Walsall MRI Centre

Quality Report

Walsall Healthcare NHS Trust,
Manor Hospital,
Moat Road,
Walsall,
West Midlands,
WS2 9PS
Tel: 01922 723763
Website: http://www.inhealthgroup.com

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Not sufficient evidence to rate
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.

Summary of findings

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

Letter from the Chief Inspector of Hospitals

Walsall MRI Centre is operated by InHealth Limited. Walsall MRI Centre delivers Magnetic Resonance Imaging (MRI) scans to people within the setting of Walsall Manor Hospital. Walsall MRI Centre originally opened in 1998 and has recently secured a 15 year contract with a local NHS Trust. At the time of our inspection the unit had recently been refurbished to include a new layout and two new MRI scanners.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 09 October 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.

We rated this service as good overall. We rated it good for safe, caring, responsive and well-led. We do not currently rate the effective domain.

Our key findings are as follows:

- Premises and equipment were appropriate and well maintained for the service provided. The service had recently undergone refurbishment and two new MRI scanners had been purchased.
- Comprehensive risk assessments were completed for patients and their chaperones before they were permitted into the unit. These were recorded on a safety questionnaire and stored in patient records.
- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times.
- Electronic systems were used to enhance the delivery of effective care and treatment. Scans were stored electronically and could be accessed by staff in the host hospital to speed up diagnosis and treatment times.
- The service undertook audits to monitor the effectiveness of the scans. For May, June and July all but one scan was found to be of a good standard. From April to September 0.02% of scans completed resulted in a recall.
- Staff displayed an understanding of patients personal, cultural and religious needs.
- Staff took their time with patients and allowed them to receive care at a comfortable pace.
- Patients were allowed to have people in the scanning room with them if they wanted.
- People could book in appointments at a time or day to suit them. Appointment slots were kept free for patients in the host hospital and emergency appointments.
- The facilities were appropriate for the service that was delivered. The service had recently undergone a refurbishment and redesign and was custom built to meet the needs of staff and patients.
- The new MRI scanners were suitable for bariatric (heavier) patients with the widest scanner opening available for use in acute hospitals.
- The service met 100% of their targets for routine and urgent referrals.
- Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs.

Summary of findings

- Staff told us management were approachable and could raise any concerns they had. We observed friendly and professional interactions between management and staff.
- The service had access to both the InHealth and host hospitals computer systems. This allowed referrals to be made electronically from the host hospital and scan results be available immediately for radiologist review.
- Staff were actively engaged and told us they felt listened to. This was evident with the design of the new department.

However, there were areas where the service needs to make improvements:

- During our inspection we found medicines cupboards with the keys in which could have resulted in medicines being stolen or tampered with.

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

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Diagnostics was the only activity the service provided. We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

Contents

Good

Walsall MRI Centre

Services we looked at:
Diagnostic imaging

Summary of this inspection

Background to Walsall MRI Centre

InHealth was established over 25 years ago as an independent health provider. Walsall MRI unit is managed by InHealth Limited and delivers Magnetic Resonance Imaging (MRI) scans. An MRI is a type of scan that uses magnets and radio waves to produce detailed images of the inside of the body. MRI services are provided to self-funded and NHS patients within the setting of Walsall Manor Hospital.

The service provides 12 hours per day of MRI services from 8am to 8pm, Monday to Sunday. The unit opened in 2001 and has undergone renovations in September 2018. The unit provides a wide range of magnetic resonance imaging (MRI) examinations to directly referred private patients and NHS patients referred from the host NHS Trust through a contract directly with InHealth.

The host hospitals radiologists reported on NHS scans and the service had out sourced private image reporting to a third party to ensure the service kept within the key performance indicator for reporting turnaround times and national targets when radiologists did not have capacity.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Bridgette Hill, Inspection Manager.

Information about Walsall MRI Centre

The centre is registered to provide the following regulated activities:

• Diagnostic and screening procedures.

The MRI facility employed 14 members of staff including radiographers, post graduate radiographers and administration staff. The registered manager had been in post since 2013.

During the inspection we visited the MRI scanning rooms, MRI control room, patient preparation areas, patient waiting areas, patient changing areas and the office. We spoke with six members of staff including radiographers, assistant radiographers and administration staff. We observed two patient journeys through the service who gave feedback on their experience of using the service. We looked at 12 patient records to support the information provided to us.

