Medical Imaging Partnership Limited

Prime Health Manchester

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	Requires Improvement
Are services safe?	Inadequate
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Overall summary

This is the first time we have inspected this service. We rated it as requires improvement because:

We inspected and rated the diagnostic imaging service as good in all domains. The children and young people's service was not actively being delivered at the time of the inspection however we inspected and rated safe and well led, we rated safe as inadequate and well led as requires improvement and requires improvement overall. We inspected but only rated well led in outpatients due to insufficient evidence because of the nature of the service provision. However, we rated well led as inadequate. We deviated from the aggregation rules and rated the service as requires improvement overall.

We found that;

In diagnostic imaging services

- The service controlled infection risk well. Staff assessed risks to patients. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. 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, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- 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. All staff were committed to improving services continually.

In Children and Young people's services;

- The service did not have enough staff trained to care for children and young people and keep them safe.
- Staff did not have training in key skills including paediatric life support at the time of the inspection.
- The service did not plan care to meet the needs of local people or take account of patients' individual needs this included children and young people or make it easy for them to raise concern.
- The service was not focused on the additional needs of children and young people attending the service.

However,

- They controlled infection risk well. The service managed safety incidents well and learned lessons from them.
- The provider informed us following the inspection that all staff had now been trained in paediatric basic life support.

In outpatients;

- There was no clear evidence that the provider had an effective system in place to ensure the effective identification and management of potential risks and quality performance of the Outpatient services.
- Managers did not actively monitor the effectiveness of the service.

However;

Summary of findings

- The service controlled infection risk well. The service reviewed safety incidents well and learned lessons from them. They made sure staff were competent.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	The diagnostic imaging department provides a range of diagnostic services to both NHS and private patients which include general x-ray, ultrasound and magnetic resonance imaging (MRI). We rated this service as good because it was rated as good in the safe, caring, responsive and well led domains. We inspected effective but did not rate it. This is the first time we have rated this service. We rated it as good because: • The service controlled infection risk well. Staff assessed risks to patients. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment. 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, and helped them understand their conditions. They provided emotional support to patients, families and carers. • 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. All staff were committed to improving services continually.

Summary of findings

Outpatients

Insufficient evidence to rate

This is the first time we have rated this service. We only rated well led as there was insufficient evidence to rate the other domains or to aggregate an overall rating.
We found:

- Staff did not always have training in key skills such as external staff undertaking safeguarding training.
- There was no clear evidence that the provider had an effective system in place to ensure the effective identification and management of potential risks and quality performance of the Outpatient services.
- Managers did not actively monitor the effectiveness of the service but made sure staff were competent.

However;

- The service controlled infection risk well. The service reviewed safety incidents well and learned lessons from them.

Outpatients is a small proportion of services activity. The main service was diagnostic imaging. Where arrangements were the same, we have reported findings in the diagnostic imaging section, we do not repeat the information but cross-refer to the diagnostic service.
We have only rated Well led as there was insufficient evidence to rate Safe, Effective, Caring and Responsive. We have not rated this service overall.

Services for children & young people

Requires Improvement

This is the first time we have inspected this service. However, at the time of our inspection the service had suspended the provision of any services to children and young people in response to inspection findings at a different location of this provider.
We rated this service as requires improvement.
We found the following:

- The service did not have enough staff trained to care for children and young

Summary of findings

people and keep them safe. Staff did not have training in key skills including paediatric life support at the time of the inspection.
- The service did not plan care to meet the needs of local people or take account of patients' individual needs this included children and young people or make it easy for them to raise concerns.
- The service was not focused on the additional needs of children and young people attending the service.

However,

- The service controlled infection risk well. The service managed safety incidents well and learned lessons from them.
- The provider informed us following the inspection that all staff had now been trained in paediatric basic life support.

Children and young people core service is a small proportion of hospital activity. The main service was diagnostic imaging. Where arrangements were the same, we have reported findings in the diagnostic imaging section.

Summary of findings

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Summary of this inspection

Background to Prime Health Manchester

Prime Health Manchester is an independent health provider of diagnostic radiology services to both NHS and private patients. The service has five consulting rooms, one static 3T MRI scanner, one Ultrasound scanner as well as X-ray services.

The service saw 3,939 adult patients and 103 children and young people between January and December 2021. Of the children, 90 were aged 13 and above undergoing MRI scans and 13 were aged 10 and above undergoing X-ray and ultrasound scans. However, at the time of our inspection the service had suspended the provision of any services to children and young people in response to inspection findings at a different location of this provider.

Therefore, during this inspection no children were seen and we could not collect sufficient evidence to rate all the areas of the children and young people's service.

The service was registered in 2018 and has not previously been inspected. The service had a Registered Manager.

The main service provided by this service was diagnostic imaging. Where our findings on children and young people service and outpatients, for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the diagnostic service.

The outpatient services delivered from the premises of Prime Health Manchester were done so under a room rental agreement called “license to occupy”. This allowed external clinicians to rent rooms via a license to occupy agreement. Prime Health employed receptionists, healthcare assistants and radiographers, many of these staff were cross trained to act as chaperones and assistants within the department. Prime Health Manchester issued practicing privileges but did not manage the related patient records. Consultants secretaries liaised with prime health to manage and co-ordinate appointments.

At the time of our inspection occupational health, general practitioner, urology, weight management, medicolegal, musculoskeletal and mole cancer check clinics operated at the department. However, these did not take place daily.

