

Wansbeck MRI Centre

Quality Report

Wansbeck General Hospital
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Date of inspection visit: 12 December 2018
Date of publication: 23/04/2019

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

Wansbeck MRI Centre is operated by InHealth and is based within the Wansbeck General Hospital in Ashington Northumberland. A purpose-built unit as part of the local NHS trust contract from 2004, the service began scanning patients in October 2008, with an official opening in January 2009. The unit is an extension of the nearby Trust Radiology department/Outpatient areas. MRI Diagnostic services are provided for a local NHS trust, CCG patients and for private referral patients. Open 7 days a week, Monday to Sunday, the site aims to meet the needs of the ever-increasing demand for MRI services in the area and whilst doing so, deliver a safe, high quality/value for money, effective, patient focussed service to all service users.

In September 2016, the unit was refurbished, and a replacement scanner was installed (Siemens Magnetom Aera 1.5T). The new MRI scanner brought with it an associated improvement in technology and enabled more patients to be scanned per hour compared to the capacity of the previous older GE model. With more advanced software and wider bore scanner than the previous GE scanner, patients who had previously used the services have commented on an improved experience and environment. It is anticipated that the scanner will be due for replacement in 8-10 years. The collaborative nature of the partnership with Local NHS trust, CCG and other users means that the unit flexes to meet the demands of the service so that demand from the referring clinicians for all MRI scanning specialites, scans such as cardiac MRI, are met in line with contractual requirements.

We inspected this service using our comprehensive inspection methodology for diagnostic imaging services. We carried out the announced part of the inspection on 12 December 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

Our rating of this hospital/service stayed the same. We rated it as **Good** overall.

We found good practice in relation to patient care:

- All staff mandatory and safeguarding training was up to date.
- All relevant MRI equipment was labelled in line with Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations being labelled MR safe.
- The scanning room had appropriate warning signs displayed.
- In the event of unexpected urgent clinical finding there was a clear process to follow.
- There was a structured post graduate development programme.
- All MRI staff had a current staff appraisal.
- There was positive patient feedback about the service.
- Staff demonstrated an understanding of their patients, and patient dignity was maintained.
- Patients were given choices around their appointment times which were discussed at the point of booking.
- Patients were provided with specific information if they were going to have a specialist MRI scan.
- Referrals were prioritised by clinical urgency.
- The management team were described as approachable, open and honest.
- The service had a Clinical Governance Framework with links and representation on the local NHS trust meetings.

Summary of findings

- Risks were assessed, recorded and where applicable recorded on the risk register and escalated to senior managers.

We found the following areas of outstanding practice:

- Numbers of patients referred with claustrophobia or had a larger girth who had to be referred to an open scanner at another provider had reduced

significantly with the installation of the wider bore scanner in September 2016. Staff reassurance and information provided to patients with their appointment had improved patient experiences.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating Summary of each main service

We rated the service as Good overall because;

- The scanning room had appropriate warning signs displayed.
- In the event of unexpected urgent clinical finding there was a clear process to follow.
- There was a structured post graduate development programme
- All the MRI staff had a current staff appraisal.
- There was positive patient feedback.
- Staff demonstrated an understanding of the patients and the dignity of patients was maintained.
- Patients were given choices around their appointment times which were discussed at the point of booking.
- Patients were provided with specific information if they were going to have a specialist MRI scan.
- Referrals were prioritised by clinical urgency.
- The management team were described as approachable, open and honest.
- The service had a Clinical Governance Framework with links and representation on the local NHS trust meetings.
- Risks were assessed, recorded and where applicable recorded on the risk register and escalated to senior managers.

Good



Summary of findings

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Good 

Wansbeck MRI Unit

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Wansbeck MRI Centre

Wansbeck MRI Centre is operated by InHealth. It is a privately operated MRI Centre in Ashington, Northumberland and provides diagnostic and screening procedures primarily to NHS patients. The centre serves the communities of Northumberland. It also accepts patient referrals from outside this area. The MRI Centre has had a registered manager in post since 2011. The current registered manager was registered with the CQC in 2014.

The service is based within the Wansbeck General Hospital in Ashington Northumberland. Built as a purpose-based unit as part of the Local NHS trust contract from 2004, the service began scanning patients in October 2008, with an official opening in January 2009. The unit is an extension of the nearby NHS trust radiology department and outpatient areas.

Magnetic resonance imaging (MRI) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body. MRI scanning does not use radiation. An MRI scanner is a large tube that contains powerful magnets.

Diagnostic services are provided for the local NHS trust, CCG patients and for private referral patients. Open 7 days a week, Monday to Sunday, the site aims to meet the needs of the ever-increasing demand for MRI services in the area and whilst doing so, deliver a safe, high quality and value for money, effective, patient focussed service

to all its service users. In September 2016, the unit was refurbished and a replacement, more powerful scanner was installed. The new MRI scanner brought with it an associated improvement in technology, advanced software and a wider bore. This has enabled more patients to be scanned per hour compared to the capacity of the previous older model and staff report that patients who had previously used the services have commented on an improved experience and environment. It is anticipated that the scanner will be due for replacement in 8-10 years. The collaborative nature of the partnership with Local NHS trust, CCG and other users means that the unit flexes to meet the demands of the service. Demand from the referring clinicians for all MRI scanning specialities, and scans such as cardiac MRI, are met in line with contractual requirements.

We last inspected Wansbeck MRI centre in September 2013 and found the service met all standards at that time. These were:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safety, availability and suitability of equipment
- Supporting workers
- Complaints.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in radiology and MRI. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as **Good** because:

All staff mandatory and safeguarding training was up to date.

- All areas of the clinic appeared visibly clean and well looked after.
- There were regular cleaning and hand hygiene audits conducted.
- All relevant MRI equipment was labelled in line with Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations being labelled MR safe.
- The scanning room had appropriate warning signs displayed.

Good



Are services effective?

We rated it as **Not rated**.

CQC does not currently provide a rating of this domain for diagnostic imaging services, although we do inspect these areas.

We found the following areas of good practice:

- The service used an independent external company to conduct monthly assessments of the quality of reports generated by the unit.
- In the event of unexpected urgent clinical finding there was a clear process to follow.
- There was a structured post graduate development programme
- All the MRI staff had a current staff appraisal
- The MRI service was available every day including weekends from 8am to 8pm Monday to Friday with extended working hours if required.
- Staff were aware of the requirements relating to mental capacity and consent.

Are services caring?

We rated it as **Good** because:

- There was positive patient feedback.
- Staff demonstrated an understanding of the patients.
- The dignity of patients was maintained while they were undergoing an MRI scan.
- Radiographers were observed communicating with patients over the scanner intercom providing reassurance.

Good



Summary of this inspection

Are services responsive?

We rated it as **Good** because:

- The availability of the service was designed around managing the demand and patient profile of those using the MRI scan service.
- The service provided a wide range of MRI examinations
- The environment was appropriate, and patient centred.
- Patients were given choices around their appointment times which were discussed at the point of booking.
- Patients were provided with specific information if they were going to have a specialist MRI scan.
- Referrals were prioritised by clinical urgency.

Good



Are services well-led?

We rated it as **Good** because:

- The management team were described as approachable, open and honest.
- Good team work and support was observed during the inspection.
- The service had a Clinical Governance Framework with links and representation on the local NHS trust meetings.
- Risks were assessed and recorded and where applicable recorded on the risk register and escalated to senior managers.
- The service held regular MRI Health and Safety Meeting meetings.
- The registered manager held quarterly contract review meetings with the Trust and North-East Commissioning Services Unit teams.

Good



Detailed findings from this inspection

Overview of ratings





Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Notes

CQC does not currently provide a rating of the Effective domain for diagnostic services, although we do inspect these areas.

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Information about the service

The Wansbeck MRI service is provided by InHealth, a private company. The unit is one of four MRI centres within the local NHS trust where InHealth provide MRI services.

Wansbeck MRI unit is located within the Wansbeck General Hospital. There are clear signs for patients to follow from the main hospital entrance to the MRI centre reception, through a linked corridor from the radiology department. The unit consists of a reception area, an administration office, a radiologist reporting room, and an operational manager's office. Along the corridor from the manager's office is a technical equipment room which is a restricted area.

