

# The Horder Imaging Centre

## Quality Report

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

## Ratings

Overall rating for this location		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

The service had never previously been rated. We rated it as **Good** overall.

We found good practice in relation to diagnostic imaging:

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.

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

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

The service planned and provided care in a way that met the needs of local people and the communities served.

People could access the service when they needed it and received the right care promptly.

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

**Nigel Acheson**

**Deputy Chief Inspector of Hospitals**

## Overall summary

Horder Imaging Centre is operated by Medical Imaging Partnership. The service provides diagnostic imaging.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 20 June 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.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

Horder Imaging Centre is operated by Medical Imaging Partnership. The service provides diagnostic imaging. The service provides diagnostic imaging for patients in the host hospital and the local community.

# Summary of findings

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Good



# Horder Imaging Centre

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to The Horder Imaging Centre

Horder Imaging Centre is operated by Medical Imaging Partnership. The service opened in November 2010. It is situated in a small ground level area of a host hospital. The service provides diagnostic imaging and primarily serves the communities of the local area in East Sussex.

The service has had a registered manager in post since 24 February 2012.

We inspected the service on 20 June 2019.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Cath Campbell, Head of Hospital Inspection.

## Why we carried out this inspection

We carried out this inspection as part of our routine inspection programme.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 20 June 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.

## Information about The Horder Imaging Centre

During the inspection, we visited the x-ray room, MRI, DEXA and the room where ultrasound and ultrasound guided injections were carried out. We spoke with four staff including radiographers and senior managers. We spoke with five patients. During our inspection, we reviewed four sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had not been inspected using the comprehensive inspection

methodology and this was the first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity

The service provides diagnostic imaging services for approximately 8 000 patients per year. The vast majority of these are patients of the host hospital.

Track record on safety

# Summary of this inspection

- No never events, clinical incidents or 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
- Six complaints

## **Services accredited by a national body:**

The services are accredited by the Imaging Services Accreditation Scheme (ISAS). The centre's ISAS accreditation was renewed with other Medical Imaging Partnership providers in February 2019

# 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?

The service had not previously been rated. **We rated it as Good because:**

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.

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

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However:

Not all records contained full details of patients' care and treatment.

The service did not always manage patient safety incidents well. Staff recognised and reported incidents but did not always report near misses.

Good



### Are services effective?

The effective domain is **Not rated**, however:

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

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

### Are services caring?

The service had not previously been rated. We rated it as **Good** because:

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Good





# Summary of this inspection

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Are services responsive?

The service had not previously been rated. We rated it as **Good** because:

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

People could access the service when they needed it and received the right care promptly.

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

**Good**



## Are services well-led?

The service had not previously been rated. We rated it as **Good** because:

Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

**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 

## Are diagnostic imaging services safe?

Good 

### Mandatory training

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

The provider conducted its own mandatory training programme. However, because the staff employed at the site all worked across different sites, compliance with the training programme could not be reported on at site level. We were provided with a mandatory training matrix for all staff that worked across each site. This showed which staff had had which part of their mandatory training and tracked when it was due, when it had been completed and if it was overdue. The mandatory training consisted of, but was not limited to infection control, Mental Capacity Act, health and safety and equality and diversity. We saw that all staff that worked at the service were up to date with their mandatory training or had it booked to complete. Training in the 'Local Rules' was not included in the mandatory training programme.

### 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.**

All staff at the service had been trained to level two in adult and child safeguarding. Although the service did not see children, staff were aware of what process they

needed to follow if they had concerns about any visiting child's welfare. Staff were also aware that they would need to contact the organisations safeguarding lead if they had any concerns.

The staff at the Horder Imaging centre also worked closely with the host hospital staff if there were any concerns about patients attending the service for x-ray. Staff we spoke with were able to explain the process for escalating their concerns. Staff would raise concerns with the most senior member of staff on duty or with staff at the host hospital.

### Cleanliness, infection control and hygiene

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

Each clinical room had enough supplies of personal protective equipment such as aprons and gloves.

