Medical Imaging Partnership Limited

# Medical Centre East Stand

**Inspection report**

The American Express Community Stadium
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

| | |
|---|---|
| Overall rating for this location | Good |
| Are services safe? | Requires Improvement |
| Are services effective? | Inspected but not rated |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Summary of findings

## Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and monitored their pain. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Services were available to support timely patient care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always provide staff with children and young people safeguarding training at a level required for their clinical and non-clinical roles.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| **Diagnostic imaging** | Good  | Our rating of this service stayed the same. We rated it as good.<br>See the summary above for details. |

# Summary of findings

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# Summary of this inspection

## Background to Medical Centre East Stand

Medical Centre East Stand is operated by Medical Imaging Partnership. The service opened in February 2016. It is a private Diagnostic Imaging Centre in Falmer, near Brighton, East Sussex. The centre primarily serves the communities of Brighton and the surrounding areas. The service was one of six locations operated by Medical Imaging Partnership.

The service only saw patients over the age of 13.

The centre has had a registered manager in post since 22 February 2016, and was registered with the CQC to undertake the regulated activity of diagnostic and screening procedures and treatment of disease, disorder or injury.

The service undertook ultrasounds, ultrasound guided injections and X-ray.

From 1 October 2020 to 30 September 2021 the service performed 2746 ultrasounds, 1028 ultrasound guided injections six X-rays.

We have inspected this service once before on 14 May 2019. We rated the service as Good.

## How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We spoke with five staff including service leaders, radiographers and radiography assistants. We spoke with three patients. During our inspection, we reviewed five sets of patient records.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

## Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

**Action the service MUST take to improve**:

- The service must ensure that staff competency training for safeguarding is compliant with the Safeguarding Children and Young People: Roles and competencies for Healthcare Staff, Fourth Edition 2019 Intercollegiate Document, to ensure children and young people are protected from abuse. (Regulation 13 (2)).

**Action the service SHOULD take to improve:**

# Summary of this inspection

- The service should consider adding safety aspects about the integral valve now commonly used in an oxygen cylinder, into staff training.

# Our findings

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Diagnostic imaging | Requires Improvement | Inspected but not rated | Good | Good | Good | Good |
| Overall | Requires Improvement | Inspected but not rated | Good | Good | Good | Good |

Good

# Diagnostic imaging

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

## Are Diagnostic imaging safe?

Requires Improvement

Our rating of safe went down. We rated it as requires improvement.

**Mandatory Training**

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. We saw on the services new electronic monitoring system that staff had completed their mandatory training. Staff that worked at the centre were 100% compliant with their mandatory training, against a target of 95%.

Managers explained the challenges of providing classroom training during the pandemic. Staff completed training by e-learning and had had discussions about their learning online. Staff had now completed face to face intermediate life support training.

The mandatory training met the needs of patients and staff. The mandatory training requirements included courses covering basic and intermediate life support, infection control, safeguarding children and adults level one, two and three, the Mental Capacity Act, manual handling and information governance.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Staff we spoke with told us the alerts come in time for them to undertake annual mandatory training before it expired.

**Safeguarding**

**Staff had not received all the training appropriate to their role for safeguarding children and young people. However, staff understood how to protect adult patients from abuse and the service worked well with other agencies to do so.**

Good

# Diagnostic imaging

Staff had not received all the training specific for their role on how to recognise and report abuse for children and young people. Safeguarding Children and Young People: Roles and competencies for Healthcare Staff, Fourth Edition 2019 Intercollegiate Document, provides a clear framework which identified the competencies required for all healthcare staff. The providers statement of purpose indicated the service could be provided to children aged 13 and above. The service level agreement for NHS patients indicated patients from the age of 17 would be referred.

The document on page 27 states the principle that every contact counted. The registered manager told us staff safeguarding training was based on the service they currently provided. They told us their clinical staff had minimal contact with children and young people and their parent or carers. Clinical staff we spoke with were trained to recognise the signs of potential abuse and how to report this. They were supported by the managers with level 3 training.

The document identified that 'Level 2 competence was required for non-clinical and clinical staff who, in their role, have contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children'. The provider told us clinical staff undertook level 2 training and non- clinical staff level 1. Non-clinical staff may not be able to effectively safeguard, protect and promote the welfare of children and young people.