InHealth are working towards accreditation with the Imaging Services Accreditation Scheme (ISAS) and aim to be accredited by 2020.

The service is accredited by the following national bodies;

ISO 9001:2015 which specifies requirements for a quality management system. An organisation is required to demonstrate its ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements,

ISO/IEC 27001:2013 specifies the requirements for establishing, implementing, maintaining and continually improving an information security management system within the context of the organisation,

IQIPS is a professionally led accreditation scheme with the aim of improving services, care and safety for patients undergoing physiological tests, examinations and procedures. The United Kingdom Accreditation Service (UKAS) accreditation for IQIPS offers the benefits of

sharing best practice and the opportunity to enhance efficiency with evidence for local leverage. Accreditation also brings national recognition to the service with a badge of quality.

Investors in People is a standard for people management, offering accreditation to organisations that adhere to the Investors in People Standard.

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

Patients are referred for MRI scans by trust consultants or GPs. Some patients are referred by registered non-medical staff such as physiotherapists. The service also provides scans for private patients and these are referred by private doctors or physiotherapists using the same protocols as NHS staff. All referrers are trained in MRI safety and registered with the service.

The centre was one of three MRI centres attached to the local NHS trust hospital sites. All MRI provision for the trust is provided by InHealth and the three centres can be used for contingency support in the event of unexpected downtime and patients requiring urgent scanning. Staff rotate to gain training, competency and experience across all 3 InHealth MRI sites which helps to maintain appropriate skill mix as well as service continuity.

During the inspection, we visited all areas of the MRI centre. We spoke with five staff including MRI radiographers, an administration manager, a receptionist and senior managers. We spoke with four patients and one relative. We also looked at 18 patient satisfaction comment cards which patients had completed prior to our inspection. During our inspection, we reviewed four sets of patient records.

Diagnostic imaging

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service was inspected in September 2013, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (November 2017 to October 2018)

- In the reporting period November 2017 to October 2018 there were 6756 scans recorded at the service; of these 98.53% were NHS-funded and 1.47% other funded.
- No NHS-funded patients or other funded patients stayed overnight at the hospital during the same reporting period.

Staff on full time contracts included, an operations manager, a superintendent MRI radiographer, two senior MRI radiographers, an administration services manager and two patient administrators.

There was one 0.67 whole time equivalent (WTE) senior MRI radiographer. One additional senior radiographer was on a zero hours contract.

MRI radiographers and senior MRI radiographers worked on a cross-site basis, providing support for the two other MRI centres in Northumberland. A mobile MRI scanner was provided by InHealth, under separate management, at a fourth site in the west of the county.

MRI Diagnostic services were provided for Local NHS trust, CCG patients and private referral patients. The service is open seven days a week, Monday to Sunday except for Christmas Day, Boxing Day and New Year's Day.

Track record on safety

- No Never events
- No Clinical incidents, and no deaths
- No serious injuries
- The service did not provide patient accommodation. In patients were accepted for MRI scans from Wansbeck hospital. There were no incidences of hospital acquired infections.
- The service received two formal complaints, one of which was upheld.

Are diagnostic imaging services safe?

Good 

We rated it as **good**.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff attended face to face training at InHealth headquarters during staff induction and completed updates through on-line courses.
- The overall training records were held by the company Human Resources Department and were recorded on a computer database. This included details of training undertaken including; fire safety and evacuation, health and safety for healthcare, equality and diversity, infection prevention and control, moving and handling objects and people/patients, safeguarding adults, safeguarding children level two, customer care and complaints, basic life support (BLS) and data security awareness.
- Individual staff held their own personal files which included their mandatory training course attendance. The operations manager kept an electronic copy of all staff mandatory training to date and this showed, at the time of this inspection, all staff were up to date with training.
- Staff and supervisors received email reminders when training was due, and managers organised staffing to ensure individuals could be released.
- Mandatory training was discussed as part of the staff appraisal system.

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.
- Safeguarding formed part of induction and mandatory training focussed on preventing people suffering from all forms of abuse and avoidable harm within the service in accordance with intercollegiate guidelines. The weekly local NHS trust safeguarding meeting and

Diagnostic imaging

biannual safeguarding board monitored InHealth compliance with safeguarding policies, raising concerns processes, identified themes and set improvement goals.

- The service had an identified safeguarding lead and deputy trained to safeguarding level four. All staff had access to InHealth level 4 trained support 24 hours a day, seven days a week. Local managers were trained to safeguarding level two for both children adults. All other staff were trained to safeguarding level two for adults and children.
- We saw evidence all the staff had up to date adults and children's safeguarding level two training.
- There was evidence of a list of names, roles and contact details for internal and external staff, including the NHS trust safeguarding teams, to contact in relation to safeguarding and child protection issues for staff to use to seek advice and guidance.
- Although the service had not made any safeguarding referrals staff we spoke with knew how to make a referral. There were posters displayed in the MRI scanning room and the operational manager's office with clear instructions on how to make a referral and how to contact the safeguarding leads.
- The service had a Safeguarding children, young people and adult's policy which aimed to ensure no act or omission by InHealth as healthcare providers, put a service user at risk. There were systems were in place to safeguard and promote the welfare of children and to protect adults at risk of harm.
- The policy outlined the principles of prevention of harm and abuse through high quality care, effective responses to allegations of harm and abuse which were in line with multi-agency procedures and using learning to improve service to patients. The policy covered definitions of risk, the prevent strategy and staff roles and responsibilities.
- There was evidence of regular infection prevention and control audits being completed including cleaning schedules for the premises and equipment as well as hand hygiene audits. All audits carried out in 2018 showed 100% compliance.
- During inspection all areas of the clinic appeared visibly clean and well looked after. There were bottles of alcohol hand gel situated around the clinic for staff and patients to use.
- There was personal protective equipment including gloves, aprons as well as universal cleaning wipes, germicidal disposable wipes, and hand wash available for staff to use in all clinical areas.
- We observed staff cleaning the MRI coils and the scan bed in-between patients. They used disposable paper roll on the scan bed for patients to lie on which was changed between patients.
- Staff told us if they had been made aware through the referral process a patient was infectious they would be scanned at the end of the appointment list and the room and equipment deep cleaned afterwards.
- We observed staff washing their hands after patient interactions. We also observed staff wearing gloves and checked the glove dispenser which was found to be full.
- The injection room appeared clean and tidy. There was a hands-free sink in the cannulation cubicle area for staff to use.
- Staff told us they cleaned down the PAT slide (after it had been used to transfer patients from a trolley to the MRI scan bed, and the scan bed. Appropriate personal protective equipment including gloves and apron were worn.
- During inspection we observed a cannulation injection. The radiographer washed their hands before putting on gloves and apron. Staff placed consumables next to the patient but not in a receptacle such as a kidney dish which would need to be cleaned. During the cannulation process we observed staff following good practice and cleaning the injection site with a sterile wipe, and aseptic non-touch technique. The sharps used were placed immediately in a sharps container which was sited on a bench top.

Cleanliness, infection control and hygiene

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

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- The service used a professional deep cleaning company to perform scheduled deep clean of clinical areas. The deep cleaning contract included the MRI scanning room. The senior radiographer explained because of safety concerns, the trust domestic staff were not allowed in the scanning room. MRI staff performed daily cleaning of that area and equipment within it.
- We saw evidence which showed the cleaning company after each time they had cleaned the clinic left the operations manager a decontamination certificate which outlined which areas had been cleaned and any actions taken to resolve cleanliness issues.
- We saw evidence of daily cleaning records completed at the end of each working day, which showed staff cleaned the scanning room floor daily.
- The waiting areas appeared to be tidy, clean and clutter free. The waiting room chairs were wipeable.