Sharps bins were properly constructed and were empty. In the ultrasound room, where ultrasound guided injections were carried out, there was guidance that showed what to do in the event of a needlestick injury

In the ultrasound room there was a sink that could be used to wash hands. The taps were controlled by a sensor which meant that they did not need to be touched to operate. However, there was no hand basin or water supply to the MRI unit. This meant that staff and patients had to go back in to the main building to wash their hands. There was, however, hand cleansing gel that could be used for basic cleaning.

Throughout the inspection we observed staff cleaning their hands before and after any patient interaction.

# Diagnostic imaging

There was a cleaning schedule on the wall of the ultrasound room. Although it had been completed in full for the first five days of the month, it had not been completed in the intervening ten working days. It was explained that this was because the room had not been used in that time.

The host hospital provided cleaning for all the common areas of the unit including the clinical rooms. This cleaning happened daily but was not recorded on the cleaning schedule as that only detailed when all the equipment had been cleaned prior to and after scanning activity.

Radiography assistants cleaned the equipment prior to any clinical list in the x-ray, ultrasound and DEXA rooms. We saw records in the x-ray room, that was in use every day had been completed. This showed that equipment was cleaned at the end of each session

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.**

The premises were accessible to all. The Horder Imaging Centre was accessed from the outside through a large, automatic double door. The double door was at ground level and there were no steps leading up to it. There was a large, comfortable waiting area which was shared with the host hospital. There was a reception desk where patients attending for a scan would report.

Through the corridor past reception was a smaller waiting area where the patients that had been called through could wait for their scan.

Along the corridor occupied by the service was a large ultrasound room, an x-ray room and a DEXA scanning room. To the other side of the corridor were offices and a store room. All rooms we saw were clean, tidy and well ordered. Equipment that was not in use was visibly clean and dust free.

There were systems to ensure stock was available. There was a book in the ultrasound room that listed all the equipment that was in stock and highlighted when it would be out of date. This prompted staff to order new stock accordingly.

There were arrangements to ensure people were not accidentally exposed to ionising radiation. Outside the x-ray room was a light which showed that it was a controlled x-ray area and a red light was illuminated when the x-ray was in use.

The service carried out an annual 'lead apron' audit. This showed that all aprons had a visual inspection and were screened and cleaned. This had been completed three days prior to the inspection.

Staff that worked in the scanning rooms carried dosimeter badges that recorded an individual's exposure to ionising radiation

Stock levels in the ultrasound room were checked and we saw that there were good supplies of all items and they were all in date. There was one non-sterile biopsy needle in a drawer. When the lead radiographer was asked about this, it was explained that it was in there for training purposes.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

Before a patient attended for their MRI appointment they were sent a safety questionnaire to be filled in and presented to the team. This was then gone through face to face with the patient by a member of the team. Checks were then carried out on the information contained in the electronic records system to ensure that the patient could be scanned. A further patient safety checklist was completed prior to patients entering the MRI scanning room.

If any abnormalities were identified during a scan, the team noted it on the system and requested that it was reported within 24 hours. If there was nothing adverse found, the report was sent to by the referring clinician within seven-10 days.

Radiographers that worked in the ultrasound guided injection service had all received intermediate life support (ILS) training. The registered manager had also had ILS training. The host hospital also had a

# Diagnostic imaging

resuscitation trolley and a team that could attend if needed. Details of what to do in the event of a medical emergency that required immediate intervention were displayed prominently in the clinical rooms.

The service had a protocol with the host hospital where, in the event of a medical emergency, they could call the hospital's resident medical officer and, where necessary, their emergency team. We saw that there was clear guidance displayed across the unit to explain how this should be done.

Pause and check signs were displayed on the walls of the scanning rooms as were exposure charts. The local rules (local rules summarise the key working instructions intended to restrict exposure in radiation areas. They will include at least the following information : A description of the area covered by the Rules and its radiological designation. The radiological hazards which may be present in the area) were also displayed prominently and showed that they were reviewed just prior to the inspection and were due for review in June 2021.