The service was last inspected in March 2013, which found that the centre was meeting all standards of quality and safety it was inspected against.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Activity

From August 2017 to August 2018 the service scanned 10,511 patients. The service is forecasted to scan 15000 patients a year.

The service received three complaints, which were reviewed in accordance with the InHealth's formal complaints process. The complaints were not escalated to an external adjudication service. The service received 1200 compliments between August 2017 and August 2018.

Track record on safety (July 2017 - July 2018)

- No deaths in the service
- No reported never events.
- No serious incidents

Summary of this inspection

- No duty of candour notifications.
- No incidences of hospital-acquired infections.

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?

Good

We rated safe as good because:

We rated safe as good because:

- Premises and equipment were appropriate and well maintained for the service provided. The service had recently undergone refurbishment and two new MRI scanners had been purchased.
- Comprehensive risk assessments were completed for patients and their chaperones before they were permitted into the unit. These were recorded on a safety questionnaire and stored in patient records.
- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times.
- Staff had good access to mandatory training, 100% of staff working in the service had completed mandatory training at the time of our inspection.
- Staff had an awareness of safeguarding and how to report concerns. The service had policies in place to support staff.
- Staff displayed an awareness of infection control. The unit was visibly clean and tidy during our inspection.

However, we also found the following issues that the service provider needs to improve:

- During our inspection we found medicines cupboards with the keys left in the lock. This is a risk because medications could be stolen or tampered with putting patients at risk.

Are services effective?

Not sufficient evidence to rate

Not sufficient evidence to rate.

We found the following areas of good practice:

- Care and treatment was delivered in line with current legislation and nationally recognised evidence-based guidelines. Policies and guidelines were developed in line with national guidelines and legislation.
- Electronic systems were used to enhance the delivery of effective care and treatment. Scans were stored electronically and could be accessed by staff in the host hospital to speed up diagnosis and treatment times.

Summary of this inspection

- The service undertook audits to monitor the effectiveness of the scans. For May, June and July one only exam that was reviewed was found to have a low likelihood of being incorrect. From April to September 0.02% of scans completed resulted in a recall.
- Staff had the skills and experience to safely perform scans on patients. Staff were encouraged and given opportunities to develop.
- Staff worked closely with staff from the host hospital. Staff told us they had access to a radiographer at all times when open.
- The service was open seven days a week between 8am and 8pm.
- Staff were aware of seeking consent from patients and consent was sought during on the patient safety questionnaire for all patients.

Are services caring?

Good

We rated caring as good because:

- Staff displayed an understanding of patients personal, cultural and religious needs.
- Staff took their time with patients and allowed them to move at their speed.
- Patients were encouraged to complete a feedback form. The service received 1200 compliments from August 2017 to August 2018.
- Patients were allowed to have people in the scanning room with them if they wanted. The scanners were fitted with mirrors to allow patients to be able to see out of the scanner and see their loved one while the scan was taking place.
- Staff told us how patients could visit the service before they were due for their scan to get used to the environment and so they could prepare themselves.

Are services responsive?

Good

We rated responsive as good because:

- People could book in appointments on a time or day to suit them. Appointment slots were kept free for patients in the host hospital and emergency appointments.
- The facilities were appropriate for the service that was delivered. The service had recently undergone a refurbishment and redesign and was custom built to meet the needs of staff and patients.
- The new MRI scanners were suitable for bariatric (heavier) patients with the widest scanner opening available for use in acute hospitals.

Summary of this inspection

- During the inspection staff demonstrated how they supported patients who required additional support to manage their worries and anxiety during the scan.
- The service met 100% of their targets for routine and urgent referrals.
- All complaints were managed through the InHealth formal complaints procedure. One complaint was upheld, one partially upheld and one not upheld. The service had identified learning from the complaints and communicated them with staff.

Are services well-led?