Environment and equipment

- The MRI centre consisted of a staffed reception desk and waiting area. This was accessible for wheelchair users. There was comfortable seating, a water dispenser, magazines and a television mounted on the wall.
- There were no separate facilities for child patients or children attending the clinic with adults. There was a poster displayed asking for consideration of other patients and visitors and asking that children were always supervised within the unit.
- Behind the reception desk there was an administration management office which was used by staff. There were posters including governance posters and information displayed on the walls for staff to read.
- Entry to the MRI scanning area was secure and there was swipe access with a key fob for staff. There had been a security incident twelve months prior to our inspection where an aggressive patient had entered the reception area and staff had arranged for an intercom system to be fitted to the MRI centre entrance door. The door was held open by the electronic release system during the day but closed during evening sessions when no additional staff were present.
- Appropriate safety information was displayed on the door from the reception area to the MRI scanning room and on the scanning room door.
- In the MRI area there was an MRI scanning room and staff area for reporting which had a window allowing staff to see into the MRI scanning room.
- There were two patient changing rooms available should a patient need to change into a surgical gown and personal lockers for patients to use. Posters were displayed reminding patients to pick up their valuables and informing patients to place the hospital gown in the blue bin after use which was in the corner of the changing room.
- There was various patient information displayed in the changing area including posters stating how patients would receive their scan results from referring clinician or GP within 2 weeks and to contact them directly if they did not receive their results within three weeks. The MRI team would be happy to provide patients with information on their referring clinician if required. Patients were reminded to turn off mobile phones and photography was strictly prohibited.
- There was a chaperone poster stating the clinic could provide another member of staff to be present during the MRI scan.
- There was a unisex disabled toilet which patients in wheelchairs could use.
- There was a curtained area used for injections which had storage for equipment, consumables, medicines box, and the emergency resuscitation pack.
- There were posters with protocols and flow charts for needle stick injuries to non-trust healthcare staff or members of public, needle stick injuries to trust staff, and safe handling of sharps. There were posters for contrast preparation and dosages.
- The medicines box, sharps box and glass bin all correctly labelled.
- We checked a range of consumable items and all were found to be in date.

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- There was an emergency stop button in the control room which overlooked the scan room which if pressed stopped the MRI scan.
- The scanner had an emergency buzzer for the patients to use to contact MRI staff if they were experiencing any difficulties while being scanned.
- We saw evidence of building evacuation plans. Evacuation routes were kept clear. All staff undertook fire safety training. There were an appropriate number of fire wardens available at the site. All fire exits were clearly marked, and fire alarms are regularly checked.
- Health and safety equipment was maintained and easily accessible. Staff were aware of the types and location of equipment for example, first aid kits and fire extinguishers.
- Warning signs highlighting hazards were used where necessary and a floor sign had recently been installed to show staff and patients they were entering an MRI area.
- There was evidence of monthly equipment safety audits being carried out to check the equipment was in working order and not due a service or replacement. Oxygen cylinders were subject to weekly audits to check they were in date, full or were empty and required refilling.
- An imaging is a specially designed object that is scanned or imaged in the field of medical imaging to evaluate, analyse, and tune the performance of various imaging devices including MRI scanners. During inspection we saw the phantoms were used daily in the quality assurance process before any scans were carried out and were stored safely.
- If any issues with the scanner were identified staff could obtain advice from the company who installed the scanner. Medical physics support was also available from a separate contractor.
- There was a service contract which included repairs for the scanner. The scanner was new but regular servicing was planned in advance. We saw evidence of call outs and maintenance records were held electronically and we noted an engineer check of the coil had been carried out on 5 September 2018.
- There was evidence only MRI compatible equipment was situated in the MRI scan room. All relevant MRI equipment was labelled in line with Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations being labelled MR Safe.
- We saw suction equipment and piped oxygen were available in the cannulation area. Equipment was clearly labelled as MRI unsafe, so staff knew not to take these items into the scanning room.
- Staff accessed tea and coffee making facilities in the kitchen area.
- If the patient was not mobile there was an MRI safe wheelchair to get the patient to the scanner. The patient scan bed had height adjusters which could be raised or lowered to allow the patient to get safely on to the scan bed.
- Staff provided patients who were being scanned with ear defenders with disposable covers. We observed these were changed between patients. Disposable ear plugs to reduce the noise of the scanner were available if required.
- If a patient suffered a cardiac arrest or for any other reason the patient needed to be removed from the scan room quickly the MRI scan bed could be detached from the scanner and used as a trolley to remove the patient. There was a crash trolley and a portable defibrillator machine outside the MRI scanning room. We saw evidence daily checks had been conducted on the crash trolley equipment. The defibrillator was checked during inspection and equipment on the trolley was in date.
- There was a certificate of employers' liability and CQC certificate of registration on display on the wall in the MRI reception area.

Assessing and responding to patient risk

- We saw evidence staff could obtain advice and support through InHealth's network of retained medical and specialist advisors who were accessible through the clinical quality team.
- Staff told us if a patient deteriorated or collapsed, all MRI staff were trained to perform basic lifesaving (BLS). They would act in accordance with their training until the hospital resuscitation team arrived. The patient

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would be removed from the scanning room. An evacuation scenario had highlighted there was a raised area in the floor and two staff would be required to carry out removal of a seriously unwell patient from the room. Staff told us they always ensured duty rotas included two staff for this purpose.

- The service could utilise a Resident Medical Officer (RMO) and resuscitation team which were always on site in the main hospital. In addition, between 9am-5pm consultant radiologists were present in the nearby reporting rooms for specialist advice. After 5pm a consultant was on duty 5pm-8pm for advice. Staff told us a cardiologist was usually present for cardiac scans.
- The electronic referrals were reviewed on the orders list and were either vetted by a radiographer or radiologist depending upon if the patient was considered routine, complex or required contrast administration. Radiologists vetted all complex and contrast referrals.
- If patients had possible MRI contraindications, any documentation as proof of compatibility was scanned into the clinical radiology information system (CRIS) which was the local NHS trusts' patient record system as evidence of risk assessment and decision making about MRI safety.
- We saw evidence documents supporting decision making about potential MRI contraindications were retained electronically on the InHealth radiology information system (IRIS).
- The MRI contrast safety form was sent out with the patient appointment forms for the patient to complete, sign and discuss with the radiographer when they attend for their appointment.
- Patients with certain risk factors would require a blood test to check kidney function prior to contrast administration. There was a requirement the tests were carried out within three months of the scan. During inspection we saw documentary evidence of this process.
- The Glomerular filtration rate (GFR) is a test to measure the level of kidney function and determine if there is any kidney disease. Staff could check recent blood test results and would discuss these with a radiologist in the trust who would make the decision to carry out a scan with or without contrast. Staff told us if a patient was aged more than 65 the radiographers would always ask for a GFR test prior to an MRI scan if contrast was going to be used. If the results showed the level was 30 or below the contrast could negatively affect the patient and staff would inform the referrer. The referrer would then make a clinical decision whether to complete the scan or to scan without contrast.
- Staff told us pregnant patients were rarely scanned and usually in only an emergency under the direction of a consultant after obtaining the appropriate consent, completion of the safety questionnaire and discussion of the risks involved. We heard of one patient who told staff they were pregnant but wanted to go ahead with the scan. Staff discussed the reasons why they could not do so and although the patient understood, they left the centre unhappy the scan had not been carried out. Staff reported this as an incident and informed the referrer.
- In the event of a medical emergency the hospital medical team would assess and treat the patient in accordance with Local NHS trust Healthcare NHS Trust resuscitation policy. Depending upon the outcome of the assessment, the patient may have been deemed fit to continue, be rescheduled for another day, or transferred to the local emergency care hospital by ambulance.
- An incident report would be completed for all incidents and near misses in the unit. We saw records of incidents where patients had become unwell following cannulation and there was evidence staff had followed this process.
- We saw evidence the outcome of any collapse of a patient while undergoing a scan was followed up by the most senior member of staff on duty.
- If at any time during the MRI scan the radiographers deemed the patient required urgent medical attention the radiologist would be contacted to review the images as soon as possible. The patient would be advised to wait in the unit pending the radiologist review as there was a possibility they could need to attend accident and emergency.

