DEXA scan on the ground floor was clear and easy to follow. All patients reported to main reception and were directed to the waiting room by a member of staff.
- The service worked closely with Medical Imaging Partnership and the host hospital to improve the quality of the service provided. The service could access other Medical Imaging Partnership units with the objective of reducing the turnaround times for patients as well as providing flexibility to patients' location preferences.
- All referrals were processed via the Medical Imaging Partnership online referral portal to the central Medical Imaging Partnership referrals management team or via telephone, fax or email. Referrals were checked to ensure contact could be made with the patient and then the referrals management team contacted the patient to offer the earliest appointment on a date and location that suited them.
- All appointments were confirmed prior to the patient's appointment by telephone. This helped reduce the number of 'did not attend' (DNA) and provided an opportunity for the patient to ask any questions they may have. Should a patient not be verbally contacted prior to their appointment, for example where a message had been left for the patient on an answer machine, the patient was asked to call the service to confirm their intention to attend the appointment. If the patient confirmed their appointment and then DNA the service said they would contact the patient to attempt to rebook the appointment as soon as possible. If still there was no reply the patient's GP

would be informed of a discharge procedure and requested to rebook the patient if needed. The service operated a six week turnaround target for their examinations. This target was achieved if the time from making a referral to producing a report was completed within a six week timeframe. The service achieved a 100% target in January, February and March 2019.

- The service did not receive a significant number of urgent referrals. However, staff told us urgent appointments were accommodated as quickly as possible and arrangements made for speedy reporting. The service did not hold slots for clinically urgent referrals and these were arranged on first available appointment basis. If the need arose to add an urgent referral into the waiting list when no appointments were available, the unit manager assessed appointments filled by routine, not urgent, examinations and rebook patients to make room for the clinically urgent case. The rebooked patient would be given the next available appointment to suit them.
- There were 96 planned procedures cancelled or delayed for non-clinical reasons between February 2018 and January 2019. The most frequent reason for cancellation was due to equipment failure, such as scanner break down.
- Appointments ran to time. Reception staff advised patients of any delays as they signed in. Staff would keep patients informed of any ongoing delays.
- Timely reporting was monitored and facilitated with IT systems allowing results to pass quickly to referrers. Urgent or unexpected findings triggered an immediate process, ensuring results were seen promptly by consultants, or within five days if not urgent.

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.

- Patients we spoke with told us they knew how to make a complaint or raise concerns about the service. Additionally, a patients' guide to making comments, compliments and concerns was available in the main waiting room. Staff provided these to patients upon request or when staff recognised its need.
- Patient feedback, such as complaints and concerns, were gathered using an electronic patient feedback form. Outcomes from these surveys were fed back to Medical Imaging Partnership so an ongoing assessment of satisfaction could be monitored throughout the year. Patients were also advised how to complain by telephone, email, or in writing. We were given examples where informal feedback was investigated. These investigations were timely and complainants were also advised of what actions had being taken to prevent recurrence.
- Medical Imaging Partnership had an effective complaints and management policy and procedure. This policy covered topics such as roles and responsibilities, complaints management, duty of candour, investigation and learning outcomes. Staff were trained to acknowledge and comply with this process.
- There had been no formal complaints raised with this service between February 2018 and January 2019. The service received two compliments in the same reporting time.
- Staff could share some learning and actions taken from informal complaints. We were told how staff had found patients who used privacy gowns during examinations were too exposed and that they felt this was inappropriate. The registered manager acted on this feedback and requested new ones to be ordered.
- The registered manager was responsible for overseeing the management of complaints at this service. Complaints and trends were reviewed through the Medical Imaging Partnership governance framework and reported to the executive management team and board on a regular basis. We saw evidence in the team meeting minutes that learning from complaint investigations from Medical Imaging Partnership was discussed and recorded. Learning was shared from both on-site complaints, as well as organisation wide complaints.

Are diagnostic imaging services well-led?

Good

We rated it as **Good.**

Good

Diagnostic imaging

Leadership

The manager at this site demonstrated the right skills and abilities to run the service providing high-quality sustainable care.

- Medical Imaging Partnership is a provider of diagnostic radiology services to both NHS and private patients. The company was formed by experienced operators of clinical services and continued to have a wide range of clinical, financial and operational expertise at board level.
- The executive team of Medical Imaging Partnership comprised a chief executive officer, finance director, medical director and heads of operations for three geographic locations divided into Sussex, London and Stockport and a chief information officer.All team members had experience in the imaging sector. The combined experience contained within the executive team provided assurances of knowledge, skills and experience necessary to manage the service.
- The registered manager was knowledgeable in leading the service. They had a clinical background which enabled them to understand the clinical aspects of the service, as well as being familiar with Medical Imaging Partnership policies, procedures and governance. They understood the challenges to quality and sustainability that the service faced, and together with the senior leadership team, had pro-active ongoing action plans in place to address them.
- The registered manager was fully aware of the scope and limitations of the service, based on the size, numbers and type of staff, and type of work booked.
- We saw there was succession planning that assured the continuity of services and sustained compassionate, inclusive and effective leadership. There was a clear identification of who was responsible for the service in the absence of the manager and how the service continued to operate in this case.