The scanning referral forms included a section where it could be recorded if the patient could have been pregnant. However, we saw on one occasion that the last menstrual period had not been recorded.

The service did see patients under the age of 17 years and had sought advice around paediatric life support from Medical Imaging Partnership's expert advisor.

The service had a named radiation protection advisor and a radiation protection supervisor.

## Other staffing

The MRI service was led by a lead MRI radiographer supported by MRI radiographers who worked across Medical Imaging Partnership (MIP) sites. There was always two members of staff who rotated through MIP sites to maintain the skills matrix. The working pattern of 12.5 hour days and two radiographer model was introduced, with rest days and the pooling of staff allowed scope to respond to a request for cover at short notice.

There had been no requirement to use agency staff in any modality at the Horder Imaging Centre.

The X-ray and DEXA services were staffed by experienced x-ray radiographers. The number rostered was flexed to accommodate the bookings for outpatient clinics, theatre

lists and inpatient post-operative requirements. There were two bank staff who can be requested to help staff the department or back fill for a radiographer who can assist in MRI in case of short notice absence. In addition, there is a 24-hour on-call x-ray service provided.

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

Depending on the nature and urgency of the medical advice required, the medical director was available by telephone and email to support the onsite MIP team. In addition, the host hospital resident medical officer was available immediately on site and their support was available to MIP patients under the provisions of the service level agreement.

MSK Ultrasound and US guided injections were provided by specialist Consultant Radiologists who worked under practice privileges with MIP. They were assisted by Radiographic Department Assistants or a radiographer

There was also access to orthopaedic and anaesthetic consultants during weekdays should their help be required. For imaging advice, there were various groups of consultant radiologists who advised by speciality, for example the neuro-radiology group, musculoskeletal group and the medical director.

Due to an increase in demand for the ultrasound guided injections, a need for extra clinician time was identified. A musculoskeletal physician and consultant radiologist had committed to provide a weekly service at the site. These clinicians were employed under practise privileges.

Practising privileges were granted to radiologists' dependent on meeting governance criteria. Protocols were based on the latest medical physics, radiation protection and Royal College of Radiologist guidelines.

The granting of practice privileges for the service was overseen by the medical director with the support of the HT administrator toundertake the administrative functions

## Records

# Diagnostic imaging

**Not all records contained the full details of patients' care and treatment. Records were generally clear, up-to-date, stored securely and easily available to all staff providing care.**

Imaging request forms were digitally scanned on to a central system. Patients would then attend for their scan with a copy of the imaging request form in their notes. Reports of scans were stored on the electronic records system which could then be transferred electronically back to the referring clinician.

From the notes we reviewed we saw that radiation doses were recorded electronically in all cases.

When checking one record for a patient of child bearing age we saw that the date of the last menstrual period was not signed as required by the Ionising Radiation (Medical Exposure) Regulations 2017. It was explained that the patient was an inpatient and the staff would have referred to them. However, there was no record of this available.

## Medicines

**The service used systems and processes designed to safely prescribe, administer, record and store medicines. However, these were muddled, and medicines cabinets were congested.**

Medicines were stored in the medicine's cabinet. These were used for the ultrasound guided injections. The cabinet was congested with little space left and was not well ordered. It was explained that a new, larger cabinet had been ordered and that in the mean time they used the medicines cupboard of the host hospital.

There was a medicines cabinet for the unit on the wall of the ultrasound room. This was locked, and the keys were held by the senior member of staff on duty.

Checks of the medicines stock book showed that they were muddled, in that sometimes the dates went forward and sometimes they went backwards but ultimately all medicines had been reconciled.

In the room where ultrasound guidance injections were carried out, there was no process to rotate stock and ensure that those with expiry dates coming up were used before those with a longer shelf life. This meant that there was a possibility that some medicines would not be used and would need to be disposed of. There was a book

used to make a record dates of expiry, however, that had not been updated in the month prior to the inspection. It was explained that a record of dates was kept in a file where it was shown when a medicine expired.

The host hospital had a pharmacy on site and their pharmacists provided advice and support where required for the MIP Imaging Centre staff. The drugs used by the imaging service was limited, confined to a contrast agent, local anaesthetic and injectable steroid for pain relief.