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- Following the MRI scan all images were sent to the relevant picture archiving and communication system (PACS) systems to ensure that they were available to the applicable clinical teams.
- In the 12 months prior to this inspection two patients had required to be transferred from the clinic to the accident and emergency department before, during or after a scan. One patient had fallen during transfer back to their wheelchair and one patient had collapsed during cannulation. Neither patient suffered long-lasting injuries or symptoms. These incidents were recorded within the InHealth reporting system, graded and followed up appropriately.
- Staff told us an issue was identified following a cardiac arrest evacuation scenario exercise. It was found the scanner room floor was raised near the door and two staff were required to manoeuvre the table. A copy of the scenario was shared with the team by e-mail as a reminder of correct actions to follow during a resuscitation event. We noted staff rotas ensure at least two staff were always available scans were carried out.
- During inspection we reviewed local and corporate clinical risk assessments. All were in date and the information was current.
- The service had a resuscitation policy dated July 2018 due for review July 2019. The policy was designed to ensure staff were equipped and trained to offer the appropriate level of resuscitation support where this was required. The purpose of the policy was to set out the arrangements for managing the risks associated with, and the systems in place to support, effective resuscitation provision for InHealth service users.
- The policy outlined the use of defibrillation, when appropriate, using an automated external defibrillator (AED) and the emergency call to “999” for a paramedic ambulance procedure.
- Once staff had read and understood the policy and associated Standard Operating Procedure they were expected to know; the roles, responsibilities and accountability for resuscitation equipment and training, the minimum level of equipment that should be available, training that should be attained and to maintain standards of practice.

- The service had a local rules guidance document last updated in June 2018 which included MRI safety requirements, actions to take in an emergency, and listed staff responsible and authorised to enter scanning areas and undertake MRI scanning roles.
- We saw evidence all MRI staff had received basic life support and paediatric life support training which was up to date.

Allied Health Professional staffing

- Staffing consisted of a superintendent MRI radiographer, a superintendent MRI radiographer, two senior MRI radiographers, an administration services manager and two patient administrators, all of whom were employed by InHealth on full time contracts.
- There was one 0.67 whole time equivalent (WTE) senior MRI radiographer. One additional senior radiographer was on a zero hours contract.
- MRI radiographers and senior MRI radiographers worked on a cross-site basis, providing support for the two other MRI centres in Northumberland.
- Staff told us, and we saw staffing records to show there were two radiographers on shift every day.
- Staff covered shifts from 8am to 8pm Monday to Sunday seven days a week. They were contracted to work 36 hours per week on 12 hour shifts which meant they were in work three days a week. On occasions there was some extended hours working and this was based upon projected demand. The extended hours working had increased recently to meet demand for cardiac scans and prostate scans. Prostate scanning had rapidly increased in the last year.
- The service used a staffing coordinator based at Cramlington who reviewed staff across all MRI sites in the local NHS trust.
- The staffing coordinator identified staff with specific skills, training and qualifications to carry out specialist MRI scans. They would be identified and allocated to the specialist MRI clinics.
- The service had used bank radiographers for two shifts and a bank administrator for one shift within the past 12 months.

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- There were no staff vacancies at the time of the inspection.

Medical staffing

- The service used radiologists based within Local NHS trust Healthcare NHS Foundation Trust to review scan results and prepare reports if the patient had been referred from within the trust or from GPs. Provision of reporting radiologists was part of the MRI service contract with the trust.
- The service used a centralised InHealth outsourced group of radiologists to review scan results and prepare reports if the patient had been a private patient or paid independently for a scan.
- The service did not use locum medical staff.
- During inspection we reviewed the lone working policy due for review August 2019. Staff we spoke with told us they do work alone with someone in reception when working extended days.
- The service contracted an external reporting company for routine patient scans only.

Records

- MRI imaging referrals arrived at the unit in various ways which were; electronically through the trust referral system and linked to the trust CRIS. Paper-based referrals were usually posted or faxed from GP surgeries, or by e-mail via the InHealth patient referral centre (PRC).
- Private patient referrals were stored on the IRIS system and depending upon the type of referral were vetted locally by radiographers or by InHealth radiologists via the PRC.
- Once vetted and protocolled the referrals were added onto the CRIS trust patient record system and IRIS (InHealth) systems and appointment letters were generated. Documentation related to the patient's scan was included in the appointment letter pack along with patient information leaflets, patient safety questionnaire, any scan related instructions, for example, pre-appointment blood tests required or fasting instructions.

- Radiographers vetted paper-based referrals in the same way as electronic referrals and once vetted staff scanned the referral documents onto the CRIS system and posted out appointment packs.
- We saw evidence a safety checklist was sent to the patient with the appointment letter. There was a prompt on the appointment letter to telephone the MRI department if any of the safety questionnaire letters had a yes answer.
- There was a patient declaration at the bottom of the safety questionnaire stating the patient was consenting to the MRI scan.
- When a patient arrived for a scan we observed a radiographer go through the safety questionnaire, confirming the answers and the consent before it was signed by the patient and radiographer. This information was scanned on to the trust and InHealth patient recording systems.
- We observed radiographers updating records of patients scanned during the day of the inspection.
- Once patients were scanned and images reported, the reports were available on the CRIS and ICE systems. Printed copies of reports were sent to the referring clinician, Trust, GP or external referring source.
- Once paper records were scanned on to the electronic recording systems they were placed in a confidential waste bin which was collected weekly by a specialist company for destruction.
- During inspection we reviewed four patient safety questionnaires. All were completed correctly and contained patient consent.
- If patients were unable to understand or give full consent to the procedure, for instance in the case of a patient with dementia, clinicians were required to provide a proxy consent form allowing someone accompanying the patient to give consent. We reviewed three incidents reported by staff in the past 12 months where a proxy consent form had not been provided. Staff had contacted the clinician to request a proxy consent form and in one case the patient had to be rebooked. Trust staff were reminded to complete proxy consent forms.

Medicines

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- Controlled drugs were not stored or administered as part of the services provided.
 - The safe and secure management of medicines was overseen by the InHealth multidisciplinary 'Medicines Management Group' which met on a quarterly basis. Organisational pharmacist support and guidance was provided by InHealth's retained pharmacy advisor.
 - Within the local NHS trust Healthcare NHS Trust, pharmacy support was accessed through the trust lead clinical pharmacist as and when advice was locally required.
 - During inspection the intravenous contrast storage was reviewed. All the stock was kept in a locked cupboard in the injection room where patients were cannulated. All stock we checked was found to be in date.
 - We observed during patient cannulation that two radiographers checked the saline was in date before drawing it up to flush the cannula. We observed the same process for the batch number and expiry date of Buscopan before it was administered.
 - Patient Group Directions (PGDs) were in place for all Gadolinium based contrast agents. PGDs are also in place for intravenous (IV) injections of Buscopan, Gadonetric acid, Saline and administration of Oxygen. The PGD items were appropriately stored in a locked cupboard.
 - There was a list of staff who had signed to confirm they were able to administer contrast under PGDs.
 - Any drug related incidents such as reactions to contrast were reported on Sentinel and Datix and to the Medicines and Healthcare products Regulatory Agency (MHRA). We saw an example of possible reaction which was reported correctly, and actions taken were recorded and shared appropriately.
 - The service did not hold patient medication and advised patients not to bring medication to the clinic unless they need to take the medication whilst they were there.
- promptly. These were reviewed weekly at the clinical governance CLIC (complaints, litigation, incidents and complaints) meeting. Investigation and actions to address the adverse event were recorded. The clinical governance team analysed the data and identified themes and shared learning to prevent recurrence both at location and organisational level.
- The service had a root cause analysis process for investigating incidents.
 - There was evidence incidents were reported in accordance with legislation and organisational policy. Where investigations were undertaken the findings were disseminated.
 - The service reported 11 clinical incidents, five of which caused no harm to patients and the remaining six were classified as low harm. Causes were classed as extravasation (
 - Staff recorded no Duty of Candour notifications made between November 2017 and November 2018. However, decisions relating to organisational disclosures made both under the statutory duty of candour framework and in the wider spirit of openness and transparency if made would be recorded within the corresponding incident or complaint record and held within the electronic risk management system.
 - All incidents and complaints reported via the organisation's electronic risk management system 'Sentinel' were reviewed on a weekly basis within the 'Complaints, Litigation, Incidents and Compliments (CLIC) group by a team of governance and operational managers.
 - Staff assessed incidents involving patient or service user harm against the 'notifiable safety incident' criteria as defined within regulation 20 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Staff managed incidents meeting this threshold under the organisations 'adverse events (incident) reporting and management policy' and 'Duty of Candour, procedure for the notification of a notifiable safety incident' standard operating procedure.