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, patients, and local community groups.

- Company strategy was to ensure a safe, high quality sustainable service. The organisation had recently restructured, after individual consultation with staff, to ensure its ability to offer best value to clients. They used the following as their values:
- We care – for patients, colleagues & customers, about every step of the journey
- We work as one – we can rely on each other and deliver on time
- We want to be the best – we always strive for excellence and highest quality
- We trust each other and you can trust us
- We deliver value for patients, stakeholders and customers
- Happiness matters – for patients, staff and customers
- The registered manager also identified the need to continue to grow the services they provided. We saw how the service had invested in their staffing, infrastructure and approach to quality to ensure they could continue to deliver on their key quality goals.
- Corporate functions aimed to support clinical activity at site level with relevant policies, procedures, resources and effective communication. Messages were cascaded to ensure that service provision met the objectives for patient care.
- Medical Imaging Partnership operated a collaborative approach to diagnostic imaging, working with the host site, local NHS providers and independent providers to keep the patient at the heart of their service. The collaborative approach to imaging services was designed to future proof the service and support local pathways of care. The strategy was monitored through the integrated clinical governance meeting.

Culture

Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Good

Diagnostic imaging

- Staff told us Medical Imaging Partnership management were visible and approachable. Due to the small size of the team and shift patterns, innovative ways of communicating had been introduced, including the use social media for general communication and interest groups.
- The service's culture was centred on the needs and experience of patients. This attitude was clearly reflected in staff we spoke with on inspection and their activity throughout the day.
- Equality and diversity was promoted. We saw this highlighted through the equality impact statement and workforce policy. Inclusive, non-discriminatory practices were part of usual working.
- The provider had a whistle blowing policy and duty of candour policy which supported staff to be open and honest. Staff described the principles of duty of candour to us and how they attended duty of candour training. Staff were aware how they could raise concerns both informally and through the Medical Imaging Partnership Freedom to Speak Up Guardian.
- Staff had regular informal meetings with their manager. Staff's annual appraisal process had recently been reviewed to identify continuous professional development and personal development plans. We saw an annual appraisal and how it reflected the member of staff's personal improvement strategy.

Governance

Staff were clear about their roles and understood what they were accountable for. Staff knew how reporting was escalated.

- Relationships with the host hospital and third- party referrers were governed and managed effectively to promote person centred care. This was shown through the integrated governance committee (IGC) meeting minutes and through the service level agreement with the host hospital.
- The IGC was led by a clinical and operational lead, a governance lead, an information technology lead and the financial lead. Additionally, it was attended by a range of healthcare professionals with expertise in the safe provision and delivery of imaging services. The radiology clinical manager of this service was a part of, and regularly attended, this meeting.
- The IGC structure allowed for effective monitoring, review and shared learning. Feedback and actions from performance and discussion of local incidents were fed into processes at a corporate level. We saw evidence of this process in the IGC meeting minutes.
- IGC meetings were held every month, had a standardised agenda and were in-line with the agreed terms of reference. There was a standardised approach to these meetings and the minutes we looked at showed actions were reviewed promptly and in a timely manner.
- Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered within the unit. We heard examples of staff accountability through the action points identified in the monthly team meeting minutes.
- Working arrangements with partners and third-party providers were managed effectively. For example, there was a service level agreement with the host hospital that had clear stipulations of which activities were carried out and the responsibility of the provider and the host hospital. Additionally, quarterly quality and contract meetings supported a close and good working partnership between both sites. The service also attended the host site radiation committee meetings
- There were processes to ensure staff were fit for practice. For example, they were required to be competent and hold appropriate indemnity insurance in accordance with The Health Care and Associated Professions (Indemnity Arrangements) Order 2014.
- The service was actively working to update policies that were out of date. We saw the service still had two policies that were out of date: the Health and Safety Policy and the Management of Clinical Risk Policy. However, we were told how Medical Imaging Partnership lost core staff in December 2017 and that during the summer period of 2018, there was a change to the senior management structure. This had an impact on governance arrangements such as policy reviews. We saw in the November 2018 IGC meeting minutes, that the now established senior management structure had a plan to support the review and update of these policies.

Good

Diagnostic imaging

Managing risks, issues and performance

Management systems identified and managed risks to the quality of the service from a provider's perspective. However, monitoring and improvement resolutions at a local level could not be assured with current processes.