The service used contrast media for their MRI scanning. Patient group directions for use with gadoteric acid and saline were signed and up to date. Policies regarding the use of contrast media were in date.

Contrast and saline were administered under a Patient Group Direction (PGD) at Horder Imaging Centre. PGDs were developed by MIP clinical service managers and signed off by the MIP Medical Director and a pharmacist once the document had been ratified by the MIP Integrated Governance Group. Only radiographers with current registration with the Health and Care Professions Council (HCPC) may be eligible to work under a PGD. They were trained to perform cannulation, administer IV and ILS prior to being approved. Approved staff were listed in the appendix of the PGD.

## Incidents

**The managed patient safety incidents well. Staff recognised and reported incidents but did not always report near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.**

The service reported incidents in different ways depending on where the patient had come from. If there was an incident relating to a patient of the host hospital that occurred during their visit to the service to have an x-ray, this would be reported on MIPs electronic incident reporting system. The governance lead would liaise with the host hospital to agree who would investigate the incident and share learnings and outcomes.

If the patient was one that had made an appointment directly with the service, they would report the incident on their own electronic incident reporting system.

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Regardless of whether the patient was one from the host hospital or a patient that had contacted them directly, learning was taken and shared where necessary with a view to reducing the chance of it recurring.

Staff told us that when incidents had been investigated there was a feedback loop which was completed face to face to all staff. This was also followed up in a governance infographic which had recently been introduced to the service.

We asked the staff if there had ever been any occasion where scanning for the wrong area was requested. We were told that it had happened, but they had always recognised the error before scanning took place. However, although process stated that these should be recorded as near misses, staff told us that this did not always happen.

## Are diagnostic imaging services effective?

### Evidence-based care and treatment

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

The service used the Ionising Radiation (Medical Exposure) Regulations to guide all its clinical protocols with x-ray and DEXA scanning. The service used National Institute for Health and Care Excellence guidance relating to lumbar spine x-rays.

There was a comprehensive audit programme which we reviewed. This included, but was not limited to detector dose indicator monitoring, accuracy of light beam diaphragm, image quality special resolution, image review audit, documentation audit and lead apron audits. Each different audit has its own frequency for how often it would be carried out ranging from two months to annual. There was evidence to demonstrate that all audits had been carried out according to the schedule.

### Nutrition and hydration

#### Staff gave patients enough food and drink to meet their needs.

Patients attended the service were not on the unit for a prolonged period so did not need food or drink. However, water was available for those attending.

The patients that attended for scanning from the host hospital had their nutrition and hydration needs attended to by the staff looking after them there.

### Pain relief

#### Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Most of the procedures that were undertaken at the service were pain free. However, pain killing medication was given to patients that were receiving ultrasound guided injections.

### Patient outcomes

#### Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Magnetic Resonance Imaging reporting was undertaken by consultant radiologists. Ultrasound and ultrasound guided injections were reported by the clinician when undertaking the examination. X-rays were reported by the consultant radiologists.

All reporting was administered through an electronic system within which there was an automated retrospective auditing programme.

All reporting radiologists had 5% of their workload across all modalities according to the (Royal College of Radiologists recommendation) reviewed and graded through that process. Any discrepancies flagged by the peer review process were reviewed by the medical director to allow their significance to be decided upon, remedial actions to be taken and create the opportunity for shared learning across the group. There was a low level of discrepancies.

The radiographers recorded, and the service audited the doses of radiation used. For audit purposes this was done on a separate sheet and was compared monthly. When considering the cases where the doses were above the



# Diagnostic imaging

expected levels, they considered the patient size, double check exposure and the equipment being used. A quality assurance check was carried out monthly to check the tube output.

Random audits were carried out on 25 images produced for patients that had been scanned. These were split into different areas of the body, including hips, knees and shoulders. The audit of the hip scans showed overall good quality of images, but that collimation was often difficult in larger patients. The knee image audits only showed that one wasn't positioned correctly. The result of this was shared with all staff. The shoulder image audits showed that 11 of the 25 images reviewed had not been collimated. These results were shared with staff.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them.**

An induction checklist was completed which includes emergency procedures, site environment, site staff, site policies and procedures, training and sign off competency with use of equipment.