Incidents

- The service had an adverse event and incident reporting system. Staff were trained to report all near misses, adverse events and non-conformances

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- Guidance was available in the organisations 'adverse events (incidents) reporting and management policy' and 'Duty of Candour', procedure for the notification of a notifiable safety incident' standard operating procedure.
- Staff told us, and we saw they were actively encouraged to report incidents and near misses on the InHealth Sentinel system and on the local NHS trust electronic incident system.
- Staff were aware of the importance of reporting near misses and incidents as a process to raise awareness of lessons learnt within the team as well as to identify any training needs which were required. We saw a near miss was reported at another MRI centre at the same trust where a hospital healthcare assistant had taken a patient in a wheelchair into the scanning room. Lessons learned had been shared throughout the trust and local MRI teams.
- The Operational Manager attended the Trust risk meetings as scheduled and shared incidents with the Trust Governance team and at Trust Governance meetings.

Are diagnostic imaging services effective?

The effective domain was not rated.

CQC does not currently provide a rating of this domain for diagnostic imaging services, although we do inspect these areas.

Evidence-based care and treatment

- We saw evidence in patient notes and through speaking with staff that patients had their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice. This was done through the referral procedure and safety questionnaire.
- NICE guidance was followed for diagnostic imaging pathways as part of specific clinical conditions.
- The service was supported by the MRI clinical lead who held subject matter expertise in MRI and produced evidence-based, best practice guidance in collaboration with the MR safety expert.

- The guidance covered MRI protocols, all aspects of MRI safety and the establishment of the safety of implanted devices, management of claustrophobia and scan anxiety along with a suite of MRI patient leaflets to meet the varying needs of patients including easy read, paediatric and large print.

Nutrition and hydration

- During inspection we saw evidence of staff offering patients hot and cold drinks before and after scans.
- Due to the short appointment times and type of service offered, nutrition was not routinely provided. However, chilled water was provided, and staff could provide a snack if a patient had to wait a long time, for instance if patient transport was late.

Pain relief

- We observed, and staff told us, they managed patient pain by asking patients if they were comfortable and repositioning them to avoid or reduce discomfort or pain. One patient had difficulty lying flat on the scanner table and we observed the radiographer used a foam wedge to position their legs and reduce pain and anxiety.
- The service had faster scanning protocols for patients who were in pain or suffering discomfort which meant the scan would not take as long.
- The service did not provide pain relieving medicines but if a patient was taking prescribed pain killers they were advised to continue taking the medication around the time of their scan.

Patient outcomes

- We saw an audit was completed monthly to assess quality of reports generated by an independent quality assurance company. Each month, 10% of InHealth private patients' reports and images were collected, anonymised and sent to the independent audit team. Audit processes were followed in line with the royal college of radiologists (RCR) guidance and reports are categorised from 5 (complete agreement) to 1 (serious error with potential for significant patient impact).
- An audit document was returned categorising each report to different levels of clinical agreement. Category 1 and 2 reporting errors noted at audit were

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automatically reported as incidents on Sentinel by the central InHealth clinical governance data analyst. This audit also made note of any issues regarding image quality issues, which were acted upon on site with the team of radiographers as part of the technical quality assurance processes. Discrepancies were reviewed, and addendum comments added to reports if applicable.

- Staff told us local NHS trust patients' scan results were emailed to a radiologist based in the trust. They would interpret the scan, prepare a report usually between one to two weeks. The MRI report would be sent to the referrer through the trust patients record system.
- If the referral had come from a GP staff told us it would normally take five days for the GP to receive the report through the post.
- If the referral had come from a GP to a clinical speciality, for example Urology, the MRI report would be shared with the clinical speciality and the GP who referred patient.
- If the patient was a private referral or self-paying the scan results were sent to a group of radiologists who were sub-contracted by InHealth and they would interpret the results. A report would be prepared normally within one to two days and sent to the referrer.
- In the event of unexpected urgent clinical finding there was a clear process to follow.
- If the patient was an NHS referral, the radiologist who has been allocated to report the speciality would be contacted by phone and email to escalate the findings and transfer images for their attention. A verbal telephoned report would be given by the radiologist to the referrer and this was followed by the verified report within 24 hours.
- Escalated findings and follow up actions were documented on a log as evidence the findings had been escalated and the verified report issued.
- If the patient was a private patient, the reporting radiologist would be contacted by a member of staff to advise them of the urgent report to ensure it received prompt attention.

- Referrals came through post or via secured email. NHS referrals were identified on the trust electronic referral system. In the case of urgent referrals, a clinician could provide priority information.
- Staff we spoke with told us they always attempted to obtain the best outcome for patients by getting the best image possible and providing the referrer with the scan results as quickly as possible. Staff could also access previous images for comparison or to check the MRI referral was appropriate, such as if a scan had been carried out recently.

Competent staff

- Staff were recruited, checked, inducted and undertook an initial competency assessment followed by a personalised mandatory training plan and with role specific training to support ongoing competency and development. We saw evidence recently recruited staff had submitted an up to date disclosure and barring service (DBS) check, photographic identification, proof of qualifications, proof of address and right to work in the UK.
- We saw evidence other key attributes to ensure staff suitability were assessed as part of the interview process which was based on predetermined questions aligned with the core values.
- Staff we spoke with told us they felt the induction process was very good and equipped them with the knowledge and experience to progress becoming a radiographer.
- All clinical and some administrative staff completed 3 yearly patient moving and handling training.
- During the induction period staff attended the InHealth company headquarters in Oxford for training courses. In addition, staff members had a workbook with standards to complete. During the inspection we reviewed a workbook and saw evidence each standard when complete had been signed off by a supervisor. The member of staff's progress was reviewed at four, eight and 12 weeks then annually. The purpose of the workbook was to gather a portfolio of evidence to progress obtaining a post graduate certificate in MRI.
- Assurance of staff competence to perform their role within InHealth was assessed as part of the

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recruitment process, at induction, through probation, and then ongoing as part of staff performance management during the appraisal and personal development processes.

- We saw evidence the senior radiographer had a post graduate certificate in MRI. The other radiographers had undergone the company induction programme and cannulation course.
- Staff told us advice could be obtained from the MRI safety advisor by telephone who was based at the company headquarters.
- All staff had an annual appraisal plan where objectives were tailored to the individual and company's objectives. There was a mid-point review for staff to note how they were developing, and any further action required on both parts to meet the set objectives.
- We saw evidence that in the last 12 months all staff had received an appraisal, had their professional registration checked and had been revalidated.
- Ongoing staff competence was managed through the performance review process, with clinical staff also required to complete clinical professional development (CPD) to meet their professional body requirements which were produced during appraisal.
- Senior staff told us poor performance was monitored, addressed and action plans put into place for satisfactory improvement.
- There was an InHealth team of society of radiographers (SCoR) accredited practice educators who worked for InHealth. Their role was to develop the next generation of radiographers. In the event of any aspect of staff competency falling short of the required standard, the practitioner's line manager was responsible for providing necessary support and guidance required to attain the relevant standard.
- Staff we spoke with told us InHealth would fund staff to go on external courses.
- There was no scheduled study time for staff to keep up with CPD. Staff we spoke with told us they had sufficient time within their working day to develop their own personal skills.

- We saw this was supported by use of local audit, complaints and incidents review, which highlighted potential areas where different staff members may have need of support and development.
- The service used site orientation for all staff within their specified local area. This was supported by a comprehensive competency assessment toolkit which covered key areas applicable across all roles, and clinical competency skills relevant to their job role and experience.
- For staff joining who had previous professional experience this was completed within the probation period, whilst for those new to the role or undertaking training a new modality, this was completed as competency was acquired. During inspection we saw evidence of records which showed all MRI staff had their competency to use medical devices checked and approved by a supervisor.
- Modality specific training was given by the MR Safety Expert and MRI clinical lead who held an international magnetic resonance safety officer (MRSO) certificate.

Seven-day services

- The MRI service was available every day including weekends from 8am to 8pm Monday to Friday. The service had introduced extended days from 7am to 9pm to deal with an increased number of referrals on specific days.
- Additional scanners were used on other sites at the same trust to give patients choice and the option to have an earlier scan.
- The service was open on most bank holidays but was not available on Christmas Day, Boxing Day and New Year's Day.

Multidisciplinary working

- MRI staff worked together with radiologists, making regular contact regarding processing of referrals and complex cases.
- The service had implemented cardiac stress MRI (CSM) scanning, led by the local trust cardiologist. The cardiologist attended CSM scans and administered the stress agent during the procedure. These scans were provided for NHS patients as well as self-funded patients and some local sports associations.