The document states for diagnostic radiographers with a mixed caseload (adults and children) they 'should be able to demonstrate a minimum of level 2 and be working towards attainment of level 3 care knowledge, skill and competence'. The provider told us that all clinical managers, the business unit director and the director of clinical services were trained to level 3, but not any other clinical staff. Clinical staff may not be able to effectively safeguard, protect and promote the welfare of children and young people.

The registered manager told us that due to future development plans for the service, the governance team led by the chief medical officer were reviewing their safeguarding policies and service level agreements to ensure the service could safely meet the needs of children using the service.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff told us they could recognise abuse and knew how to report a safeguarding. The service had a safeguarding lead that had been trained to level three in adult and child safeguarding.

All staff had received training about female genital mutilation (FGM), within their mandatory safeguarding training

We saw that the organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check; occupational health clearance, references and qualification and professional registration checks.

**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.**

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff cleaned all clinical areas at the end of each day. We observed staff cleaning equipment and furniture before each patient entered a scanning room. We saw completed cleaning checklists to record cleaning had been undertaken. Deep cleans of clinical areas were undertaken six monthly which included sanitisation and fogging. This was last undertaken in July 2021.

Good

# Diagnostic imaging

Staff followed infection control principles including the use of personal protective equipment (PPE). The centre provided staff with personal protective equipment (PPE) such as gloves and aprons. We observed all staff wore PPE where necessary. We also saw that staff washed their hands thoroughly after patient contact. The service completed monthly hand hygiene audits. The latest audit for September 2021 showed that compliance with hand hygiene was 100%.

The service had completed a Covid-19 environmental risk assessment. Staff actions included a one-way system in and out of the service, and additional sanitising facilities in the reception area.

The sonographer checked the ultrasound probes were intact and ready for patient use, at the start of the list. We saw staff cleaned the ultrasound probes in between patients in line with British Medical Ultrasound Guidance.

**Environment and equipment**

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

The service was located on the lower level of a football stadium. There was a ground level wheelchair accessible entrance. The site was shared with other healthcare providers. The reception desk was staffed by another healthcare provider at the centre who would welcome all patients who were visiting. There was a large, waiting room with seating for the patients of all services. The seating was spread out to help manage Covid-19 risks for patients.

The service only had a small part of the overall space. This comprised of a storage room, toilet facilities, X-ray room and treatment room. There was also a staff office and kitchen area.

The service had enough suitable equipment to help them to safely care for patients. We saw maintenance work had been carried out on the clinical equipment and that this was up to date and in line with manufacturers' recommendations. The ultrasound machine was serviced 16 September 2021 and the ultrasound examination couch was serviced 11 December 2020. The ultrasound examination couch was next due to be serviced 22 December 2021.

The services medical physics expert carried out an annual diagnostic X-ray survey. The survey in October 2020 showed the overall performance of the unit was satisfactory and there were no recommendations. The medical physics expert noted in their report completed in October 2020, that all radiology equipment was subject to a comprehensive preventative maintenance programme of regular servicing. The survey for October 2021 was due to take place the week following our inspection.

The design of the environment followed national guidance. There were warning lights outside the doors to the X-ray room. These warned people of the risks of radiation and lit up when the equipment was in use.

The environment was secure. The clinical rooms were entered using punch code security system. The doors to these room remained locked whenever they are not in use. Other rooms except for the toilets were also locked when not in use.

Staff had sufficient access to disposable consumables. When stock levels dropped, the team would be able to order replacements through the referral centre manager at Head Office.

Good

# Diagnostic imaging

Staff disposed of clinical waste safely. Clinical and domestic waste was segregated. Clinical waste collection was the responsibility of another provider that sub-let their premises. There were clear accountabilities laid out for who was responsible for what aspects of waste disposal.

**Assessing and responding to patient risk**

**Staff identified, responded to and removed or minimised risks to patients. Staff identified and quickly acted upon patients at risk of deterioration.**

Staff shared key information to keep patients safe when handing over their care to others. The referrals management team assessed patients' suitability for a diagnostic procedure using a checklist at the point of booking. The referral team were supported by the regional imaging manager and lead radiographers who they could contact by email or directly by phone if urgent for any queries regarding a patient appointment prior to booking. The referrals team were also available to discuss any questions or concerns patients might raise regarding their diagnostic procedure.