How we carried out this inspection

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 MUST take to improve:

Summary of this inspection

- The service must ensure they have enough staff to care for children and young people and keep them safe and are trained in key skills including paediatric life support for relevant staff. (Regulation 12 (2) (c))
- The service must have a process to assess risks to children and young people and act on them. (Regulation 12 (2) (a))
- The service must plan care to meet the needs of individual patients included children and young people and make it easy for them to raise concern. (Regulation 12 (2) (b))
- The service must assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity in outpatients (including the safety, quality and experience of the service users in receiving those services) (Regulation 17 (2)(a))

Action the service SHOULD take to improve:

- The service should consider taking into consideration individual needs of patients requiring additional support or adjustments.
- The service should ensure that information is available for patients on how to raise a concern.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Outpatients	Insufficient evidence to rate	Inspected but not rated	Insufficient evidence to rate	Insufficient evidence to rate	Inadequate	Insufficient evidence to rate
Services for children & young people	Inadequate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Requires Improvement	Requires Improvement
Overall	Inadequate	Inspected but not rated	Good	Good	Inadequate	Requires Improvement

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

This is the first time we have inspected this service. We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and had systems to ensure everyone completed it. Training levels were at a reasonable level but did not meet the service target.

Staff received and kept up to date with their mandatory training. Staff received mandatory training in a mix of face to face and e-learning sessions. The staff received protected time to complete mandatory training.

At the time of our inspection the service had a mandatory training compliance of 86.6%, the services target was 100%.

The mandatory training was comprehensive and met the needs of patients and staff. Staff received mandatory training in areas such as conflict resolution, equality and diversity, fire safety, health, safety and welfare, immediate life support, infection prevention control, information governance, moving and handling, mental capacity and patient consent.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had an online system where they could monitor compliance and received alerts when a staff member needed an update.

The service had two radiation protection supervisors who had received updated training in December 2021.

Safeguarding

Staff understood how to protect patients from abuse. 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. All diagnostic staff had achieved safeguarding children level three and safeguarding adults' level two training. Administrative staff had received safeguarding adults and children level two. The organisation had a level 4 trained safeguard lead and staff knew how to contact them if they needed to raise any concerns.

All staff working at the service had a DBS check completed before starting employment.

Good

Diagnostic imaging

Mandatory training included safeguarding for both children and adults, the training included awareness in both child sexual exploitation and female genital mutilation.

There had been no safeguarding incidents reported in the last 12 months.

The service had an up to date safeguarding policy for both vulnerable adults and children and young people which clearly outlined staff's roles and responsibilities.

The service had a chaperone policy and it displayed posters throughout the department telling patients to ask for a chaperone if they wanted one.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service displayed safeguarding flowcharts for staff which directed them on how to make a safeguarding alert and the key contact information.

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 visibly clean and had suitable furnishings which appeared clean and well-maintained. The waiting areas, examination rooms, changing rooms, corridors and toilets were all visibly clean and free of clutter.

Personal protective equipment such as gloves, mask and aprons were available to staff.

There was a daily cleaning checklist in place, and we saw records that it had been completed in line with the service expectations.

Radiographer staff cleaned diagnostic equipment using sanitising wipes after each patient and placed fresh paper towels on the bed before the next patient.

We observed staff members adhered to bare below the elbow policy and carried out the correct hand hygiene technique. The was hand wash basins and soap dispensers in all clinical areas and there were posters displaying correct hand washing technique. The service had conducted monthly hand hygiene audits. In the previous 12 months they had achieved 100% compliance.

The service conducted a quarterly Infection Prevention and Control (IPC) audit, we reviewed the last three audits which had all achieved 100% compliance.

There were hand sanitizer dispensers around the department, and we observed staff using these before and after patient contact.

The decontamination of ultrasound probes was carried out correctly and in line with best practise.

Staff followed infection control principles including the use of personal protective equipment (PPE). There was Infection prevention control included in mandatory training.

Good

Diagnostic imaging

Environment and equipment

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

The diagnostic service was based on the ground floor of the premises, there was a large waiting area, reception areas, wheelchair accessible toilets, changing rooms, an x-ray suite and an Magnetic Resonance Imaging scanner room. Patients could store their belongings in secure lockers within the changing rooms.

The building was accessible with automatic doors and a lift to the diagnostic area for wheelchair users or those unable to manage the stairs.

Sharps bins were clean, labelled and had not been overfilled. Staff knew how to correctly dispose of clinical waste and the service stored clinical waste correctly. The service had a contract for its clinical waste to be collected monthly.

The access to the diagnostic areas was restricted to staff with key card access, these areas included patient changing rooms, an x-ray suite and the MRI scanner.

The diagnostic department had lead aprons available; these were in good condition and had been audited in the last 12 months to rate their quality and safety.

Local rules for radiation safety were displayed in the diagnostic areas, the local rules had been developed by the organisation's Radiation Protection Advisor (RPA), the local rules were in date and had a date for renewal. The local rules had been signed by all diagnostic staff members to state that they understood them.

The equipment the service used had been bought new in 2018, this equipment included an x ray machine and an MRI scanner. This equipment was visibly clean and had been routinely maintained. We saw maintenance records for all the diagnostic equipment as well as a scheduled date for maintenance and servicing in the future.

There were emergency call bells in the examination rooms and there were emergency pull cords in both patient changing room and toilets which had been suitably placed.

Staff wore radiation dosimeters, so that managers could calculate how much radiation staff had been exposed to, these badges were checked every three months in line with Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R.

The x-ray suite had illuminated warning signs which made it clear when It was safe to enter, these signs were in working order. The MRI scanner had warning signs outside the machine to warn people to not enter the MRI room with metal objects as the scanner acts as a powerful magnet and could cause serious harm.

The service placed MRI safe stickers on equipment which was safe to enter the scanner room, this included an MRI safe wheelchair and an MRI safe trolley which was used if a patient had become unwell and needed to be evacuated from the scanner.

Staff carried out daily safety checks of specialist equipment. Staff carried out morning quality assurance on diagnostic equipment to ensure equipment was working correctly, we observed records which evidenced this practice.

