

InPhase Mobile MRI Services Ltd

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Inspection report

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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?

Good 

Are services effective?

Inspected but not rated 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

Our rating of this service improved. 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, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records that could be identified as documentation from InPhase. Consent was clearly documented. The service managed incidents well and learned lessons from them.
- Staff provided good care. 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand the scanning process. They provided emotional support to patients who were anxious.
- 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 both with the NHS trusts they have contracts with and separate systems for their records. Leaders 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.

We conducted an announced, comprehensive inspection on 7 December 2021. The service was rated inadequate. The service was issued with requirement notices under Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed, Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints, and Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors. The service was issued with a warning notice under Regulation 17 HSCA (RA) Regulations 2014 Good governance. However, there have been significant improvements to the service since the last inspection.

Summary of findings

Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|-----------------------------------|--|------------------------------|
| Diagnostic and screening services | Good  | |

Summary of findings

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Summary of this inspection

Background to InPhase Mobile MRI Services Ltd

InPhase Mobile MRI Services Ltd provides diagnostic and screening services using diagnostic imaging in the form of Magnetic resonance imaging (MRI). InPhase Mobile MRI Services Ltd was registered in 2018 based in Yorkshire aiming to deliver mobile and relocatable MRI scanning services commissioned by the NHS and Private Health Care Sector on a supply and demand basis. InPhase Mobile MRI Services Ltd operate from two NHS sites, one in Bradford and one in Leeds delivering diagnostic screening by InPhase staff within NHS trusts using the trust's MRI equipment or a rented MRI machine. The service provides diagnostic and screening procedures for adults and children.

The location is registered to provide the regulated activity: Diagnostic and screening procedures. The location has two managers registered with the CQC.

How we carried out this inspection

We inspected the location using our comprehensive methodology. The service was last inspected 7 December 2021.

Our inspection was announced (staff knew we were coming) 24 hours before the inspection to enable us to direct our inspection resources.

The team that inspected the service comprised of one CQC inspector and one specialist advisor. The inspection team was overseen by Sarah Dronsfield Head of Hospital Inspection.

During the inspection visit, the inspection team: Spoke with the two registered managers of the service. The registered managers also owned and were appointed directors of the company. We looked at a range of policies, procedures and other documents relating to the running of the service. We visited the Bradford MRI site and spoke with two members of staff. We also spoke with a quality and compliance lead and an external compliance officer.

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 service **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 **SHOULD** take to improve:

- The service should ensure that clinical waste bins have a peddle lid.
- The service should ensure that fire extinguishers are dated and stored securely

Our findings

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-----------------------------------|------|-------------------------|---------------|------------|----------|---------|
| Diagnostic and screening services | Good | Inspected but not rated | Not inspected | Good | Good | Good |
| Overall | Good | Inspected but not rated | Not inspected | Good | Good | Good |

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

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

All staff received and kept up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. We reviewed the mandatory training modules which included safeguarding children and adults, infection prevention and control (IPC), health and safety, basic life support and moving and handling.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service tracked mandatory training compliance using a spreadsheet. The service had a target of 100% compliance for mandatory training. At the time of inspection, the service had a mandatory training compliance of 100%.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Staff were up to date with their safeguarding training. The service had a robust process to monitor safeguarding training and alert staff when they needed to update their training. Safeguarding training compliance was 100% at the time of inspection. The registered managers had training to safeguarding level three. There was a deputy safeguarding lead who was trained to level five safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. We spoke to the safeguarding lead who gave us an example of raising a safeguarding with other agencies.

Diagnostic and screening services

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We spoke to two clinical staff members who told us how to report a safeguarding concern. Staff were given information on how to make a safeguarding referral and who to inform if they had concerns. The provider identified the safeguarding process of each hospital they were working within and cascaded this process to staff.

Staff followed safe procedures for children visiting the service /department. The service had an up to date safeguarding policy for protecting vulnerable adults and children.

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.

We visited one site at Bradford, the clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained.

The service completed infection prevention and control audits. We reviewed these audits for both sites. The service generally performed well for cleanliness. However, there were gaps in some parts of the audits. We reviewed minutes from staff meetings which demonstrated that the service had addressed gaps and there was evidence of subsequent improvements.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed two members of clinical staff. Hand hygiene audits were carried out with 100% compliance in May.

Staff cleaned equipment after patient contact.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.

Patients were given a call bell whilst undergoing the MRI scan. There was also a telecommunication link so that staff can communicate with patients during their scan.

The design of the environment followed national guidance.