Staff responded promptly to any sudden deterioration in a patient's health. In an emergency, staff knew to dial 999 for an ambulance. There was an automated electronic defibrillator. This was checked and was ready for immediate use and staff knew how to use it. There was also a designated red bag with other equipment clearly labelled with items such as an oxygen mask. All staff had received basic life support training and all radiographers had received immediate life support training. The service did not see clinically unwell patients.

The service had local rules for the X-ray equipment which described safe operating procedures in line with national guidance.

Staff completed a safety checklist (World Health Organisation) when undertaking ultrasound guided injections. Staff audited 10 patients' safety checklists monthly. The latest audit showed 95% compliance. Audit compliance had improved following a recent review. One action from an audit was that staff were now asked to write non applicable where needed, for example a box asking if anticipated risk blood loss greater than 500mls. This ensured that the question had been considered by the staff concerned.

Staff knew about and dealt with any specific risk issues. Radiographers told us how any unexpected or significant findings from image reports were escalated to the treating consultant. For muscular skeletal patients, with whom the service had an NHS contract, this was supported by a critical findings pathway. The pathway described the disorder, urgency level either critical or urgent and contact numbers. Staff would contact the referrer by telephone and follow this up with an urgent report.

Staff now completed a patient steroid injection safety questionnaire with patients. The service was aware of some published evidence that steroid injections may increase the risk of, exacerbate or prolong a Covid-19 infection. Patients completing the questionnaire meant the clinician was aware of any underlying health conditions. The clinician, depending on the underlying health condition, would the advise the patient verbally of any issues that might arise with having a steroid injection. Patients were then able to make an informed choice whether to proceed with the injection.

**Staffing**

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

Good

# Diagnostic imaging

The service had enough clinical and support staff to keep patients safe. The number of staff required was worked out using whole time equivalent hours versus the number of clinics that needed covering. There were always two members of staff for each ultrasound clinic, for example sonographer or radiologist depending on the clinic, and a radiographer or radiographer department assistant.

Radiographers and sonographers were rostered to work at different locations across Medical Imaging Partnership. This meant that they would be able to move staff at short notice to meet the needs of the clinics that were running.

There was an induction programme which included training on how to use the diagnostic imaging equipment. On the day of our inspection, the sonographer was a locum member of staff. They explained they had been given a full induction. We saw a copy of their induction checklist which included facilities and equipment information, access to policies and procedures, internal systems, reporting and training and development

**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. Managers regularly reviewed and adjusted staffing levels and skill mix. The service did not use bank, agency or locum staff.**

The service had enough medical staff to keep patients safe. The number of staff required was worked out using whole time equivalent hours versus the number of clinics needed covering and reporting required.

The service had visiting consultants that used the services provided to treat patients with ultrasound guided injections. Radiologists reported on X-rays. Medical staff used the services under practising privileges granted by the group chief medical officer and group director of radiology. The business unit director for the centre checked all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals. We saw evidence of the checks completed for medical staff who worked at the location.

**Records**

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

Patient notes were comprehensive and all staff could access them easily. Staff used secure electronic patient records to record a patient's diagnostic needs.

Records were stored securely. All patient data, medical records and scan results were documented via the centre's secure patient electronic record system.

The centre received patient referrals through a secure email from the provider's management referral team.

The centre provided referrers with an electronic diagnostic imaging report. The reports were completed on the electronic records system and then sent to the referrer. The referrer was then alerted to say the report was available.

**Medicines**

Good

# Diagnostic imaging

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medicines were stored safely and securely. Records showed medicines were stored in line with manufacturers recommended temperature ranges. The service held a register of all the medicines used. The medicines were prescribed by the injecting clinician.

The service had an anaphylaxis kit available if needed. The medicines in the kit were in date and stored in their own sealed bag so easy to access if needed.