Good

Diagnostic imaging

The service had a resuscitation grab bag and defibrillator, which included paediatric equipment, the bag was sealed and there was a daily checklist and record of the daily checks being completed. We checked the bag; it had the correct equipment and all sundries were in date. The resuscitation bag was located beside the main reception, if diagnostic staff needed it in an emergency, they could contact the receptionist via two-way radio.

There were two anaphylaxis kits in the department, these were sealed and in date.

The service had had portable appliance testing carried out in the last 12 months.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff knew how to identify and or quickly act upon patients at risk of deterioration.

The service has two radiation protection supervisors who had recently updated their training, the service also had a service level agreement with an NHS trust for the services of a radiation protection supervisor

All patients and visitors were asked to complete a safety questionnaire when they arrived at reception, this questionnaire was checked by radiographers before proceeding with any scans.

In the ultrasound suite there was a World Health Organisation (WHO) checklist, we reviewed five checklists which had all been completed correctly.

We observed staff confirming patient's identity before scans, they checked the patient's full name, date of birth, address, area that was being scanned and asked if they knew why they needed the scan.

The service had pause and check signs displayed in control areas which reminded staff to check identity, area and justification.

There were posters throughout the department and in changing rooms reminding patients to tell a radiographer if they thought they might be pregnant.

Staff told us what they would do if they observed anything abnormal or unexpected on a scan, the process was robust and included contacting a consultant radiologist to ask for an urgent report.

The service had a risk register, risks were graded appropriately and were reviewed monthly by the service manager. At the time of the inspection there was one risk on the register.

The service had a policy for the management of deteriorating adult and paediatric patients. Staff could explain what they would do in the event a patient deteriorated and they practiced deteriorating patient scenarios when receiving basic life support and immediate life support training.

Patients who were receiving a Magnetic Resonance Imaging (MRI) scan and visitors who were entering the controlled areas were asked to fill out a safety questionnaire. This covered relevant areas including if they had a pacemaker, metal implants, metal fragments in eyes, had surgery in the past six months or if they may be pregnant.

There were emergency call bells in the control room, clinic rooms, toilets and changing areas.

Patients were also asked allergy status, and this was noted on their patient record due to the risk of anaphylaxis from contrast agents. Staff carried out finger prick testing to measure glomerular filtration rate (eGFR) to assess patients' renal function before administering contrast agent.

Administrative staff had training in basic life support (BLS) while clinical staff had training in immediate life support (ILS).

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, staff a full induction.

All radiographers employed by the service had up to date registration with the Health and Care Professions Council and had up to date competencies. The service had enough staff to keep patients safe. The service had four radiographers and the manager could adjust staffing levels to account for the number of patients attending. The service could use bank staff to cover additional shifts if this was required.

The service manager could work clinically up to 80% of the time and the remaining 20% was used for management duties.

The organisation had recently employed a paediatric nurse who was due to start their role in February 2022 they would be on call and be able to be contacted by telephone when paediatric patients were being scanned.

There were seven radiologists who worked for the service who had practicing privileges.

The service managers planned rotas in advance and monitored rotas for the correct skill mix to ensure patient safety.

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. Medical notes were a mix of electronic and paper copies, any paper patient records that were filled out were scanned electronically, saved and then confidentially destroyed.

Any paper copies of patient records that needed to be filed were stored securely in locked filing cabinets.

All electronic systems that were used by staff were password protected, the service also had a clear desk policy which was audited if patient records had been left out or if a computer had not been locked.

The service used electronic systems such as radiology information software (RIS) and picture archiving communication services (PACS) for the storage and transfer of images. These systems allowed for images to be sent securely to NHS trusts or to radiologist's computers. The systems were username and password protected and only radiographers and radiologists had access.

During the inspection we reviewed five patient records, we found them to have all relevant information including signed consent, patient identity and information about fees.

Good

Diagnostic imaging

Medicines

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

The service did not store any controlled drugs. Medicines were stored correctly in either a locked cupboard or in a locked refrigerator. The refrigerator was clean and in working order. There was a system in place to record the refrigerator temperature and room temperature. Each morning the refrigerator and room temperature thermometers where checked and the results were added to the daily checklist which were noted to be within expected ranges.

We checked any medicines kept by the service; all medicines we checked were in date.

Radiography staff could administer contrast medium by patient group directions (PGDs), which provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber. All medicines administered were recorded electronically to patient records.

In the event of an emergency the service had an anaphylaxis kit which was in date and had been secured with a number tag.

The service audited the administration of PGDs which checked batch numbers of contrast, patient consent, if written or verbal information was given to patients and if there was a clinical indication to use the contrast. At the time of the inspection we reviewed the PGD audit for patients receiving contrast and the compliance was 100%.

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. Staff reported incidents via an electronic system. Staff were able to discuss incidents which had occurred and learning from them.

There had not been any never events or serious incidents reported in the last 12 months. There had been 13 incidents reported in the last 12 months. The electronic reporting system used by the service had the ability to highlight key themes and trends, however none had been identified over the past 12 months.

Staff knew what duty of candour was but had not had to use it between January 2021 and January 2022. Duty of candour is a regulation that can be defined as being open and transparent when something has gone wrong.

Healthcare providers who use ionising radiation are required to report any unnecessary radiation exposure to patients under the Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R. The services ionising radiation safety policy was up to date and outlined when and how to report a radiation incident. The service had not reported any radiation incidents over the past 12 months.

The service manager investigated incidents and shared learning in daily morning huddles and quarterly newsletters. Incidents which had occurred at other diagnostic departments within the organisation, were discussed at the quarterly governance meeting and the learning from them shared with all staff.

Good

Diagnostic imaging

Are Diagnostic imaging effective?

Inspected but not rated

We do not rate effective in diagnostic imaging services, however we found:

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. 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. Policies and procedures were available online for all staff. Policies we reviewed were all in date and had a date for renewal. Policies included lone working, chaperone, admission criteria and consent.