Staff carried out daily safety checks of specialist equipment such as the telecommunication and resuscitation equipment. We saw examples of when the provider had replenished items missing from the trolley and there was a process of how to escalate any discrepancies found on the trolley.

Diagnostic and screening services

At the other site, staff reported any equipment and scanner faults to the company that owns the scanner. The service had an agreement in place with an external company which showed that the other party was responsible for the inspection and maintenance of scanning equipment. MRI equipment was labelled appropriately. We observed a strict protocol about personal safety in entering the MRI rooms. The service had enough protective equipment for staff, patients and carers.

We saw evidence that the maintenance and servicing was up to date.

Staff disposed of clinical waste however, the bins did not all have lids.

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

There was a process in place to respond to emergency situations. Staff were made aware of the process of how to respond to deterioration in a patient's health. The service adopted the hospital's deterioration procedure and gained assurance staff had read and understood this.

All staff were trained to perform adult basic life support (BLS). They would act in accordance with their training until the hospital's resuscitation team arrived.

Staff were made aware of information about how to respond to specific risk issues such as sepsis. The service adopted the hospital's policy about recognition of relevant risks of deterioration and ensured that staff were given access to the information through the hospitals intranet.

Staff completed an MRI safety questionnaire with a patient before any scan. This was signed by the patient and radiographer before the form was scanned onto the patient record system. We saw examples of where staff used of the MRI safety questionnaire the outcome of which had prevented patients from receiving an unsafe scan, for example in suspected pregnancy.

Risks were identified prior to administering contrast agents to patients. The provider had a policy in place for staff to follow when administering contrast agents. This included that contrast agents should not be administered if there was any question about renal (kidney) function, and that minimum doses should be given dependent on a patient's weight. Staff used the NHS paperwork to identify this information before administering contrast agents.

Staff shared key information to keep patients safe when handing over their care to others. The staff used the system of the hospital they were working within enabling them to hand over images and patient information immediately.

Staff always had access to the trust's on call radiologist for further advice on MRI images.

Shift changes and handovers included all necessary key information to keep patients safe. The provider implemented an 'end of day' handover sheet which included any key information about each patient.

Staffing

Diagnostic and screening services

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 staffing levels and skill mix.

The service worked flexibly to meet the demand of the trust which they had a contract with. Staff were employed using casual worker agreements. Staff availability was given to the hospital two to four weeks in advance allowing the hospital to schedule MRI lists.

Staffing levels were increased to meet the needs of patients. The service had increased the amount of days they provided staff to the trust, from two to five days a week, due to demand and shift patterns were 12 hours long. This was to help reduce waiting times for patients. Each list left a small number of appointment times available so that they were able to accept urgent referrals.

Managers ensured there were enough radiographer and health care assistant staff to keep patients safe. Two staff were present at every scan.

The service had low vacancy and turnover rates.

The service had contingency plans in place in the event of staff sickness. Both managers were trained radiographers and therefore could cover for any unexpected staff sickness.

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.

Staff had access to information on patients' care and procedures. All staff had access to the NHS trust's electronic records system that they could update. Staff had their own unique identifier which meant Inphase employee entries onto patient records could be distinguished from NHS employees.

Staff were given access and their own log in credentials for the IT systems of the trust they were working in, this gave them easy access to policies and patient records.

Staff records were stored securely.

Medicines

The service used systems and processes to safely administer patient group directions.

The service used Patient Group Directions (PGD). Managers assessed staff's ability to administer Patient Group Directions (PGD) in line with best practice guidance. A PGD is a written direction that allows the supply and administration of specified medicines, by a named authorised health professional, to a defined group of patients. The PGD's were up to date.

Diagnostic and screening services

Staff received medicine safety training in their substantive employment with an NHS trust and we saw staff were up to date with this. Staff read and understood the PGD's. Staff were given authorisation to supply and administer medication under PGD once they had received this.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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.

Staff knew what incidents to report and how to report them. We spoke to two members of staff who were able to provide examples of previously incidents reported via the datix system.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

The provider directed staff to escalate incidents using the reporting system of the host trust, the service level agreement detailed that the trust would inform the provider of any such incidents.

The service had no never events.

Staff understood the duty of candour and knew how to access the policy.

Staff met to discuss the feedback and look at improvements to patient care. We saw examples of meeting minutes and positive feedback to support this.

There was evidence that changes had been made as a result of feedback. We saw an example of patient feedback improving care.

Managers investigated incidents thoroughly, although the service used the trusts datix system the managers also tracked incidents in a separate log which was kept at head office.

Are Diagnostic and screening services effective?