The service had a small oxygen cylinder for emergency use. Staff received training on how to administer and monitor oxygen. However, the training did not cover the all the safety aspects of the oxygen administration. This was a concern as a patient safety alert published by NHS improvement on 9 January 2018 detailed over 400 incidents involving the incorrect operation of oxygen cylinder controls. Cylinders with integral valves are now in common use and require several steps (typically removing a plastic cap, turning a valve and adjusting a dial) before oxygen starts to flow. To reduce the risk of fire valves must be closed when cylinders are not in use. Following our inspection, the registered manager told us the patient safety alert had been recirculated to staff to raise awareness about the integral valve.

The service told us that a weekly task was to check the emergency oxygen cylinder and that the cylinder was in date. Following our inspection, they reviewed and amended the weekly task to 'oxygen cylinders to be checked to ensure there was no sign of damage to the cylinder, the valves open easily and the reading on the gauge'. The provider was now also reviewing all their portable oxygen cylinders to ensure the correct instructions were available with each cylinder.

**Incidents**

**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. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

All staff knew what incidents to report and how to report them. The service used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the staff induction programme, which all staff completed when they commenced their employment. From 1 October 2020 to 30 September 2021 staff had not needed to report any incidents.

Staff received feedback from investigation of incidents, both internal and external to the service. The provider circulated a governance newsletter every three months so lessons could be learned following incidents at all locations. For example, following three imaging related incidents at other locations, staff were reminded of the importance of 'pause and check' before performing an X-ray.

The service had no never events, serious incidents or Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) incidents reported in the last 12 months. A never event is a mistake that is so serious it should never happen.

Medicines and Healthcare products Regulatory Agency (MHRA) alerts were filtered and disseminated by the director of clinical services to the regional imaging manager. The regional imaging manager was responsible for sharing information relevant to the site and provided feedback to the director of clinical services on the actions taken.

Good

# Diagnostic imaging

## Are Diagnostic imaging effective?

Inspected but not rated

We do not rate effective for this type of service.

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. For ultrasound activity these followed recent guidance from the British Medical Ultrasound Society, the Royal College of Radiologists and the National Institute of Health and Care Excellence (NICE).

The service's policies and procedures for X-ray were subject to review by the radiation protection advisor (RPA). The annual RPA audit against the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R had been completed in October 2020. The audit found the service was partially compliant with several minor improvements necessary. Staff told us that improvements had been made. The annual RPA audit for 2021 was due the week following our inspection. X-ray activity at the service had been reduced as a result of the impact of Covid-19. There had only been six X-rays from 1 October 2020 to 30 September 2021.

Policies and procedures for the X-ray were based on the (IR(ME)R 2017 and we saw the local rules were up to date and reflected the equipment, staff and practices at the centre.

To ensure safe radiation doses the service applied the Public Health England guidance on National Diagnostic Reference Levels when setting their local diagnostic reference levels (DRLs). The DRLs used were based on the national levels for both children and adults.

Policies and standards were managed centrally and continually updated. This was led by and the responsibility of the group chief medical officer. Any changes or amendments to these policies were ratified by the clinical governance committee.

**Nutrition and hydration**

**Staff made sure patients did not fast for too long before diagnostic procedures. Staff took into account patients' individual needs where food or drink were necessary for the procedure.**

The referral team gave patients details in their appointment letter about anything they needed to do differently before a diagnostic procedure. For example, for some ultrasounds' patients were required to attend with a full bladder. If patients needed to fast, they were advised for how long. The referrals team advised patients who were diabetic, to bring some food and their medication to the centre.

Patients were not routinely provided with food and drink as patients were not on the premises for long periods of time. There was access to a water fountain if patients required a drink.

Good

# Diagnostic imaging

**Pain relief**

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

Staff asked patients to let them know if they were in any pain during their scans. We saw staff assisted patients into comfortable positions for imaging wherever possible. Staff made it clear that they could stop the scan if patients were in any discomfort.

**Patient outcomes**

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

The service was accredited by the United Kingdom Accreditation Service (UKAS) for the Quality Standard in Imaging. Renewal of this was due and the week before our inspection the service had been reassessed by UKAS. The provider was awaiting the outcome of the review. The accreditation is an independent assessment of an organisation's competence. It has been developed by The Royal College of Radiologists and the College of Radiographers. The purpose to support diagnostic imaging services to make continuous improvements to ensure that patients consistently receive high quality services delivered by competent staff working in safe environments.