- We saw local risk assessments systems, with a process of escalation onto the corporate risk register. We also saw there was an ongoing local risk management system. Monitoring of local risk was recently introduced to the service and was continuing to develop. We were told that the service was still identifying the best method to grade a risk and review accountability. However, we saw that the identified risks in the document were appropriate and presented valid risk management strategies.
- The registered manager and staff were aware of patient risk related matters, such as safeguarding, reporting of incidents, policies for safe practice and safe capacity. These documents were all readily available for consultation through the site file, as well as through the Medical Imaging Partnership Limited intranet page.
- The registered manager at the site was responsible for governance and quality monitoring. They were involved in the organisation's governance framework and sat on the Integrated Governance Committee.
- We saw sub-committees such as the radiation protection committee had oversight of radiation regulations, with attention to radiation protection and equipment calibration. The radiation protection advisor was part of this committee.
- We reviewed the Management of Clinical Risks policy. The policy outlined staff roles in relation to risk and included information on the role of the quality and compliance manager, who received any external and internal safety alerts. On receipt of an alert the quality and compliance manager immediately informed all clinical and medical staff within the company, including bank staff via e-mail addresses provided and notified members of the Clinical Governance Group for further due consideration. The alert was recorded on the clinical alert spreadsheet.
- A wide range of clinical and non-clinical risk assessments were carried out. Each assessment had associated actions logged and received a risk score. These risk assessments were part of the corporate risk register.
- We reviewed the corporate risk register but there was no clear way to ensure the senior leadership team were aware of the risks, mitigations and timely resolution to the issues raised.

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 was aware of the requirements of managing a patient's personal information in accordance with relevant legislation and regulations. The Clinical and Administrative Records Management Policy, ratified in July 2018, reflected the change in laws surrounding the updated General Data Protection Regulation (GDPR) 2018.
- Staff viewed breaches of patient personal information as a serious incident and would therefore manage this as a serious incident and escalate to the appropriate bodies.
- The service correctly managed data and sustained data information to prevent breaches of data or information misuse.Processes ensured that information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant. The picture archiving and communication system was included in this process as were the paper based backup copies of first finding reports.
- Staff had access to Medical Imaging Partnership policies and resource material through the internal computer system. This included training modules on information governance, as well as access to policies such as the Clinical and Administrative Records Management Policy and Privacy, Respect and Dignity Policy.
- The registered manager knew and identified effective arrangements to ensure data and notifications were submitted to external bodies as required.

- There were enough computers available to enable staff to access the system when they needed to. Access to these computers was only possible to authorised people and was password protected. This assured access to personal and confidential information such as patient details, was protected and secure.

Engagement

The service engaged well with patients, staff, the public, and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

- Engagement with project groups, regular one-to-one meetings, company days and team meetings were used to obtain feedback and steer changes.
- Regular meaningful communication with commissioners on contract performance ensured service delivery met patient need.
- There was also regular engagement with commissioners and the host hospital to understand the service they required and how this could be improved. This produced an effective pathway for patients. The service had a good relationship with the local hospital and clinical commissioning group.
- Patients' views and experiences were gathered. Patient surveys were used and the questions were sufficiently open ended to allow patients to express themselves. Compiled data from the latest feedback comments allowed the service to identify drivers for improvement.
- Employee engagement was measured through an annual employee survey. In response to the survey, action plans were developed and progress against the plans was measured on a regular basis.
- The service had access to a Medical Imaging Partnership Freedom to Speak Up Guardian. The role was independent and reported directly to the chief executive and they attended quarterly information governance meetings.
- Medical Imaging Partnership in cooperation with the service were actively developing engagement strategies with patients and health promotion events. We heard of projects such as the women's health day and bone health in children event.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well or wrong.

- The team had monthly meetings to discuss governance requirements which applied to all units, including: incidents, complaints, scan reports, health and safety issues, delivery against the business plan, information governance issues, what went well and what did not go so well. Issues relevant to the service were discussed and actioned as a team.
- Staff could provide examples of improvements and changes made to processes based on patient feedback, incidents and staff suggestions. For example, we heard how the registered manager listened and acted on informal complaints from staff regarding dignity gowns.
- We heard cases of the service learning from national meetings and independent training. For example, staff attended national osteoporosis meetings to further develop practice and competencies.

Outstanding practice and areas for improvement

Outstanding practice

- The service had access to a consultant radiologist and a consultant rheumatologist with special interest in bone health who oversaw the service and were available to advise staff.
- Staff took the time to interact with patients and those close to them in a respectful and considerate manner. Staff were encouraging, sensitive and supportive to patients and those close to them.
- The service was actively developing engagement strategies with patients and health promotion events. We heard of projects such as the women's health day and bone health in children event.

Areas for improvement

Action the provider SHOULD take to improve

- The service should review the use of interpreters during procedures and consider if the use of family to interpret is appropriate.
- The service should conclude the review of all policies and procedures to ensure they are up to date and in line with best practice.