Inspected but not rated 

Inspected but not rated.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Diagnostic and screening services

Managers audited staff compliance with policies. For example, the consent policy required staff to read the discussion around consent and sign to say they had understood it, at the time of inspection staff compliance was 100%.

The documentation for Gadolinium-based contrast agent (GBCA), drugs given by injection used in diagnostic imaging procedures to enhance the quality of magnetic resonance imaging, had a separate consent form. Staff compliance with consenting patients was audited by managers. We reviewed ten consent forms which were all completed appropriately.

The service held meetings to review and implement the latest guidance. We reviewed governance meeting minutes and saw that changes to guidance were discussed.

The service had a process to ensure that staff kept up to date with imaging guidance. However, staff shared practice and learning from their substantive employment in the NHS for managers to implement in the service. The service applied imaging protocols created in accordance with NICE guidelines and the Royal College of Radiologists overseen by the host trusts on-site medical physics team. Staff had access to the trust's medical physics expert for advice when required.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain or discomfort.

Staff assessed patients for discomfort throughout their procedure. Staff discussed with patients how they could alert staff members via the telecommunications system if they were uncomfortable.

Patients could stop the procedure at any time. Staff would pause a scan if a patient was uncomfortable and bring them out of the MRI machine, patients would then be giving the choice of trying again or stopping the procedure.

Pain relief would not be offered to patients using the service, but information given before the procedure directed patients to seek advice from their GP on being prescribed an anxiolytic medication (treatment for anxiety) prior to the scan if they felt uncomfortable.

Patient outcomes

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

Managers carried out a comprehensive programme of repeated audits to check improvement over time. These included a monthly image quality audit and a cleanliness and environment audit. This meant that managers were able to use information from audits to improve care and treatment for patients.

Outcomes for patients were positive, consistent and met expectations. We reviewed eight feedback forms which were all positive. The service had not received any recall of images (due to poor quality) during their practice and had received positive feedback from the NHS hospitals they had worked within.

Managers shared and made sure staff understood information from the audits that took place (image quality and hand hygiene) and implemented actions when identified. For example, in the latest cleanliness audit for one of the sites, there were gaps in the checklists. This was fed back to staff with an action to repeat the audit to identify improvement.

Diagnostic and screening services

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We reviewed several staff files and managers had oversight of when staff registrations were due.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff appraisals were monitored by managers and compliance was 100% at the time of our visit.

Managers identified any specific training needs their staff had in relation to imaging and gave them the time and opportunity to develop their skills and knowledge. Managers used self-declaration to give staff the opportunity to identify any areas they would like to receive training in and made training recommendations within staff appraisals.

Staff had access to regular team updates and full notes of these were accessible. The service used an encrypted instant messaging application for the team to receive regular updates and this gave them opportunity to talk informally.

Managers gave all new staff an induction to their role before they started work. Staff had to successfully complete a bespoke competency for each type of MRI scanner they would be using, this included being able to demonstrate use of the scanner, understanding how to safely scan a patient and being familiar with emergency procedures.

The service had contingency plans in place in the event of staff sickness. Both managers were trained radiographers and therefore could cover for any unexpected staff sickness.

Multidisciplinary working

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

Managers attended collaboration meetings in their local NHS trust and regional Imaging Collaboration to keep up to date with information from the regional radiology network.

Staff were made aware of how to contact appropriate healthcare professionals, such as the medical physics expert and radiologists to escalate image findings within the trust they performed scans.

Seven-day services

Key services were available to support timely patient care.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests.

Health promotion

Staff did not always give patients practical support and advice to lead healthier lives.

Diagnostic and screening services

Staff assessed each patient's health at every appointment prior and provided support for any individual needs or adjustments needed to receive their diagnostic scan.

The provider gave feedback, to the hospital patients were attending for an MRI, to improve the quality of information given prior to their scan. Managers told us current pre-advice information given to patients did not include details such as where on the body the scan would take place and they had escalated this with the trust and made subsequent changes.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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.

The provider had a consent policy in place to support staff in understanding how and when to assess whether a patient had the capacity to make decisions about their care. Staff were given access to both the provider policy on Mental Capacity Act and Deprivation of Liberty Safeguards and that of the current trust they were working within.

Staff determined whether patients could give consent to a procedure by ensuring they could complete the MRI safety questionnaire or understand the scan process. When a patient could not give consent, staff referred them back to the main hospital department for necessary adjustments to be made.

Staff made sure patients consented to treatment based on all the information available.

Radiography staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff clearly recorded consent in the patients' records in line with provider policy, this was done by scanning in the consent form and attaching it to the patient notes. All ten patient records we reviewed had the consent forms uploaded.