Staff training in Intermediate Life Support was provided by an external company approved by the resuscitation council. This was predominantly around anaphylaxis and the deteriorating patient.

Staff told us that they had regular 1-1 meetings with their manager and that these were effective. Annual appraisals were carried out with all staff that worked across the different MIP locations. Information provided to us demonstrated that all staff that could have had an appraisal, at the time of inspection, had had one.

## Multidisciplinary working

**Doctors and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

The service worked closely with the nursing and other clinical staff at the host hospital. The team participated in meetings held by the host hospital and worked together on patient protocols. Staff from the host hospital told us that the imaging staff were responsive to their needs in

terms of getting patients the right scan at the right time. Staff we spoke with told us that there were good, effective working relationships with medical staff that visited the unit to carry out ultrasound guided injections.

## Seven-day services

**Key services were available seven days a week to support timely patient care.**

The service was open five days a week, Monday to Friday. They also provided an on-call X-Ray service to the host hospital where one radiographer would be on call 24 hours a day, seven days a week. The MRI service was available six days a week from Monday to Saturday.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

The level of interaction the staff and the service in general had with patients was limited so the opportunity to actively promote their health was limited. They did however ensure that throughout any of their procedures, they would re-assure patients about what they were doing and then give them advice, where necessary about what to do following the scanning procedure they had undergone. This was reflected in the records we reviewed.

## Consent and Mental Capacity Act

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

We observed patients giving written consent before they had their procedure. Staff were thorough when explaining the process to the patient and ensured the patients understood what they had said.

Staff described how they would seek consent for patients lacking capacity and worked with the host hospital in achieving this.

## Are diagnostic imaging services caring?

## Compassionate care



# Diagnostic imaging

## **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Patients we spoke with were complimentary about the service that they were given, and we witnessed a few episodes of patients being brought from the reception area to the scanning area. Staff were welcoming when the patient was brought to the scanning area for their procedure.

When speaking with patients we were told that the staff always introduced themselves and explained what was going to happen. We consistently heard that staff respected the patient's privacy and dignity and they 'could not give them enough credit' it was a fantastic, professional service.

Checks made with patients to confirm identity and the reason for their visit were done in private areas.

We saw that patient's privacy and dignity was always maintained throughout the procedure and changing rooms were available for any patients that required them.

Chaperones were available if the patient requested one.

## **Emotional support**

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

When staff took patients to their scan, they explained what would happen if the patient was anxious or if there was anything else that the team needed to know about them.

Time was taken to explain procedures and respond to any patient questions. Staff were aware of patients that were more anxious, were claustrophobic, mobility or learning disabilities or require additional support with issues such as language. This was taken from the information provided with the referral.

In the MRI scanner patients were provided with ear protection and headphones and music to help to relax them

Adequate time was taken for completion of registration forms, consent for GDPR Data Sharing, informed consent for procedures and imaging safety questionnaires so patients were not rushed or pressured.

Patients were able to attend appointments with carers and family members. Time was taken to ensure that those individuals were clear about the process and its effects.

## **Understanding and involvement of patients and those close to them**

Most patients that the service cared for were referred to them by the host hospital, therefore the amount of interaction they had with the patient in understanding their condition was limited. They also were unable to assist them in making decisions about the patient's care and treatment. However, we saw that they were willing to discuss the patient's condition with them, or where appropriate and necessary, with those accompanying the patient.

However, we observed a patient asking if they consented to their experience being used for marketing purposes. When this was challenged by the patient, the staff were unable to explain what exactly that meant.

## **Are diagnostic imaging services responsive?**

Good 

## **Service delivery to meet the needs of local people**

### **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with the host hospital to plan care.**

The service provided diagnostic imaging services to the local community by providing choice and access if they were able to fund themselves.