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- Consultant radiologists attended Multidisciplinary team (MDT) meetings each week to discuss procedure outcomes and follow up onward referral of care.
- Patient moving and handling equipment was available in the unit. Should a hoist be required, the local Trust radiology staff who were trained in the use of the hoist would lead the MRI staff in the patient transfer.

Access to information

- We saw evidence staff received sufficient and appropriate information for routine and urgent MRI referrals for all age groups, including in-patients and out-patients. Staff used this information to review, assess and prioritise scans according to clinical need and the availability of the patient.
- If a supervised scan was required, for example a cardiac MRI, staff checked the availability of the consultant to supervise the session. This would be confirmed and scheduled as per consultant guidance.

Consent and Mental Capacity Act

- Staff were aware of the policy and requirements relating to mental capacity and consent specifically for patients who did not have the capacity to consent and the process for seeking advice in relation to this.
- Staff were aware of the need to support patients with cognitive decline, dementia, patients with reduced mental capacity or learning disabilities. The service ensured consent was received for all patients on arrival and the environment was safe for them within MRI Safety limitations. No patient would be scanned if they were unable to fill in the safety forms.
- Staff we spoke with understood this group of patients needed time and explanation before a scan and explanation and instructions should be kept short and simple and repeated as necessary to check understanding. Patients could be accompanied by their carers or family members where possible subject to the person being MRI safe.
- Staff told us the service received referrals from the trust memory clinic which had patients suffering from dementia or had suffered a stroke. Patients would attend the clinic with a proxy consent form which the consultant referrers completed. We were told most patients attended with carers or family members

which allowed confirmation of consent to be confirmed. Staff told us the proxy consent usually arrived in the clinic before the appointment. However, we found three examples of reported incidents where proxy consent forms were not provided, and one patient had to be refused their scan and rebooked once the proxy consent form had been provided. The patient and their relative had been upset and disappointed but staff followed the correct protocol.

- Staff told us the service did not receive many referrals for patients who were suffering mental ill health. We saw evidence the referral letter would inform the service if the patient had any mental capacity issues. If this was the case staff told us they would contact the referrer to discuss the information in more depth to satisfy themselves the patient or referrer knew what they were consenting to.
- Staff told us they would scan children, but the patient would have to attend with a parent or guardian.

Are diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

- The service friends and family test (FFT) results showed a 96.2% positive feedback in the last 12 months.
- There were private changing cubicles for patients who needed to change into a gown prior to a scan.
- During inspection we observed a radiographer interacting with a patient before a scan. They took care in positioning the patient and provided a knee support to ensure the patient was comfortable.
- The clinical area was separate from and could not be seen by people in the waiting area. Patients arriving for scans from the waiting area were always escorted by a member of staff and the cannulation area had a curtain around it so patients receiving treatment or being transferred from a trolley or bed could not be seen by other patients.

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- We observed patients being covered with a blanket on the MRI scan bed to maintain their dignity.

Emotional support

- Staff we spoke with understood patients may experience claustrophobia or the sense of anxiety which could be quite distressing for some MRI patients. A section of the radiographers' clinical competency assessment covered claustrophobia, how to recognise it in a patient and to help a patient manage it during their MRI scan.
- If a patient was unable to tolerate a scan the radiographers would try to calm the patient if this did not work they would be referred to their general practitioner (GP) to request sedation prior to the scan or be referred to a different provider who had an open scanner.
- An audit of claustrophobic and larger patients referred to InHealth for MRI at North Tyneside, Wansbeck, Hexham and Cramlington Sites between October 2017-Nov 2018. Results showed how many patients were referred with claustrophobia or had a larger girth and had to be referred to an open scanner at another provider. Data showed this had reduced significantly with the installation of the wider bore scanner in September 2016. Staff told us the audit results also showed how staff reassurance and information provided to patients with their appointment had improved patient experiences.
- Staff we spoke with understood the types of patients attending and reasons for their scans. This included the impact that person's care, treatment or condition would have on their wellbeing and on those close to them, both emotionally and socially.
- During inspection we observed radiographers communicating with patients over the scanner intercom providing reassurance and providing updates as to how long the scan would take.
- We observed staff spending time with a nervous patient who was concerned about the scan. They took time explaining every step in the scan process to reassure them. We found further evidence of this on a

patient satisfaction survey card which included a comment from a patient who said "I was terrified when I entered the unit. Everything was explained brilliantly. I was so relieved".

Understanding and involvement of patients and those close to them

- We observed the reception staff speak to patients, relatives and families face to face and on the telephone with a friendly and positive approach. They answered questions and provided information. Reception staff asked patients to read through the MRI safety information but assured them the radiographer would go through this with them should they have any difficulty with the form.
- We saw evidence following arrival and checking of the patient information the radiographer introduced themselves, assessed the patient MRI safety information, provided a full explanation of the procedure and asked the patient if they had any questions before seeking consent in advance of proceeding with the scan.
- All MRI staff understood patient engagement, effective communication, empathy and patience was essential in helping patients get through their MRI procedure.
- Staff told us many patients undergoing chemo therapy and attending for an MRI scan often had veins that were difficult to cannulate for administration of contrast. In such cases radiographers asked for assistance from staff at the local NHS trust oncology department who had an increased level of expertise in being able to identify suitable veins as a cannulation site.
- Feedback from service users was reviewed and acted upon whenever reasonably practicable.
- Patient satisfaction returns averaged 32% while InHealth expected a return rate of at least 20%. In September 2018 199 out of 545 (36%) patients had completed a questionnaire. Comments on the FFT returns were reviewed and shared with the team. Complaints were also shared so awareness could be raised and cascaded across all the InHealth MRI clinics in the local NHS trust.

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- We looked at 18 cards from the questionnaire post box and found every card gave positive feedback. Most comments were about information given, staff support, and reassurance.
- However, the July 2018 FFT return was followed up with an email reminder to radiographers emphasising the noise level of the scanner to manage patient expectations and a patient not having an opportunity to ask any questions before the scan. Managers reminded the team to ask if patients had any further questions before they entered the scan room to ensure all concerns or queries had been discussed and answered in advance of the MRI scan commencing.

Are diagnostic imaging services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

- The service provided a wide range of MRI examinations in line with the current contractual requirements which included but were not limited to musculoskeletal, cardiac, breast, prostate and gastroenterology MRI scans.
- All patients referred for MRI had been reviewed by their referring clinician or referral team prior to attendance.
- The environment was appropriate, and patient centred with sufficient comfortable seating, and disabled toilets. There were magazines and water available in the reception area.
- Patients were offered a range of appointments to meet their personal needs. In the event of the MRI scanner not working patients would be offered alternative appointments at other MRI clinics in the local NHS trust. Staff recorded instances when the scanner was not available and these had reduced considerably since the new scanner had been installed. The scanner had been unavailable for one hour due to a software error and this had been corrected remotely by the scanner engineer. It had also been booked to close for an afternoon session. Staff rescheduled scans at alternative locations, but some patients preferred to wait a little longer for a local scan.

- The MRI service was available 8am to 8pm Monday to Sunday seven days per week with the possibility of extending the working day from 7am to 9pm dependent upon the number of appointments. Staff had run extended sessions between one and three times per week in the month prior to our inspection and expected this would continue until the service installed an additional static scanner at its Hexham Hospital site. This was due to be installed during 2019 and until that time staff would utilise additional mobile scanner sessions at Hexham.

Meeting people's individual needs

- Staff included an MRI information leaflet with all patient appointment letters to help them understand what the MRI scan entailed. This also provided patients with an opportunity to contact the MRI department to discuss any concerns, queries or raise any special needs they had prior to the scan.
- Patients could obtain additional information from the InHealth website, which had information to further support patients including a video to help patients prepare for undergoing an MRI scan.
- We saw evidence patients were sent specific information if they were going to have, for example, a specialist cardiac or prostate scan.
- All information in relation to a patient's care was available in any format upon request by the patient. The service used language line if a patient's first language was not English. Interpreters could be externally sourced if the unit was informed prior to the appointment through a pre-booked service. In a clinical emergency the InHealth policy enabled staff to use 'language line' or a family member to translate at the radiographer's discretion. We saw evidence the service had a language identification document for patients to indicate which language they spoke, so the correct interpreter could be contacted.
- We saw information had been supplied in large print and we examined a braille leaflet. Further information in braille was undergoing checks by InHealth head

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office before being provided for patients. Staff we spoke with told us if the scan was complex a bespoke braille information letter could be prepared as opposed to generic information to prepare the patient for the scan.