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 carried out through an electronic system which supported a retrospective auditing programme. A peer view process of reports was supported by a procedure created in April 2021 and last reviewed in October 2021.

A peer review audit of 50 randomly selected ultrasound examinations took place monthly across the providers locations. Staff confirmed they were part of this process. 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.

Managers used information from the audits to improve care and treatment. Following a recent senior leadership team meeting, a director reported that following an audit of approximately 200 reported images across the provider's six locations, that the discrepancy rate was low and predominantly minor in nature. Any discrepancies flagged by the peer review process were reviewed by the group director of radiology to allow their significance to be decided on, remedial action to be taken and create the opportunity for shared learning across the group. Any discrepancies were reported as an incident. The registered manager told us that none of the discrepancies had occurred at Medical Centre East Stand location.

The service completed an annual X-ray referral form audit across the providers six locations. The results for 2021 showed compliance at 92%. The audit found that the referral forms were completed to ensure the patient received the correct imaging, complied with current legislation and raised no serious issues.

**Competent staff**

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

Good

# Diagnostic imaging

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Pre-employment checks of all staff employed by the service were undertaken to ensure they were competent for the role they would undertake. The registered manager told us that all radiographers were registered with the Health and Care Professionals Council (HCPC).

Managers gave all new staff a full induction tailored to their role before they started work. An induction checklist was completed which included emergency procedures, site environment site staff, site policies and procedures, training, sign off modality competency and use of equipment. Permanent staff were on a period of probation at the start of their employment. A radiographer we spoke with told us how helpful the induction had been.

Managers supported staff to develop through yearly, constructive appraisals of their work. Future training needs were identified at these meetings and staff were given the time and opportunity to develop their skills and knowledge. A member of staff we spoke with was about to commence a course, to expand their knowledge and skills with a diagnostic procedure. At the centre there was 100% compliance with appraisals for all staff including medical staff with practising privileges.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. A member of staff we spoke with had been supported to develop their knowledge and skills, to support the radiologist and patients during ultrasound guided injections.

The service ensured it received evidence annually from medical practitioners about appraisals and registrations as part of their practising privileges. The service suspended practising privileges if the required information not supplied.

**Multidisciplinary working**

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

Sonography staff worked closely with the referrers to enable patients to have a prompt diagnosis and treatment pathway. If they identified concerns from scans, they escalated them to the referrer.

Radiography staff worked closely with radiologists. If radiographers identified any concerns on an X-ray, they would get in touch urgently with a radiologist.

The service worked in partnership with an NHS musculoskeletal (MSK) service. The impact of Covid-19 and a decrease in face to face consultations by the MSK service, had led to a marked decrease in the number of X-rays undertaken by the centre during the last 12 months.

**Seven-day services**

**Services were available to support timely patient care.**

The centre was open seven days a week from 8am to 6.30pm depending on the type of diagnostic modality and day of the week. They also provided a match day service to the host football club. On match days the centre was only available to support the football club.

**Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

Good

# Diagnostic imaging

**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 understood how and when to assess whether a patient had the capacity to make decisions about their care. The provider had an 'informed patient consent policy', which included guidance for staff that if there was any doubt about a patient's capacity to make decisions, how to assess their capacity. The guidance included information about how to record the assessment.

The provider 'informed patient consent policy' included guidance on how to obtain consent from children. The consent policy included Gillick competence guidelines to ensure young people could understand what they were consenting for and were able to make decisions. Gillick competencies are used in medical law to decide whether a child under 16 can consent to their medical treatment, without the need for parental permission or knowledge. All clinical staff were aware of Gillick competencies. Clinical staff were 100% compliant with patient consent training.

Staff made sure patients consented to treatment based on all the information available. Staff explained how they gained consent for a scan. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We saw this recorded in the patient's records.

Clinical staff received and kept up to date with training in the Mental Capacity Act. The Deprivation of Liberty Safeguards did not apply to this service. Staff were 100% compliant with Mental Capacity Act 2005 training.

## Are Diagnostic imaging caring?

Good

Our rating of caring stayed the same. We rated it as good.