Good

We rated well-led as good because:

- Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs.
- Staff told us management were approachable and could raise any concerns they had. We observed friendly and professional interactions between management and staff.
- The service had a clear vision underpinned by strong patient-centred values.
- The organisational culture promoted staff wellbeing. The superintendent radiographer was always available for staff queries and concerns.
- There was a strong emphasis on staff safety. Before the recent refurbishment staff had raised concerns about the safety of the unit. Following the refurbishment there was now buzzer access from the front of the service and key card entry to the main unit to assist with staff safety. Staff told us that they felt safer following these changes.
- The service had a comprehensive governance framework that ensured clear lines of responsibilities and that quality and performance were understood and managed.
- The service had access to both the InHealth and host hospitals computer systems. This allowed referrals to be made electronically from the host hospital and scan results be available immediately for radiologist review.
- Staff were actively engaged and told us they felt listened to. This was evident with the design of the new department.

Good

Diagnostic imaging

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We rated safe as **good.**

Mandatory training

- The service had processes in place to monitor staff compliance with mandatory training. Staff were required to complete all mandatory training each year. There was a structured induction programme in place for all new staff.
- Mandatory training was a mixture of face to face and online training. Staff had protected time to complete training. Leadership were proactive in ensuring training was booked in for staff.
- Data we received from the service showed that there was 100% compliance with mandatory training.
- Staff conducted yearly training in the following mandatory topics:
  - Basic Life Support (BLS)
  - Customer care and complaints certification
  - Data security awareness
  - Equality and diversity certification
  - Fire safety and evacuation certification
  - Health and safety for healthcare certificate
  - Intermediate life support
  - Infection prevention and control certificate
  - Moving and handling
  - Safeguarding Adults level two
  - Safeguarding children level two
- Staff did not have child specific resuscitation training but all children seen in the unit were accompanied with appropriately trained staff from the acute trust.

Safeguarding

- The service had not made any safeguarding referrals in the year prior to our inspection.
- Staff had training in safeguarding adults and safeguarding children level 2. All staff currently working in the service had up to date safeguarding training. The lead for safeguarding within InHealth was trained to level 4. If the provider required more guidance on a concern they would contact the local authority. Staff also had access to the host trust's safeguarding team.
- There were systems and processes in place reflecting relevant safeguarding legislation to safeguard adults from abuse. Staff we spoke with understood their roles and responsibilities in regard to safeguarding vulnerable people.
- The service had an in-date safeguarding vulnerable adults policy in place. The policy contained relevant guidance for staff to recognise and report any potential safeguarding concerns. The service had a Prevent policy which included specific guidance on the risk of radicalisation.
- The service had an in date children's safeguarding policy. The policy contained relevant guidance for staff to recognise and report any potential safeguarding

concerns. The policy contained information on child sexual exploitation, FGM and extremism. The policy also contained guidance on children attending appointments with parents.

- Staff were able to explain safeguarding arrangements, and when they were required to report issues to protect the safety of vulnerable patients.
- Arrangements for checking all staff were fit to work with vulnerable adults and children were effective and essential checks had been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. All staff working in the service had a current DBS check recorded.

Cleanliness, infection control and hygiene

- There was an infection prevention control policy in place at the time of our inspection. This explained staff responsibility, waste management and cleaning responsibilities.
- Data provided by the service from January 2018 to October 2018, demonstrated that managers completed a monthly hand hygiene audit. These audits found 98% compliance with hand hygiene for staff working in the service. All audits were 100% apart from April (92%) and February (96%).
- The service had zero healthcare acquired infections in the last 12 months.
- Cleaning was completed by the neighbouring trusts cleaning department. Cleaners visited the unit daily at lunchtime but could be requested to visit if there was additional need. During our inspection the unit was mostly visibly clean and tidy, however on the morning of our inspection the disabled toilet was untidy, this was addressed by staff and the cleaners visited earlier than planned to tidy the toilet.
- Hand sanitising gel was readily available for staff to use, we observed staff using this before and after a patient contact. Staff working in the unit were bare below the elbow in line with current best practice. A supply of personal protective equipment (PPE), which included gloves and aprons were available and accessible in all clinical areas.
- The service had plans in place for treatingpatients who required isolation. Staff told us how they would be booked in for the last appointment if appropriate and a deep clean would take place following the scan. Staff told us how they could contact the neighbouring trusts Infection Prevention Control team if they had any queries about necessary precautions for particular infections.