The services radiation local rules directed staff on how to keep radiation doses as low as reasonably practicable (ALARP).

As part of their mandatory training all staff received training on the mental capacity act and at the time of the inspection compliance was 100%.

The service's policies were developed in line with IR(ME)R, the ionising radiation safety policy and local rules for radiation safety had been reviewed in July 2021 and were available to staff both as a paper copy or electronically.

The radiation local rules where displayed in the x-ray suite and had been signed and dated by staff to confirm they had read and understood them.

The service used WHO surgical safety checklist when carrying out procedures which utilised ultrasound imaging.

Imaging protocols were developed by radiologists and any deviation from protocol would have to be justified before the scan was carried out.

Staff were alerted on the organisation's online platform when a policy had been updated and were prompted to read the policy and sign to confirm they had done this.

Nutrition and hydration

Staff gave patients drinks when needed.

Patients were not offered food at the diagnostic service. Hot and cold beverages were available to patients.

Pain relief

Staff assessed patients regularly to see if they were in pain.

Due to the nature of procedure the service did not offer pain relief. We did observe staff making patients as comfortable as possible and reminding patients to tell them if they were in pain at any point.

Good

Diagnostic imaging

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 participated in relevant national clinical audits. The service was accredited by Quality Standards for imaging (QSI). The Quality Standards for Imaging (QSI) is a collaboration between The Royal College of Radiologists (RCR) and the College of Radiographers (CoR) and sets best practice to improve patient care and outcomes.

The service was also accredited by UKAS Quality services imaging for x-ray, MRI and ultrasound. Feedback from the accreditation inspection stated that the service had provided evidence that the quality management system remained effective.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We observed the online system for audits, the service manager was alerted to upcoming audits and audits which had lapsed past renewal date.

The service also conducted an image quality audit which looked at whether the correct protocol had been followed, the correct pathology was covered and was the image of good diagnostic quality. We reviewed the results of the audit between October 2021 to December 2021 and compliance was 100%.

The service had its radiologists carry out peer review audits of each other's reports and these were scored on a scale to one to five. A score of five meant there was no disagreement and a score of one was a definitive disagreement with the report. We reviewed three months of peer review audits between October and December 2021, only one report scored a one and for any reports which had not scored five, there was documentation of the other radiologists' findings. For any report scoring a four or lower these would be discussed between the reviewer and reporter. Comments would be added to the peer review spreadsheet and appropriate actions taken. For the report which had scored a one, the radiologist who reviewed had highlighted their concerns and appropriate action has been taken.

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. All radiography staff who worked for the service had up to date professional registration with the Health and Care Professional Council (HCPC). All staff had a Disclosure and Barring Service (DBS) check at the time of the inspection.

There was an online system which alerted the service manager when a member of staff's training needed to be reviewed and an alert when a staff members appraisal was due. All staff member had had an appraisal in the last 12 months.

Radiologists were employed under practising privileges, there was a robust system in place to check clinicians were compliant with the services practising privileges matrix which included indemnity insurance, professional registration and revalidation.

Any clinician who was non-compliant with the practising privileges matrix was prevented from working until the documents were made available.

Good

Diagnostic imaging

Managers gave all new staff a full induction, tailored to their role, before they started work. The service had a comprehensive induction programme that included infection prevention and control, information governance, patient consent and equality and diversity.

Radiographer staff received training on equipment specific to their role and there was a competency assessment at the end of their training. All radiographers were fully competent to use the equipment in the department.

The services two radiation protection staff had recently attended a study day to update their training on radiation safety.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. There was allocated protected time for each staff member to carry out mandatory training and continual professional development.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff in the department worked well together and the department had a positive and respectful atmosphere.

Staff told us that the radiologists who worked at the department were very approachable and that they could contact them at any time if they had any concerns with a scan or if they wanted advice.

The service worked well with external organisations and clinicians to ensure patients had scans and received results in a timely manner.

Seven-day services

Key services were available to support timely patient care.

The service was open six days a week, Monday to Saturday between 8am and 7pm.

Health promotion

The service did not provide health advice to patients attending the service.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff received training on the Mental Capacity Act as part of their mandatory training and were 100% compliant at the time of the inspection.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The services consent policy was comprehensive and covered the principles of the Mental Capacity Act, definition of lack of capacity and staff's roles and responsibilities.

Good

Diagnostic imaging

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

Staff clearly recorded consent in the patients' records. We reviewed five sets of patient notes, all included a consent signed by the patient on the correct form.

For patients whose first language was not English there was a translation service available to them to aid with the consent process.

Are Diagnostic imaging caring?

Good

This is the first time we have inspected this service. We rated caring 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. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff introduced themselves to patients, asked them how they were feeling and asked if they had any questions about the procedure.

We observed staff speaking respectfully and positively with patients, staff were kind and compassionate towards patients.

Patients we spoke with told us they were very happy with the service and that communication was clear. They said that staff amended appointment times to suit them and that they felt the facility was the best they had attended.

Staff followed policy to keep patient care and treatment confidential. Staff discussed information with patients privately in either the radiography area or changing rooms.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

For claustrophobic patients longer appointment times were allocated, the MRI scanner was also a wide bore scanner which is beneficial for claustrophobic patients as there is more room inside the scanner. The service had an agreement with a local NHS trust to scan their patients who suffered from claustrophobia as their MRI scanner was not a wide bore version.

Staff gave patients protective earphones to wear during their scan as the MRI scanner can be noisy, patients could listen to music of their choice through these earphones to distract them during their scan.

Good

Diagnostic imaging

We observed staff talking to patients throughout their scan via an intercom, staff asked patients to confirm they were happy to continue. Patients also had an emergency call buzzer while inside the scanner with which they could alert staff if they needed assistance.