**Compassionate care**

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

Staff were discreet and responsive when caring for patients. They took time to interact with patients in a respectful and considerate way. We observed staff treating all patients in a friendly and courteous manner.

Patients said staff treated them well and with kindness. Staff were very helpful and friendly.

The results of the patient satisfaction survey showed the service was consistently rated high for compassionate care. Patients in a recent survey had rated their experience at the centre at 98%. A comment included 'It's never nice having an ultrasound but everyone was really kind and helpful and made the experience more pleasant'.

Good

# Diagnostic imaging

Computer screens containing confidential information were positioned so that unauthorised people were unable to see them. Screens were locked when unattended.

**Emotional support**

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Support included giving the patients as much time as they needed to discuss their concerns and talking in a calm and reassuring way.

The referral team asked patients or their carers if there were any specific needs or requirements for patients at the time of booking. Referral team staff flagged this information on the electronic booking system, so all staff involved in the patients' journey were aware. The service would then make arrangements, for example extra staffing, to ensure a patient's needs met.

Patients told us staff were patient, kind and provided them with the reassurance they needed. Patients were complimentary of all aspects of care they received from the ease of booking and the service provided by those they met.

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

**Staff supported patients to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. Patients were sent an information leaflet with their appointment confirmation. Sonographers and radiographers checked the patient's understanding of this information before the scan started.

Patients gave positive feedback about the service. In a recent patient survey patient satisfaction survey 100% of patients rated the explanation of the examination or procedure positively and 95% said they would recommend the service to friends and family. A comment included 'From start to finish I couldn't fault it. I've already told friends about the service and I only went yesterday. Thank you so much for making it better than I thought it would be (I was nervous because of being in pain)'.

## Are Diagnostic imaging responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

**Service planning and delivery to meet the needs of the local people**

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

Good

# Diagnostic imaging

Managers planned and organised services so they met the changing needs of the local population. Patients were referred to the service via different routes. There was clear guidance on the providers website on how to make a referral. The service would accept referrals from consultants and other doctors, podiatrists, physiotherapists and other registered health professionals. Any referrals from non-medical health professionals would be made under a specific protocol and pathway.

Facilities and premises were appropriate for the services being delivered. The site was easy to access by car or public transport and provided free parking and supported disabled access.

Managers monitored and took action to minimise missed appointments. The referral team would telephone patients within two days of their referral being accepted. If a message was left on an answerphone, they would leave the referral on hold for two days. If no response from patients a letter would be written to them. If a patient did not attend an appointment, the referrer would be informed via a secure email. The registered manager told us the did not attend rate for the centre was 3%.

**Meeting people's individual needs**

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

The service was wheelchair accessible and provided additional support to those with mobility issues. The service had access to a small electric vehicle for transporting patients with mobility issues, due to the size of the car park.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff could access an interpreting service if patients had difficulty communicating in English.

The service took account of patients with sensory loss, mobility and communication difficulties and adjusted the service to meet their needs. These patients were given longer appointments to ensure the care they were given was unrushed, appropriate and safe. Family members or their carer were able to stay for their appointment if needed by patients.

Staff could accommodate patients who were bariatric. The examination couches in the ultrasound room had a safe working load of 225kg and in X-ray 220kg.

Patients requiring a hoist or had to attend on a stretcher could not be accommodated. This was made clear to all referrers.

**Access and flow**

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were monitored.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The service used an electronic booking system staffed by a dedicated referral team that managed referrals. They monitored potential breaches and any referrals that were placed on hold. They also maintained communication records of all contacts with patients. The provider generated weekly performance reports for their NHS partners. Staff flagged urgent referrals and prioritised them for scheduling.

Good

# Diagnostic imaging

Referral team staff contacted patients with their appointment details by telephone. If staff were unable to contact patients by telephone, they sent a letter asking them to contact the referral team by phone or email. Patients were given information about how to get to the appointment and the travel options available. There was also information about the range of procedures offered. Patients were asked to attend 15 minutes before their appointment time due to difficulty in accommodating patients that arrived late.

The provider did not support high risk patient pathways at this location. The usual time between patients being referred and being seen for plain film X-rays was nine days, ultrasound 25 days and 28 days for ultrasound guided injections. Sonographers reported on ultrasounds the same day and radiologists reported on plain film X-rays within 48 hours.