- Easy to read leaflets were readily available.
- The service provided imaging for in-patient and out-patients and for age groups four years and above. We saw evidence of a child friendly paediatric MRI patient information leaflet which staff sent to parents before the MRI appointment. The leaflet used pictures to outline the MRI scan process for children.
- The unit was accessible to patients with limited mobility. The unit was located on the ground floor which was accessible for wheelchairs and trolleys. The local NHS trust entrances had ramps to gain access to the entrance to the main building. There was a disabled toilet within the facility and space for wheelchairs in the reception area.
- An MRI compatible wheelchair and trolley were available should the patient be unable to weight bear. A hoist was available to use from the hospital trust radiology unit. Hospital staff provided assistance in using this equipment.
- In relation to children, staff understood it could be a stressful time for parents. Staff ensured parents were well informed about the procedure and they could stay with their child throughout the scan subject to MRI safety screening.
- There were no toys for children, but staff had produced a file of good quality materials including information, word searches and colouring pictures.
- Managers told us the service could scan bariatric patients, but the scanner weight limit was 200kgs and if the patient weighed more than this they would be referred elsewhere.
- We saw evidence patients were given choices around their appointment times which were discussed at the point of booking. The service offered most appointments within regular working hours but could accommodate requests outside the usual working hours where required. The mobile scanner at Hexham had more capacity than those at Wansbeck or North

Tyneside so some patients were offered the chance of an earlier appointment there. However, most patients preferred to attend their local hospital even if it meant a longer wait.

- All patients were given appropriate information and support regarding their care and treatment prior to procedures using patient information leaflets posted to the patient before they attended the clinic. If patients had any concerns they were given further advice through a phone call. All information was recorded on the patient pre-assessment referral letter.
- Staff always discussed with the patient the reason for their procedure and any medical history the patient had given on admission. All information was documented on the patient's pathway.
- Staff sent all patients a pre-assessment questionnaire asking the individual to identify if they had any conditions including allergies preventing them from undergoing a scan or procedure. Staff supported all patients who needed help to complete the pre-assessment questionnaire before their scan could take place. During our inspection, we observed staff helping two patients to complete questionnaires.
- All members of the team were introduced to the patient and told who would be looking after them throughout their time at the centre.
- We observed staff giving discharge information to patients post treatment and we saw further observations were carried out and recorded on to the patient pathway. Staff told us they would note any concerns and appropriate action would be taken.
- We observed staff spending time with patients after their procedure and ensuring they had something to eat or drink before they left the centre. Staff ensured patients knew how and when they would receive their scan results from their GP or referring clinician.

Access and flow

- We saw evidence capacity and demand were continuously assessed so sufficient MRI appointments were made available for all referral types to meet national, local and contractual waiting times.

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- A manager told us the service was contracted by the local NHS trust to carry out an average of 33 scans a day. They were also contracted to provide scans for NHS patients through GP referrals.
- The annual appointment summary between November 2017- November 2018 showed there had been 6877 completed scans of 12,006 areas. Of these 5446 were NHS patients, 986 other NHS including direct GP referrals, 353 private patient appointments and 22 self-paying patients. There had been 130 (0.5%) incomplete scans and 239 (2.8%) appointments when patients failed to attend.
- The appointment summary from September 2018 showed there had been a total of 653 MRI appointments with 948 parts scanned. Of these, 11 were rejected, 44 were cancelled by the patient or referrer and 35 by InHealth and 10 patients (0.15%) of patients did not attend.
- In October 2018 the service provided only 10 inpatient scans and seven private patient scans. The clear majority of inpatient scans were provided at the main hospital site of the local NHS trust, which had its own InHealth MRI scanner. Staff could use this scanner for Wansbeck patients as part of contingency planning in case of equipment breakdown. However, this had not been required since the installation of the new MRI scanner at Wansbeck.
- The service was also contracted to deliver advanced complex MRI procedures such as cardiac, breast, and prostate scans.
- Urgent appointment slots were kept to accommodate demand. If not utilised, they were allocated to other referrals to ensure sessions were booked to maximise capacity and maintain short waiting times. However, staff told us demand continued to increase and some urgent scans were regularly accommodated in addition to scheduled scans.
- There was evidence all two-week cancer pathway patients were scanned within timeframes and scheduled allocated CRIS diary sessions were blocked out for cardiac and prostate referrals.
- If more appointments or capacity was required to avoid breaching waiting times the radiologist or cardiologist liaised with the administration team to identify additional appointments or re-scheduled routine scans to a later date as was clinically necessary.
- Staff could arrange extra sessions at mobile units if waiting times may extend beyond the 6 weeks contractual timescale. Wansbeck had contracted a mobile unit to provide regular scanning sessions from January 2019 to help manage demand.
- Referrals were prioritised by clinical urgency. Should a patient referral indicate an urgent scan was needed, those patients were offered an appointment within 48 hours.
- Contractually there was maximum six weeks wait for the local NHS trust routine referrals and 14 days for the CCG referrals.
- In the unlikely event that an urgent referral was received when no appointments were available, the unit would assess appointments filled by routine, non-urgent examinations and rebook patients to make room for the clinical urgent case. The rebooked patient would be given the next available appointment suitable to them.
- There was evidence in the trust weekly reports on waiting times and in CCG monthly data reports the standard key performance indicator (KPI) was being met, however, some extended days and additional mobile dates had been planned at one of the trust local sites should capacity have become limited.
- Occasionally timescales were extended due to patient choice, for example, selecting an appointment slot that was convenient to them or preferring a later date rather than accepting the first available appointment slot.
- The new scanner had been unavailable on only one occasion for one hour. Staff told us the engineer service was available 24 hours a day, every day and this helped prevent patient delays or cancellations.
- During inspection we saw evidence of monthly audits of waiting times (over all sites – by month) which covered Wansbeck General Hospital (WGH) opening hours, WGH utilisation log, WGH patient tracking,

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friends and feedback percentage returns for site by month, external hospitals data and extended days. The information was used to identify gaps in service and how to rectify them.

- To minimise lost appointments, staff sent text reminders or phoned patients in advance of their appointment to confirm attendance and to avoid unnecessary unused appointments.

Learning from complaints and concerns

- The service had received two complaints in relation to the MRI service in the 12 months prior to the inspection, one of which was partially upheld. A patient had complained they felt anxious and unsupported when transferring from a wheelchair and to walk into the MRI scanner room. The manager had investigated this, and staff had told them they were trying to support the patient's independence. The complaint was logged, and actions taken and lessons to be learnt were recorded. Staff at all sites were asked to always check with patients whether they required assistance in getting to the scanner.
- There were complaint forms available for patients in the waiting room reception area which outlined how to make a complaint.
- Staff we spoke with told us if patients, relatives or carers raised an issue with them they would try to resolve it straight away. However, if they could not, they would encourage the patient, relative or carer to raise any concerns or issues with most senior member of staff on duty or the person in charge of the unit in the first instance.
- Staff were empowered to attempt to resolve concerns locally wherever possible. Where a patient or relative chose to raise a 'formal' complaint, information leaflets explaining the process were available. Escalation pathways were available in each location where services were provided.
- There was a process for formal complaints to be logged and recorded using the organisation's electronic risk management system. InHealth aimed to acknowledge all complaints within three working days and investigate and formally respond within 20 working days.

- InHealth operated a three stage complaints management policy; stage one was local resolution, which was an investigation and response coordinated by the local service CQC registered manager, stage two was an internal director review, and stage three was an external independent review. An external review was provided by either the Public Health Service Ombudsman for NHS funded patients or Independent Healthcare Sector Complaints Adjudication Service (ISCAS) for privately funded patients.
- We observed reception staff handing patients feedback forms and asking they be completed when they booked in for their appointment.

Are diagnostic imaging services well-led?

Good 

We rated it as **good**.