We observed staff giving positive encouragement to patients, telling them that they were lying still and how long was left of their scan.

Radiography staff could watch patients during their scan through a glass window between the control room and scanner. This allowed staff to act promptly if a patient needed assistance, we observed the staff reminding a patient that if they wanted to come out of the scanner to wave or press the emergency buzzer.

The service had a chaperone policy and there were signs displayed throughout the department to remind patients if they wanted a chaperone during their treatment to ask a member of staff.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their procedure. There was a translation services for patients whose first language was not English.

On the services website there was information on the imaging and diagnostic services which were offered, this explained why you might need a particular diagnostic procedure, who would carry out the procedure and who would report on it.

Patients and their families could give feedback on the service and staff supported them to do this. Patients could give feedback about their experience and the results were reviewed by the governance lead. The service had analysed its feedback and between January 2021 and January 2022 they scored 97.5% for overall satisfaction.

Are Diagnostic imaging responsive?

Good

This is the first time we have inspected this service. We rated responsive 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.

Managers planned and organised services, so they met the changing needs of the local population. The service offered services to both NHS and self-paying patients.

Good

Diagnostic imaging

The service minimised the number of times patients needed to attend the service, by ensuring patients had access to the required staff and tests on one occasion. The service ran a clinic for people who were involved in contact sports such as boxing and mixed martial arts to review for injuries and undergo a medical examination to certify fitness to compete. Patients travelled a long way due to the specialty of the clinic, patients would be reviewed and consented in the outpatients clinic, they could then have their scan in the same day reducing the need for multiple trips.

Patients were offered appointment times that suited their needs, appointment times were offered either first thing in the morning or in the evening to accommodate patients who may be working during the day. If a radiologist requested that a patient needed an urgent scan, then best effort was made to get an appointment either the next day or as soon as possible.

Facilities and premises were appropriate for the services being delivered.

If patients did not attend then they were contacted and asked if they wanted to book another appointment, if they missed their second appointment the staff contacted the clinician who referred the patient to inform them.

There was a secure carpark to the rear of the department, with parking spaces for people with disabilities.

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 accessible to people using wheelchairs, there were automatic doors, an electric stairlift available to get to the diagnostic areas which were down three steps. The service had an MRI safe wheelchair that was used to take the patients to the MRI scanner room.

The waiting area was equip with hearing loops for patients who used a hearing aid. The service was also able to print information in large print for patients who had visual impairments.

The service had a large bore MRI scanner which was beneficial as it can be used to scan bariatric patients. As the scanner is wider than most scanners it was also beneficial for patients who suffered from claustrophobia.

The service worked well with GP surgeries, referrers and local hospitals to ensure patients were seen promptly at a time which suited them.

The waiting area was spacious and clutter free allowing wheelchair users to move around the area freely. Toilets were also accessible to wheelchair users.

Staff told us that patients were assessed on an individual basis and that increased appointment times were provided to patients with complex needs so that staff could provide additional support.

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.

Good

Diagnostic imaging

Scans were booked by the administrative team and scans could usually be provided the next day if required. The administrative staff allocated appointment times in line with the protocol the clinician had requested, this allowed staff to know how many patients were being scanned each day and this was discussed in the morning meeting to determine if there might be delays or if a certain patient may need a longer appointment time.

Managers worked to keep the number of cancelled appointments to a minimum. Managers reviewed staffing to ensure that there was the correct number of staff to run a clinic and that shortages due to sickness or annual leave did not result in appointments being cancelled.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Staff told us that if there was a cancellation of an x-ray clinic due to a fault with equipment, this was logged as an incident and the patients affected were rescheduled as soon possible and at a time that was convenient to them.

Radiologists issued a report on scans between 24 and 48 hours after the scan had been taken, the service manager monitored report times daily and if a radiologist had taken longer than 48 hours the service manager would contact them to prompt them to complete the scan report.

There were appointment slots kept for both NHS and private patients so that both patient groups could receive timely appointments, there was also appointment slots kept open for urgent referrals.

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.

Staff understood the policy on complaints and knew how to handle them. Staff informed us that if there was a complaint then they would try to deal with it at point of care but if there was no resolution, they would inform the patient of the process for making a formal complaint.

Managers investigated complaints and identified themes. Managers would acknowledge complaints within three working days and would issue a response to the complaint within 20 working days.

Staff knew how to acknowledge complaints and received feedback from managers after the investigation into a complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints was shared in the service managers quarterly newsletter

Are Diagnostic imaging well-led?

Good

This is the first time we have inspected this service. We rated well-led as good.

Good

Diagnostic imaging

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.

The service had a clear leadership structure in place, the diagnostic department had a service manager and an imaging manager.

The service manager said they were well supported by the organisational management team. The service manager was visible throughout the department and worked clinically. Staff told us that the service manager was both supportive and approachable.

Managers listened to staff and tried to encourage staff to develop in their roles so that they could retain skilled and competent staff.

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. Leaders and staff understood and knew how to apply them and monitor progress.

The organisation vision and strategy was to keep patients well by providing access to the best in class expertise, diagnostic technologies and rehabilitation therapies. This was achieved by providing high quality diagnostic images and reports in a timely manner. The organisation had a chief executive officer and on inspection, we interviewed both the service manager and the Director of clinical services.

The service endeavoured to deliver exceptional service to all patients and understood this could only be achieved with good management and strong teams.

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.

The service had implemented mental health first aiders to support staff wellbeing, further training was planned in 2022 to develop the wellbeing team to support staff.

The organisation recognised the importance and benefits of a diverse workforce and was committed to providing a working environment that was free from discrimination.

The organisation carried out an annual staff satisfaction survey in 2021 and asked staff for suggestions on improvement that could be made. From the suggestions made the organisation had made improvements to maternity pay and death in service pay.