The service provided scanning to the local population as well as the patients of the host hospital. There was provision of MRI, X-Ray, Theatre CR, DEXA imaging and ultrasound guided injections.

The unit provided an ad-hoc service to the host hospital under a service level agreement. This meant that when in-patients from the host hospital required an x-ray, this would be arranged at a mutually convenient time. This was predominantly patients that had had surgery and required scanning to establish how successful the surgery had been.

# Diagnostic imaging

## Meeting people's individual needs

**The service did not always take account of patients' individual needs and preferences as there was no system for formally identifying additional needs and limited wheelchair access in the scanning room.**

The service was not fully accessible to people with reduced mobility. There was a hoist that could be used to get patients into position for a scanning procedure. However, it was difficult for staff to get patients that had mobility difficulties into the scanner. The service did not have any MRI safe wheel chairs that could be used for patients. There was however a fully accessible toilet that patients could use.

We saw that there were items in the clinical rooms including a walking frame, steps and a shoe horn. All these items were there to make the patients' visit to the unit as comfortable and easy as possible.

We asked staff if there was a system that would make them aware if a patient had special needs. We were told that there were no formal arrangements, but information would be taken at the time of booking. The host hospital used the butterfly scheme to identify patients that were living with dementia however, staff told us that often there would be no way of knowing if the patient had special needs, for example, if the patient was living with dementia.

The service introduced an ultrasound guided injection procedure in response to a local need.

## Access and flow

**People could access the service when they needed it and received the right care promptly.**

The MRI service was available from 7:30am until 8pm. Appointments slots were ordinarily all taken. However, three 'catch up' slots were available at 10:20am and 4pm to ensure that there remained a flow through the unit. These slots could also be used for emergency patients if needed.

The service had extended scanning times when there was higher demand.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.**

The service had received six formal complaints in the year prior to the inspection. Most complaints that were made were dealt with on the spot. We reviewed two complaints which demonstrated that the responses were tailored to the concerns raised.

Information on how to complain was provided in information leaflets and on line via MIP's website. Complaints could be made in person, by telephone, email or in writing.

All complaints were managed through the complaints procedure. All complaints received were forwarded to the Service Quality and Contracts Manager who acknowledged receipt in writing advising that the complaint will be investigated, and a response will be provided together with timescales.

The complaint was then forwarded to the appropriate manager for investigation and a preparation of a draft response. In most cases the manager made direct contact with the patient to discuss their concerns.

Once the investigation was complete, a formal written response which provided an explanation of what happened, apologies for any shortcomings in service standards (if this is applicable) and information on the action being taken to prevent a recurrence was reviewed and signed by the Head of Operations and sent to the patient.

Complaints and trends were reviewed through the governance framework and reported to the executive management team and Board

Learning from formal or informal complaints was shared with the staff, not just at the Horder Imaging Centre but across other Medical Imaging partnership sites.

## Are diagnostic imaging services well-led?

## Leadership

# Diagnostic imaging

**Leaders had the integrity, skills and abilities to run the service. They were visible and approachable in the service for patients and staff.**

The MIP board was led by an experienced executive chairman and CEO with over 15 years' experience delivering imaging services. The executive team had a wide range of key expertise to deliver safe, effective healthcare.

Staff told us managers was visible and approachable. Due to size of team and shift patterns, innovative ways of communicating operated including social media for general communication and interest groups. Staff told us they were valued and supported to fulfil their potential with support for CPD, professional development.

## Vision and strategy

**The service had a vision for what it wanted to achieve but it had not developed a strategy to turn it into action.**

The registered manager worked alongside the Head of Operations for the group when looking at how to develop the service. The registered manager was able to input what would be required clinically to develop the service and the head of operations would then look at the feasibility of this.

The service wanted to maintain the service they offered to the host hospital and local community. They wanted to develop their DEXA scanning and ultrasound services to make them more frequently available. Plans to do this were being formulated at the time of the inspection.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.**

Staff we spoke with all told us that they were happy to work for the service and that they felt supported by the leadership team. There was a clear commitment from staff to put patients at the centre of the service they provided.