Are Diagnostic and screening services responsive?

Our rating of responsive improved. We rated it as 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 others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the local population. The service had adapted its provision to the continually changing picture of the COVID-19 pandemic. The business was developed to offer mobile MRI services to add scanning capacity in West Yorkshire. There are two sites currently, Bradford and Leeds.

Diagnostic and screening services

Managers told us that the hospital managed all patient bookings and non-attendances and followed the hospital's policy in relation to patients that did not attend. This meant that managers did not follow up with patients who did not attend to ensure they received the appropriate treatment and reduce future non-attendances.

Staff reported any equipment and scanner faults to the host trusts estates department at one site. The service had an agreement in place with the host trust which showed that the trust was responsible for the inspection and maintenance of scanning equipment.

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. They coordinated care with other services and providers.

The service ensured that they could give patients information in accessible formats. Before accepting a contract with a hospital, the demographic of the population was considered, and managers ensured the hospital had appropriate information in different formats and languages and had access to interpreters when required.

Managers had developed a children's animation, in collaboration with an NHS trust, to support their understanding of the MRI process. Although children's books were also available, management told us that they wanted to deliver information in modern way and a format that children were very familiar with.

The provider offered a mobile waiting area as an optional part of their service to increase patient comfort. Managers told us that the MRI scanners they used were located outside of the main departments of hospitals and therefore they had introduced the mobile waiting area to improve patient experience.

The service ensured that patients with anxieties or claustrophobia received support and comfort. The provider's claustrophobia policy informed staff of the ways they could minimise anxiety for patients including: a meet and greet stage, opportunity to talk through the procedure and any concerns, option for music to play, eye masks to be worn, to enter feet first where able, opportunity to pause or stop the scan or to signpost to the GP for anxiolytic medication. Managers audited scans that were terminated due to claustrophobic anxiety.

Staff understood that because patients may have needed to undress and change into a gown this could increase feelings of vulnerability. A chaperone would be provided if requested by the patient to provide reassurance.

Patients in need of additional intervention were supported. Staff ensured that incidental or unusual findings were escalated to the radiologist and escorted to the appropriate department if additional treatment was required on the same day.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Diagnostic and screening services

The service provided flexible appointment times. Scans were offered flexibly, five days a week, including during evenings and on a Saturday.

Managers ensured there was sufficient time between scan appointments to resolve any unforeseen circumstances and reduce patient waiting times.

Urgent appointment slots were reserved on each scanning list. If not utilised, they were allocated to other referrals to ensure sessions were booked to maximise capacity and maintain short waiting times.

The service did not have a mechanism in place to ensure that MRI scans were delivered to required timescales, such as Referral to Treatment (RTT) to ensure patients receive their diagnostic test within 6 weeks of referral, as this was the responsibility of the host trust.

However, the service monitored waiting times to ensure patients received their scan in a timely manner from arrival and identify reasons for any excessive waits. This monitoring showed that most patients did not have any excessive waiting times.

Managers told us that the hospital managed all patient bookings and non-attendances and followed the hospital's policy in relation to patients that did not attend. This meant that managers did not follow up with patients who did not attend to ensure they received the appropriate treatment and reduce future non-attendances.

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.

The service clearly displayed information about how to raise a concern. Managers told us they did, and that this information was available on their website. We reviewed their website and the compliments and complaints document is easily available for download.

The service had received one complaint. We reviewed the complaints log and saw that the complaint had actions that had been completed.

The provider's policy did not make information available about the actions a patient could take if they were not satisfied with the management of their complaint.

Are Diagnostic and screening services well-led?

Our rating of well-led improved. We rated it as good.

Leadership

Diagnostic and screening services

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.

We found that leaders had many years of experience of working in a health care setting. They told us that they kept their skills and knowledge up to date with best practice through courses and conferences.

We were told the senior leadership team were approachable and visible. It consisted of two managing directors who also acted as the registered managers, they met regularly with each other and communicated directly with staff. Staff told us they found the senior leadership team supportive and were encouraging of development needs.

There were development opportunities for staff. Leaders supported staff through supervision and appraisal to identify area 's for improvement, progression and training opportunities.

We saw evidence on site that the service complied with the fit and proper person regulations.

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 service had a vision they wished to achieve and a plan for how to action the vision. Management had dynamically adapted, responding to the need of local NHS services and using the NHS framework to identify demand for MRI scanning and offering the additional resource needed to address increasing waiting lists caused by the COVID-19 pandemic.

We saw evidence that the service actively engaged with all relevant stakeholders involved in the development of the companies remit.

Managers monitored the financial stability of the business to ensure plans remained cost effective and sustainable.