The service highlighted the importance of freedom to speak up or whistleblowing, if a member of staff had concerns then they could raise these confidentially through the organisations online system, concerns would be reviewed directly by either the chief executive officer or chief medical officer.

Good

Diagnostic imaging

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 were daily morning huddles where staff discussed learning or issues which had been highlighted at the organisations other departments. The daily morning huddle was an opportunity to assess the workload for the day and assess if patients might need extra assistance or additional time.

The service has introduced a quality management system which it used for the reporting and escalation of incidents, concerns and complaints. The quality management system allowed staff to develop action plans as part of the reporting process.

The organisation had an integrated governance structure which combined nine corporate financial and clinical accountability domains. These domains included quality assurance, patient safety, patient experience, clinical effectiveness, information governance and risk management.

This framework provides a structure so that governance was integrated in the work the service provided. The service has an escalation process in place with local audits and meetings results being shared at a monthly group SMT meeting which was followed by a quarterly integrated governance meeting. To ensure senior leadership had oversight, there was a six monthly Medical Advisory Committee (MAC), a quarterly integrated governance review and an annual quality account.

Lessons learnt from non-compliance in audits were reported through the integrated governance structure of meetings and feedback was provided to staff through a quarterly governance newsletter.

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.

The organisation had reviewed its risk policy in 2021 and the risk matrix was standardised to further develop the organisations risk management processes. Local risks were assessed on a monthly basis and reviewed by the relevant committees. The organisations group risk register was live and reviewed by the senior leadership team on a quarterly basis.

The service had implemented robust safety processes to protect both service users and staff during the pandemic, this included risk assessments, updated infection prevention and control procedure and correct use of PPE. There was also allocated time between patient appointments to allow for extra cleaning.

The service had a risk register in place, risks were rated and graded. There was also a number of risk assessments in place such as health and safety, lone worker and paediatrics and young people.

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.

Information governance was included as part of mandatory training.

The service had a fully robust system and processes in place for information system management. These systems and processes protect and secure all information which include electronic or physical from any threats both internally and externally.

The service had created an online booking system which allowed referrers to send patient details securely to prime health. Prime health would then follow up the referral by telephone to confirm a date which was suitable and answer any questions the patient may have. This allowed for greater flexibility and decreased the occurrence of DNAs and increased patient experience.

The service was awarded the International Organisational for Standardisation's information Quality Management standard (ISO 27001) in October 2021. ISO 27001 looks at the information security system that the service uses to ensure correct policies and procedures are being followed.

The service was also awarded the International Organisation for Standardisation's information Quality management standard (ISO 9001) in October 2021, ISO 9001 looks at a services quality management system is in place and has the correct documents processes and procedures in place to achieve objectives.

Engagement

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

Engagement was mainly through the process of patient feedback from patient satisfaction surveys. The service took feedback from patients, referrers and radiologists very seriously and saw it as a way to continually assess services provided and identify areas for improvement.

Feedback comments from patients were shared with staff throughout the service. Any comments that's a patient had felt the service was below the standard they expected and rated the care as poor was reviewed at the clinical governance committee and senior leadership team.

The service conducted daily morning huddles for staff, this was seen as a good opportunity for staff to be informed of updates or changes as not every staff member worked each day due to extended hours.

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.

There was an emphasis on learning as a way to provide a safe, effective and responsive service. The organisation learnt from concerns, complaints and compliments and incidents.

The service had looked at the most common themes which developed through the patient feedback surveys. Patients who had rated the service poor (1.3%) gave reasons such as communication from initial contact with patient, direction and instructions to locations, during examination and post examination instructions. These themes where addressed as the service revised patient information leaflets and the post procedure instructions on the organisation's website. The service also commenced customer service training in October 2021.

Insufficient evidence to rate

Outpatients

Safe	Insufficient evidence to rate
Effective	Inspected but not rated
Caring	Insufficient evidence to rate
Responsive	Insufficient evidence to rate
Well-led	Inadequate

Are Outpatients safe?

Insufficient evidence to rate

This is the first time we have inspected this service. We did not rate safe as we did not have sufficient evidence.

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. All staff who worked within the outpatient department were fully compliant with their mandatory training. All other colleagues working within the outpatient department were not employed by the provider and demonstrated training through the practising privileges process.

Safeguarding

Staff understood how to protect children, young people and their families from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

All other colleagues working within the outpatient department were not employed by the provider and demonstrated safeguarding training through the practising privileges process.

Cleanliness, infection control and hygiene

Please see information under this sub heading in the diagnostic imaging section.

Environment and equipment

Please see information under this sub-heading within the diagnostic imaging section for further details.

Assessing and responding to patient risk

Please see information under this sub heading in the diagnostic imaging section.

Medical staffing

Medical staff were not employed by the service. A practicing privilege agreement was in place therefore sickness, vacancy and turnover rates were not routinely monitored. The service audited practising privileges and its compliance which was reported to the company board on a monthly basis. Clinic completion was routinely monitored, and cancelled clinics were logged on the services internal governance system for review and analysis

Insufficient evidence to rate

Outpatients

Records
No records were held at the service. Records were the responsibility of the consultant reviewing the patient.

The service had no monitoring system to ensure good record keeping.

Incidents
Incidents relating to services provided in the outpatients department were monitored through prime health's governance processes.

Are Outpatients effective?

Inspected but not rated

We do not rate effective for outpatients.

Evidence-based care and treatment
There was no evidence available.

Nutrition and hydration
There was no information available

Pain relief
There was no information available

Patient outcomes
Staff did not monitor the effectiveness of care and treatment. They did not use the findings to make improvements and achieved good outcomes for patients.

The service did not have systems in place to actively monitor and audit the activity and outcomes of the patients seen in the outpatients clinic by consultants who were granted practising privileges.