Leadership

- Staff spoke highly of their manager and senior staff on site. They valued the knowledge and expertise of national leads and specialists. They described the management team as approachable, open and honest.
- The regional management team consisted of a director of operations north, a head of imaging services north and an operations manager responsible for the MRI sites in the local NHS trust.
- The operations manager supervised the staff at all sites within the trust; a superintendent radiographer who had responsibility for two senior radiographers and four MRI radiographers and the administration manager who had responsibility for three patient administrators.
- The Administration Services Manager was on site Monday to Friday and covered some weekend days to assist with administrative issues. The Superintendent and Senior Radiographers were experienced and could assist day to day running of the clinical areas and to perform MRI scanning.
- The unit and the Operational Manager were supported by the regional InHealth Head of Imaging Services.

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- Locally the unit was assisted by the local NHS trust Deputy Director of Clinical Cancer Services, the Trust Operations Services Manager, The Clinical Governance Lead and the Trust Chief Executive Director.

Vision and strategy

- Staff at all levels were aware of and understood the InHealth core values: Care, Trust, Passion and Fresh thinking and a company mission to 'Make Healthcare Better' the aim of which was to enable all employees to offer a fresh, innovative approach to the care delivered. All staff were introduced to these core values at the cooperate induction and these were linked to staff appraisals.
- InHealth displayed the mission statement on posters at the centre and on their internet page which stated this would be achieved by working with hospitals and commissioners across the NHS and independent sector.
- The internet page also outlined the primary goal of the service which was to make healthcare better by providing rapid and accurate assessment of every patient's condition, enabling the right treatment to be delivered swiftly and effectively by specialist providers.

Culture

- During the inspection staff told us they felt part of a team and everyone supported each other.
- We observed good team work and support during the inspection.
- Staff we spoke with told us that the quality of the scan was more important than the quantity of scans done.
- MRI staff were very positive about the department. They told us they felt, patient care was excellent and the ability to turnaround scan reports quickly was part of that. They all spoke about good communication between staff and positive management support to obtain additional training qualifications.
- Staff described the centre as a lovely environment to work in.
- Staff told us they felt they could raise any issues with their supervisors and they were able to maintain a good work life balance.

Governance

- InHealth operated a Clinical Governance Framework which aimed to assure the quality of services provided. Quality monitoring was the responsibility of the location Registered Manager and was supported through the InHealth Clinical Quality Team via the Clinical Governance Framework and Governance Committee structure and led by the Director of Clinical Quality.
- This included the quarterly risk and governance committee, clinical quality sub-committee, medicines management group, water safety group, radiation protection group, radiology reporting group and the weekly complaints, litigation, incidents and compliments (CLIC) meeting for review of incidents and identification of shared learning.
- All quality and governance meetings had a standard agenda, minutes and an action log which ensured actions to improve were recorded and monitored for completion to ensure a continuous improvement cycle. We saw actions had expected dates for completion and were closed appropriately.
- The Operational Manager submitted monthly reports and had regular meetings with the North East commissioning support (NECS) contract manager to review contractual compliance.
- During inspection we saw evidence InHealth held quarterly contract review meetings. We reviewed the minutes of the meeting held in October 2018. There was a set agenda with actions, updates and owners.
- We saw evidence the service was involved in the local NHS trust weekly Clinical Support and Cancer Services meeting.
- MRI department staff held daily meetings to confirm and check that day's work and to review the patient referral forms to identify and action any risks or concerns.

Managing risks, issues and performance

- Staff completed regular risk assessments for all areas of the service. These covered areas including fire hazards, trip hazards, equipment safety and electrical safety.

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- Staff were able to raise issues to be included on the risk register. Staff assessed risks as a team and recorded risks where applicable on the risk register and followed the InHealth risk process to escalate risks to senior managers.
 - We saw evidence the local risk register was reviewed monthly and included an action plan to track progress on any current local issues or identified risks.
 - Copies of the local risk registers were saved to the company intranet for review by the director of imaging services north. Any immediate concerns were raised with the head of imaging services north once identified and escalated concerns were reviewed and considered for the functional and corporate risk registers.
 - Individual risk assessments including clinical, general and local were updated and reviewed on an annual basis or as and when the risk changed.
 - There was a system of risk assessments in place and risks with higher scores were added to the local risk register. Those with high post mitigation scores were added to the regional risk register.
 - A quarterly report on new and updated risks was sent to the quarterly risk and governance committee where it was reviewed for comment and action as necessary.
 - Support with risk assessments was provided by an InHealth health and safety advisor and the risk and governance lead who also advised registered managers on the correct process to add a risk to the risk register and how to complete the quarterly risk report.
 - During inspection we reviewed risk assessments relating to the building and general systems of work. All were in date and the information provided was current. The recent evacuation scenario had highlighted two staff were required to remove the scanner table and this was included in the local risk register.
 - During inspection we saw assessments for a range of products stored at the Wansbeck MRI site. Control of Substances Hazardous to Health (COSHH) assessments had been carried out and recorded appropriately. All risk assessments were up to date.
 - Meeting minutes showed patient risk was discussed at the clinical governance meeting.
 - The service held regular MRI Health and Safety Meeting meetings. Minutes showed updates from items discussed at previous meetings, new business and health and safety related items for discussion and actions identified.
 - The service had a current ISO/IEC 270001 certificate of approval.
- ## Engagement
- During inspection we saw evidence of regular local management team briefings with a set agenda and weekly team leader's meetings with a set agenda. The meetings were documented, and actions noted.
 - Managers told us they held scheduled weekly and monthly staff meetings. These often took place via a Skype business link due to staff working different days at different sites. Minutes of meetings were distributed to all staff via email. Staff provided copies of set agendas and recorded minutes. However, staff told us they saw managers and spoke to them regularly at this site. Staff files showed managers had recorded signing off competencies, IPC audit activity and appraisal meetings.
 - Managers told us any important time critical information would be emailed to all the MRI staff.
 - InHealth provided every service user the opportunity to complete the NHS Friends and Family Test (FFT) and indicate their likelihood to recommend the service. There was also an opportunity to add free text comments on any positive or negative aspects. The FFT process used a paper-based form complete with QR code and URL so that patients may choose to complete it digitally on a personal device.
 - The results were collated by an external provider and delivered to service managers via the InHealth intranet weekly and via a web-based dashboard accessible to all managers. Service managers reviewed the results which summarised response rates the average was 32% for this location. Current results for overall likelihood to recommend the service were 97%+ and unlikely to recommend currently 1%.

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- The free text comments were interrogated to enable positive staff feedback and individuals could be praised. Negative comments were scrutinised for opportunities to drive improvement in the service which mainly included a wish for more patient information.
- Staff viewed monthly FFT results on the InHealth intranet, the InSite Clinical Quality patient feedback reports section. These were also shared with the full MRI team by email.
- Comments including compliments and any learning opportunities were shared to encourage staff to continually improve the patients' experience. We saw evidence one patient's concern was shared with staff across all sites.
- Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions plans implemented from the feedback received. Action plans showed completed and ongoing actions arising from staff engagement.
- In 2018 the Trust requested the service met a five-day referral to scan key performance indicator (KPI) for prostate scans as compared to the previous two-week prostate MRI pathway. This was part of the Trust target to meet standards of the national patient prostate cancer pathway.
- The centre was meeting this KPI by arranging set sessions for prostate scans and utilising extra sessions at the mobile scanner in Hexham.
- Extended days had been used whenever possible to increase opening hours and support service demands. Additional cardiac session time had been provided for cardiac scanning.
- The registered manager held quarterly contract review meetings with the trust and north-east commissioning services unit teams to look at performance, issues and adapt as needed to meet contractual KPIs.
- The new wide bore scanner had enabled higher numbers of larger patients, and those who were claustrophobic, to be able to complete their scans and reduce the number of referrals to another provider with an open scanner. This benefited the organisation and the NHS Trust financially as well as reducing the need for the patient to be scanned elsewhere and incur additional inconvenience.

Innovation, improvement and sustainability

- In the reported period, improvements had been made to increase scanning capacity to meet the year on year increasing demand for MRI referrals.

Outstanding practice and areas for improvement

Outstanding practice

- Numbers of patients referred with claustrophobia or had a larger girth who had to be referred to an open scanner at another provider had reduced

significantly with the installation of the wider bore scanner in September 2016. Staff reassurance and information provided to patients with their appointment had improved patient experiences.