We saw good interaction between the few staff we saw working together on the day of the inspection.

A Freedom-to-Speak-up Guardian (FTSUG) was appointed in April 2018 as an independent role reporting

to the CEO with quarterly attendance at information governance meetings. Staff told us they felt safe to raise incidents and were confident they would get investigated and feedback would follow.

## Governance

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

All of MIP's services were provided under the governance structure of an integrated governance committee comprising a range of healthcare professionals with expertise in the safe provision and delivery of imaging services. The Integrated Governance committee was led by MIP's Medical Director, a consultant radiologist, they had oversight of clinical safety in the planning and structure of services and their delivery.

The service had a radiation protection committee that met annually. This was led by the services radiation protection advisor. The committee did not just cover the work of the Horder Imaging Centre but covered the whole of the Sussex area for Medical Imaging Partnership.

There were no incidents which reached the threshold for formal duty of candour between 01/03/2018 and 28/02/2019. The threshold was any incident which resulted in severity of harm of moderate or above. The service operated a 'being open' policy for all incidents and complaints, which are reported through the organisation's procedures and are managed in collaboration with the Head of Governance who would identify any requiring duty of candour.

Report turnaround times were monitored by the service. There was a standard turnaround time of two weeks for routine scanning. Same day scans and report could also be undertaken if required. Performance was monitored as part of the wider MIP integrated governance committee.

## Managing risks, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

# Diagnostic imaging

The service had a local risk register that fed in to the wider corporate risk register. They had also held a joint service review with the host hospital to ensure that each services risk registers reflected the others where there was cross over. One risk related to infrequent power outages that could stop the service, however back-up generators from the host hospital would ensure any patients would be able to complete their procedure.

However, the main risk related to the makeshift pathway from the administration building to the MRI unit at the front of the hospital. This was a plywood surface with toughened plastic over the top and at the sides to prevent it getting wet. However, there were steps on the exit of the MRI unit that were not covered and as such became wet and slippery when it rained. The service was in discussion with the host hospital about providing a permanent solution to replace the existing path and cover with something more permanent.

The service had a major incident and business continuity policy which incorporated the other MIP sites. In the event of any closures, patients could be referred to alternative sites in the Sussex area.

## Managing information

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

Referrers completed feedback surveys to monitor satisfaction levels with service and reporting. This information would be analysed by leaders of the organisation and results shared with staff.

A range of imaging audits were carried out and information from these were also shared with staff to review good practice and areas for development.

Imaging request forms were sent down to the service in paper form, attached to the patient notes. These were digitally scanned on to the central service computer system.

The mechanisms for transferring records from one organisation to another were tailored to the sensitivity of the material contained within the records and the media on which they were held.

Agreement with the receiving organisation must be sought on the method of transportation for transferring a record including a delivery receipt.

Electronic transfer of patient identifiable information was always be done via authorised systems.

## Engagement

**Leaders and staff actively and openly engaged staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

The service had regular meetings with commissioners regarding contract performance. This ensured delivery met current and forecast needs.

Key personnel from Medical Imaging Partnership held quarterly joint service reviews with the host hospital where a set agenda covered operational performance indicators and key performance indicators, incidents, complaints and compliments.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services although opportunities were limited.**

The service held monthly integrated governance meetings where a range of issues would be discussed. The topics were both reflective and forward looking. The minutes demonstrated that learning was taken from a range of different areas including performance, complaints and complaint handling, and learning from other CQC inspections.

Some staff reported to us that there were limitations to them being able to access further learning either from study days or training courses due to the workload.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The service should develop a system with the host hospital that ensures patients with special needs or who are living with dementia are identified before scanning takes place, so care can be planned to meet their individual needs.
- The service should consider providing an MRI safe wheelchair for patients who require one to ensure they can access the MRI scanner more easily.
- The service should develop a process to ensure that all near misses are recorded as incidents.
- The service should ensure that all relevant information about a patient is recorded on their own records, with specific information about last menstrual periods recorded.
- The service should ensure that medicines are store in logical, ordered way.