Competent staff
The service made sure staff were competent for their roles. Managers appraised staff's work performance

Of the 30 staff undertaking work under practicing privileges, all had an in date professional registration check and appraisal.

Seven-day services
Outpatients services were delivered Monday to Friday.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards
There was no evidence of review of the consent processes undertaken in the outpatients department.

Are Outpatients caring?

Insufficient evidence to rate

Outpatients

Insufficient evidence to rate

This was the first time we have inspected this service. We did not rate caring as we did not speak to any outpatients at the time of our inspection.

Are Outpatients responsive?

Insufficient evidence to rate

This is the first time we have inspected this service. We did not rate responsive as we did not have sufficient evidence.

Service delivery to meet the needs of local people

Please see information under this sub heading in the diagnostic imaging section.

Meeting people's individual needs

The service did not always take account of patients' individual needs and preferences. Meaning staff were not able to make reasonable adjustments to help patients access services

No training was provided to staff around disability and additional needs and therefore the service could not be assured that staff understood or applied the policy on meeting the information and communication needs of patients with a disability or sensory loss appropriately.

The service did not have information leaflets available in languages spoken by the patients and local community. No large print literature was available, and no specific measures were in place to support people living with dementia or a learning disability such as 'this is me' passport or the butterfly scheme.

Access and flow

Please see information under this sub heading in the diagnostic imaging section.

Learning from complaints and concerns

Of the three complaints the service received in the last twelve-month period none related to outpatients. None required external review and all three were resolved within the specified timescale. Complaint feedback was shared with staff via a quarterly newsletter.

During our inspection we did not see any information displayed on how to raise a concern.

Are Outpatients well-led?

Inadequate

This is the first time we have inspected this service. We rated well led as inadequate

Insufficient evidence to rate

Outpatients

Leadership

Please see information under this sub heading in the diagnostic imaging section.

Vision and Strategy

Please see information under this sub heading in the diagnostic imaging section.

Culture

Please see information under this sub heading in the diagnostic imaging section.

Governance

The service did not have systems in place to actively monitor and audit the activity and outcomes of the patients seen in the outpatient's clinic by consultants who were granted practising privileges.

The service had a robust system in place for granting practising privileges to consultants who worked in the outpatients department, information which was checked before granting practising privileges included registration with the General Medical Council, professional indemnity and completed appraisals.

Prime health granted permission to a number of independent organisations to provide services from the outpatients department through a license to occupy agreement. Senior leaders told us that prior to granting permission Prime Health carried out a review of each organisation which checked how the organisation would see patients and how they would be followed up, what safeguards they had in place and if they regularly completed audits on patients outcomes. However, audits were not shared or reviewed by prime health.

If a complaint or concern was raised about a consultant working under practising privileges at the service, this would be recorded and investigated through prime health governance processes. The service would share the outcome of the investigation with the responsible officer for that consultant.

If the service had been made aware of an issue with a consultant whilst working for a different provider or if concerns had been raised through their annual appraisal then this would be discussed with the services Chief Medical Officer as to the consultants suitability to practice at the services location.

Management of risk, issues and performance

The management of risk, issues and performance was not fully covered through prime health's governance processes.

Information Management

There was a lack of assurance as no patient records were held or reviewed by prime health.

Engagement

The service had completed a clinician satisfaction survey as part of its UKAS QI accreditation in 2021. No consultants working within the department were interviewed at the time of the inspection therefore it was difficult to determine the level of engagement between the service and consultants working under practising privileges.

Learning, continuous improvement and innovation

Please see information under this sub heading in the diagnostic imaging section.

Requires Improvement

Services for children & young people

Safe	Inadequate
Effective	Insufficient evidence to rate
Caring	Insufficient evidence to rate
Responsive	Insufficient evidence to rate
Well-led	Requires Improvement

Are Services for children & young people safe?

Inadequate

This is the first time we have inspected this service. We rated safe as inadequate.

Mandatory training

The service did not always provide mandatory training in key skills to all staff and did not always make sure everyone completed it.

The service did not have enough staff trained to in key skills such as paediatric life support.

Please see information under this sub heading in the diagnostic imaging section.

Safeguarding

Staff understood how to protect children, young people and their families from abuse. 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. This included level three safeguarding training for both adults and children for clinicians and level two safeguarding training for adults and children for non-clinical staff. Female genital mutation was included within level three safeguarding adult and children training.

If a paediatric patient did not attend an appointment, the service would contact the parent or guardian to determine why and would rearrange the appointment for a later date. If the paediatric patient's parent or guardian confirmed that the appointment was no longer needed the service would contact the referring clinician. If the service had concerns after any non-attendance, they would refer to their safeguarding policies and procedures and take the appropriate action.

Please see information under this sub-heading within diagnostic imaging section for further details.

Cleanliness, infection control and hygiene

Please see information under this sub heading in the diagnostic imaging section.

Requires Improvement

Services for children & young people

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

Staff followed safe procedures for children visiting the department. During our inspection we saw that due to the size of the building a designated separate waiting area for children was not possible however, the service had identified a separate seating area that could be used when children attended either for appointment or whilst accompanying a patient.

Please see information under this sub-heading within the diagnostic imaging section for further details.

Assessing and responding to patient risk

Staff completed risk assessments for each child and young person to remove or minimise risks. Staff could not quickly act upon children and young people at risk of deterioration.

Staff did not always know how to respond promptly to any sudden deterioration in a patient's health. A children and young person risk assessment had been created and was in place at the time of our inspection, this included paediatric emergencies. The service had developed access criteria which outlined that the service did not accept children and young people who required specialist medical attention or who were at risk of deterioration.