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.

Management had created a culture that respected, supported and valued their staff. For example, from meeting minutes we saw staff incentives included flexible working patterns, staff bonuses and social events that included directors.

The staff survey was wellbeing focussed to ensure staff felt positive within their employment. The service had an equality of opportunity and diversity policy in place with an ethos to ensure equality amongst all people and organisations they worked within.

Diagnostic and screening services

The provider had considered the demographic of the location, to meet the needs of local people, they were ensuring they had access to translation services and information in different languages.

Patients' feedback was invited and was overall positive.

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.

Governance processes were effective. For example, there were records audits to ensure all patient information had been captured, records documented written and verbal consent of contrast agents in line with provider policy.

The provider had records and clinical audits in place. The provider's audit schedule had a comprehensive audit schedule for example completion of MRI safety checklists. Audits were carried out regularly and actions documented following audit results.

The provider had a system in place for staff to escalate information to the host trust in line with the service level agreement. The provider had an agreement in place which outlined the responsibility of the service to escalate maintenance and equipment faults to the host trust.

The provider ensured the quality of the images they were producing through regular audit. The provider regularly selected a sample of MRI images taken by radiographers over a month's period and analysed the quality of the image. Analysis was drawn for and potential reasons an image may not have met an acceptable standard and actions and learning shared with staff.

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.

The service had a risk register. We saw that risks on the register were rated by impact, had actions to mitigate risks that were assigned ownership and had a date for completion. There was evidence of a process to monitor the mandatory training of staff including safeguarding. The service had a process to alert staff members when their mandatory training was due for renewal. 100% compliance with training was required to work within the service.

Managers monitored competency to administer PGD's in line with best practice guidance and had a process in place to ensure that training and competencies to administer PGD's had been completed by staff's substantive employer.

Staff had opportunity to contribute to decision making through team meeting minutes on factor such as costing to ensure quality of care was maintained. Managers were able to dynamically adapt the business to unforeseen circumstances.

Diagnostic and screening services

Managers were both trained radiographers and acted as contingencies in the event of staff sickness. Contingency plans were the responsibility of the host trust in relation to environment and equipment.

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.

Management had developed quality dashboards to support them in collecting reliable data and analysing it. The service collated and compared audit results between both sites.

Managers had a process in place to ensure they had access or oversight of incidents that occurred during their MRI lists as staff uploaded these to the host trust incident reporting system.

Managers made notifications to the Care Quality Commission in line with their statutory duty. The service had notified CQC of one event. Managers had oversight of all incidents, although incidents were documented using the host trust's incident reporting system, they service kept a separate log.

Staff used the patient database of the host trust; this meant the sharing of patient information and scan images was instantaneous with the trust.

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 provided regular, experienced and flexible staff to the host trust to help them plan and manage its waiting lists of which both parties understood their roles and responsibilities. The service received regular notifications from the NHS framework to identify MRI demand and offered support when able.

The service conducted staff surveys that related to their wellbeing. The provider obtained patient feedback surveys and analysed these for areas of improvement. In audits of scans, patients identified areas of which the provider could improve the scan experience, these were investigated by the provider and actions implemented. For example, the temperature in one of the changing rooms was identified as being 'too cold', the service changed the rooms over so the changing room that was now used was more comfortable.

Feedback was overall positive with patient sharing comments such as, 'good service' and 'staff really put me at ease'. A key aspect of the service was its ability to collaborate with NHS trusts by offering procedures to help reduce waiting lists and times.

We saw evidence that meetings cascaded relevant information between management and staff. Meetings used to discuss clinical governance, risks and audits were attended by staff, or there was a mechanism in place to share information. There was an agenda item in all meetings for staff and management to discuss up to date best practice guidance and legislation. Team meetings minute demonstrated discussions about issues that could affect the service such as staffing, equipment and costs.

Diagnostic and screening services

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.

The service demonstrated a willingness to participate in improving services and encouraging innovation. Managers had developed a children's animation, in collaboration with an NHS trust, to support their understanding of the MRI process. Although children's books were also available, management told us that they wanted to deliver information in modern way and a format that children were very familiar with. As managers owned rights to the animation, they used this format for children's understanding in InPhase practice but also shared with the host trusts they delivered services to, stating it was more important to help children's understanding than selling the product for profit.

Managers had a good understanding of quality improvement methods. They were continually committed to learning and improving services. This has been demonstrated by significant improvements the service had made since December 2021.

There were limited or no opportunities for the service to participate in research as the service supported the further patient pathway, as described above, and therefore it would be difficult to encourage innovation in what were established procedures.