Staff supported patients when they were referred or transferred between services. Sonographers and radiographers would explain the referral process to patients and allowed time to answer any questions.

**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 included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. Patients could make complaints or raise concerns in person, by telephone email or in writing. The providers website also had detailed information about the complaint process. This included information about how to seek an independent review, if either NHS or private patients were dissatisfied with the outcome of the review by the group chief executive.

Managers investigated complaints and identified themes. Records showed that complaints and concerns were logged, investigated and causes addressed. The service had received one complaint about an ultrasound report in the12 months prior to inspection. Staff had undertaken 2746 ultrasounds and 1028 ultrasound guided injections in the last 12 months, which meant the number of complaints was very low.

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints were discussed at the services clinical governance meetings. Complaints were reviewed by the clinical governance committee to identify any themes or trends that were emerging and feedback to local teams. Managers shared learning at the six locations through the provider's governance newsletter. In the governance newsletter for July 2021, a common theme around communication had been shared suggesting what staff could do differently to support patients.

## Are Diagnostic imaging well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

**Leadership**

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

Good

# Diagnostic imaging

The service was led by a registered manager that worked across more than one site. The radiographer led the day to day running of the site and ensured that patients were seen and cared for. Staff were able to contact a member of the provider senior leadership team if the registered manager was unavailable.

The area lead radiographer and registered manager ensured that the provider governance and audit programme for the location was adhered to, and audit results fed into the relevant committee. The area lead radiographer was also responsible for the investigation of any incidents, concerns and complaints at the location, which were then reviewed by the registered manager or Director of Clinical Services.

The senior leadership team at provider level consisted of group chief executive officer, group chief finance officer, group chief medical officer, group director of radiology, group director of clinical services, business unit directors, group director IT and business and intelligence and group financial controller.

Managers we met had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. They demonstrated leadership and professionalism.

Staff we spoke with said managers were accessible, visible and approachable.

**Vision and Strategy**

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The provider's aim was to provide clinical and service excellence in diagnostic radiology for people living locally to Brighton. To support achievement of this aim the service had five core values, 'You matter, part of a team, always with integrity, there for you and never letting go'. Staff we spoke with understood the aim and values of the centre and how it had set out to achieve them.

Staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

The service had a statement of purpose which outlined to patients the standards of care and support services the centre would provide.

The business unit director worked closely with NHS partners to ensure any relevant stakeholders were aware of the services that could be offered, and any new opportunities. For example, we were told about a targeted new lung pathway the centre may pilot in 2022.

**Culture**

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Good

# Diagnostic imaging

Staff were positive, enthusiastic and enjoyed working for the service. They felt supported, respected and valued. All staff focused on the needs of patients. They showed kindness and consideration at all stages of the patients' contact with the service. Staff were 100% compliant with equality and diversity training.

Leaders supported the wellbeing of staff and responded to their concerns, whether these were workplace related or concerns outside the workplace. Staff felt there was an open-door policy with the registered manager.

The provider undertook a yearly staff survey for the six locations. The last survey was undertaken in May 2021. The survey across the six locations scored highly for 'colleagues do quality work' and 'I know what is expected of me'. Staff scores for 'work life balance' and 'my opinion counts' were lower. The provider had identified themes from the survey, areas that required review and then developed an action plan. Recommended actions included 'reinforcing the need for taking regular holidays with teams' and 'to arrange training around management and leadership for team managers'.

The provider had a whistleblowing policy. The company used an independent company to provide staff with a freedom to speak up guardian. Information to raise awareness of this support service for staff was displayed.

Staff had access to a private health care plan which included confidential emotional well-being support. Managers had mandatory training modules in place that included alcohol and drug awareness, bullying and harassment and conflict resolution.

The registered manager had been in contact with the Independent Healthcare Providers Network (IHPN) about the Workforce Race Equality Standard submission. The action to collect workforce data had been deferred due to the Covid-19 pandemic. The IHPN advised the provider that new dates would be announced in 2022.