Staff did not have training in paediatric life support at the time of the inspection meaning that staff may not recognise or know how to manage a child who was choking or in cardiac arrest until definitive help arrived. The governance manager was planning to rectify this, and the service had booked a date with a provider to deliver training. The service informed us that following the inspection that paediatric life support training had been provided in March 2022 with all staff completing it.

Staffing

The service did not have enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment.

The service did not have enough nursing and support staff trained to keep children and young people safe. At the time of our inspection there were no staff trained in paediatric care. However, the service was in the process of employing a national paediatric nurse to act as a point of contact, guidance and to provide support by telephone for staff if required. Managers told us that children would be scheduled for appointment in the future when the paediatric nurse was on duty.

Following the inspection, the service informed us that the paediatric nurse was now in post who staff could be contact for advice on paediatric patients.

Please see information under this sub-heading within the diagnostic imaging section for further details.

Records

Please see information under this sub heading in the diagnostic imaging section.

Medicines

Please see information under this sub heading in the diagnostic imaging section.

Requires Improvement

Services for children & young people

Incidents
There were no incidents relating to children between December 2020 and December 2021. Please see information under this sub-heading within the diagnostic imaging section for further details.

Are Services for children & young people effective?

Insufficient evidence to rate

This was the first time we have inspected this service. We did not rate effective as we did not have sufficient evidence.

Evidence-based care and treatment
Please see information under this sub heading in the diagnostic imaging section.

Nutrition and hydration
Staff told us that food was not offered to patients attending the outpatient clinic due to the short time that they attended the premises. There was a water machine located within the reception area and staff could provide hot drinks if required.

Please see information under this sub heading in the diagnostic imaging section.

Pain relief
Please see information under this sub heading in the diagnostic imaging section.

Patient outcomes
Please see information under this sub heading in the diagnostic imaging section.

Competent staff
Please see information under this sub heading in the diagnostic imaging section.

Multidisciplinary working
Please see information under this sub heading in the diagnostic imaging section.

Seven-day services
Please see information under this sub heading in the diagnostic imaging section.

Health promotion
Please see information under this sub heading in the diagnostic imaging section.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards
Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own.

Requires Improvement

Services for children & young people

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. A mandatory training module on consent was delivered to staff which included key areas such as understanding how capacity to consent can be assessed, understanding the role of the Court of Protection and the unique challenges and the legal standpoint for gaining consent in the treatment of children including Gillick competence.

Patients between the ages of 13-18 who wished to attend an outpatient appointment without a parent must have a Gillick assessment completed by a clinician in advance of the appointment.

Are Services for children & young people caring?

Insufficient evidence to rate

This was the first time we have inspected this service. We did not rate caring as there were no children being seen at the time of our inspection.

Compassionate care

Please see information under this sub heading in the diagnostic imaging section.

Emotional support

Please see information under this sub heading in the diagnostic imaging section.

Understanding and involvement of patients and those close to them

Please see information under this sub heading in the diagnostic imaging section.

Are Services for children & young people responsive?

Insufficient evidence to rate

This is the first time we have inspected this service. We did not rate responsive as no children were being seen at the time of our inspection.

Service delivery to meet the needs of local people

Please see information under this sub heading in the diagnostic imaging section.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff did make reasonable adjustments to help children, young people and their families access services.

Early morning or late evening appointments for children at quieter times were undertaken in the diagnostics provision.

Consultants secretaries liaised with prime health to manage and co-ordinate appointments for children and young people. Staff told us that if any of these needs were highlighted, they could easily implement measures of support.

Requires Improvement

Services for children & young people

A baby changing mat could be requested if needed and parents could use a consulting room for baby changing.

Toys or distraction aids for children who may have been frightened or upset during their visit were not in use at the time of the inspection due the infection control risk of COVID-19.

For children who frightened or upset during an appointment, staff had a number of ways to support them such as playing their favourite music, changing the mood lighting in the MRI scanner and allowing parents to stay with the child during their scan.

Access and flow

Please see information under this sub heading in the diagnostic imaging section.

Learning from complaints and concerns

No complaints were received related to children and young people between December 2020 and December 2021.

Please see information under this sub heading in diagnostic imaging section

Are Services for children & young people well-led?

Requires Improvement

This is the first time we have inspected this service. We rated well led as requires improvement.

Leadership

Please see information under this sub heading in the diagnostic imaging section.

Vision and Strategy

Please see information under this sub heading in the diagnostic imaging section.

Culture

Please see information under this sub heading in the diagnostic imaging section.

Governance

Please see information under this sub heading in diagnostic imaging section.

Management of risk, issues and performance

Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identified actions to reduce their impact.

Managers recognised that paediatric provision was an area of risk and took actions to mitigate this. This meant that risk to children had been reduced and the service could begin to plan how to meet their individual needs. However, although this risk was identified, it had not been entered onto the risk register. This meant that the corporate oversight and ownership of the risk was not immediately evident.

Requires Improvement

Services for children & young people

Information Management
Please see information under this sub heading in the diagnostic imaging section.

Engagement
Please see information under this sub heading in the diagnostic imaging section.

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.

This service had put in place an action plan following an inspection at a different location. This included the introduction of a level 4 safeguarding point of contact; a dedicated children's safeguarding policy; new flow charts for staff and they were recruiting to a national registered paediatric nurse to act as a point of contact.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 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. • The service must ensure they have enough staff to care for children and young people and keep them safe and are trained in key skills including paediatric life support for relevant staff. (Regulation 12 (2) (c)) • The service must have a process to assess risks to children and young people and act on them. (Regulation 12 (2) (a)) • The service must plan care to meet the needs of individual patients included children and young people and make it easy for them to raise concern. (Regulation 12 (2) (b))

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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.

This section is primarily information for the provider

Requirement notices

- The service must assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity in outpatients (including the safety, quality and experience of the service users in receiving those services) (Regulation 17 (2)(a))