**Governance**

**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**.

There was a centralised clinical governance committee that had responsibility for governance at all Medical Imaging Partnership sites. The clinical governance committee was chaired by the group chief medical officer, and included the director of radiology, clinical services, business units and local leaders. The committee met every two months. We saw the most recent minutes of the governance meeting which showed that these meetings covered a comprehensive range of topics and were relevant to the service being provided.

There was a radiation protection supervisor for the location to ensure all staff followed the Radiation Safety Policy and Ionising Radiation (Medical Exposure) Regulations, ensuring diagnostic reference levels were in place for the equipment and quality assurance on the equipment was undertaken.

Staff at the location had the opportunity to be actively involved in governance, with a teams call led by the group chief executive officer two weekly discussing topics such as incidents and service improvements, demonstrating an opportunity for feedback and learning.

Managers attended monthly senior leadership team meetings and held a health and safety committee meeting every three months, to support effective governance of the service.

Good

# Diagnostic imaging

The location had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

Service reviews were held every three months with NHS partners. Staff completed minutes and an action log, to ensure actions completed.

The registered manager told us learning was cascaded to staff. The service shared with us the fourth edition of a governance newsletter published in July 2021 and sent to staff. This included information about patient satisfaction, audit results and learning from incidents. Staff members had a work email account which enabled any updates to be sent to all staff via email.

**Management of risk, issues and performance**

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

Clinical and non-clinical risks were identified and monitored through a risk assessment processes. These were undertaken regularly to ensure the leadership team had oversight of any potential risks and were able to manage them accordingly. Risks included Covid-19 and the potential delay of transfer of patient images. For example, with the risk of images being delayed, steps included staff manually entering patient details. The risk was removed in July 2021, when an IT integration solution was implemented to completely remove the risk. Financial pressures were managed so that they did not compromise the quality of care.

There was a radiation protection advisor and medical physics expert assigned to the service. A radiology manager took the role of radiation protection supervisor.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

**Information Management**

**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. Data or notifications were consistently submitted to external organisations as required.**

All staff had access to the organisation's intranet which contained all the service policies, procedures, national guidance and e-learning.

Clinical records were electronic. Referrers could review information from scans remotely to give timely advice and interpreted results to determine appropriate patient care.

Good

# Diagnostic imaging

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

The registered manager was aware of data and notifications that needed to be submitted to external organisations, including CQC.

**Engagement**

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

The service had a website that provided information to patients and the public on the investigations provided, location and details on how to make an appointment, a comment or a concern.

The service asked patients to complete an online survey following their appointments. This was emailed to patients to complete. There was also a paper version of the form for those that preferred to complete it in writing.

The group chief executive officer held team calls two weekly. This meant staff at all locations were able to join. The call was recorded for those unable to attend, and a slide deck produced and shared with staff. The meeting covered topics such as incidents, complaints, patient feedback company activity and service improvements. The chief executive sent a weekly blog email to all staff weekly. After each senior leadership team (SLT) meeting, an email with three key messages was shared with staff. An example of this included a focus on image quality, recording of completed training, recruitment and the staff survey. All staff were asked to provide three words they would use to describe the company, the top three were teamwork, friendly and patient centred.

Managers highlighted in the July 2021 governance newsletter well-being events that were being run by the Society of Radiographers to support staff. The events included dates of meetings for 'mindful self-care in everyday living' and 'moving forward together: empathy to equity'.

Staff attended weekly huddles with the Sussex Lead Radiographers and Imaging Manager. A referral team huddle was held daily. Staff used an electronic communication platform application to aid daily communication. Staff told us it helped them feel connected to colleagues working at other locations. The service held three monthly virtual teams meetings with their NHS partner organisation to work together to improve services for patients.

**Learning, continuous improvement and innovation**

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

Since our inspection in May 2019 the service had introduced a new IT system. This meant staff recorded all information in one IT system. The system recorded information such as staff training, practising privileges checks and incidents with details about their investigation.

Good

# Diagnostic imaging

The centre has been identified as a potential community diagnostic centre to support NHS diagnostic imaging services serving a population of 1.7 million. The centre was planning to provide additional magnetic resonance imaging (MRI), computerised tomography (CT), ultrasound and X-ray services.

Managers recognised recruitment as a key challenge for the service. The provider was trialling a new online platform that allowed a single advert to be cascaded to over 140 job boards and reach a wider audience.