Environment and equipment

- Premises and equipment were appropriate and well maintained. The premises had recently undergone a refurbishment in September 2018. The layout of the service had been redesigned and two new MRI scanners had been brought.
- The MRI scanners had detachable beds. So, in the event of an emergency the beds could be removed with the patient on them and the patient stabilised outside the scanner room.
- At the time of our inspection there was no defibrillator on the unit. Staff told us how there was two defibrillators close by in the neighbouring hospital. During the inspection we raised this as a concern with staff due to them administering contrast to patient. Contrast is a dye that is injecting into the body to improve the quality of the MRI images. Following the inspection, we were told that the service had borrowed a defibrillator from the host trust to be sited in the unit permanently.
- Access to the unit was by staff key-card entry. Before patients and visitors were permitted into the area outside of the scanners they had to complete a safety questionnaire to ensure they were safe to be by the scanners. Staff told us they thought key-card entry was a good idea because it made them feel safer in the unit as visitors had to be given access before they could enter.
- The unit was accessible to patients in a wheelchair or with limited mobility.
- Equipment was serviced in line with the manufacturer's guidelines by the manufacturer. At the time of our inspection there had not been any servicing of the scanners due to them recently been installed.

- There were arrangements in place for managing general and clinical waste. There were clearly labelled clinical waste and sharps bins available in the clinical areas.
- Patient lockers were available for patient's belongings when they were being scanned.
- The service conducted quarterly health, safety and environment checklists and recorded actions appropriately.

Assessing and responding to patient risk

- Comprehensive risk assessments were completed for patients and their chaperones before they were permitted into the unit. These were recorded on a safety questionnaire and stored in patient records.
- The service was located next to the neighbouring trusts radiology department and had access to an on call radiologist for advice when required. Staff told us they only gave patients contrast when the radiologist was working in the neighbouring clinic. Contrast is a dye that is injecting into the body to improve the quality of the MRI images.
- The service was also located next to the neighbouring trust's accident and emergency department. Staff told us how they could call the trust's resuscitation team to treat any patients who had deteriorated and due to the close proximity to A and E they could transport patients to the resuscitation area there if required.
- The service did scans on young children who were sedated. When this occurred a qualified children's nurse would accompany the child from the ward to the scanners and would be with them for the duration in case of deterioration.
- The service asked women of a child bearing age if they were or could be pregnant during the safety questionnaire. If a woman was found to be pregnant past the first trimester then the service would discuss this with the trusts radiologist to determine if the scan should be undertaken, this is in accordance with medicines and healthcare products regulatory agency (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2015).
- The service had a policy for the administration of gadolinium based contrast media (GBCM). It outlined the procedures in place to support the safe administration of GBCM within MRI. It was in line with Royal College of Radiologists standards and National Institute for Health and Care Excellence (NICE) recommendations.

Staffing

- The service employed five senior radiographers, two post-graduate radiographers a superintendent radiographer and the registered manager who was split between two sites. All staff were full time.
- The service employed 4.6 whole time equivalent administrators.
- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times. Actual staffing levels met planned staffing levels at the time of our inspection.
- The service always had a minimum of three radiographers on site at all times.
- The service did not have any vacancies at the time of our inspection.
- Staff told us they got their rotas one month in advance. They also told us the rota was fair and can be flexible when required.
- The service had access to the radiologists at the neighbouring trust. They were onsite 8am to 8pm in the week and were available on call at weekends.

Records

- Patients' individual care records were well managed and stored appropriately. Patients completed paper patient safety questionnaires which were scanned and stored electronically and stored with the other patient records. Paper patient safety questionnaires were securely destroyed following scanning. During our inspection we reviewed 12 patient records, they were accurate, complete, and up to date in all cases.
- Scanned images were all available immediately online. Radiologists in the neighbouring trust could access image results instantly.

Good

Diagnostic imaging

- For patients who were inpatients in the neighbouring hospital, the patient notes and history was brought with the patient ready for their scan so that the radiographers could understand patient risks and history.

Medicines

- Medicines were stored securely in lockable wall-mounted cupboards. However, on the morning of our inspection the keys for the medicines cupboard was left in. This is a risk because medications could be stolen or tampered with putting patients at risk. This was rectified by staff working in the unit during the morning.
- Contrast drugs were stored in line with recommendations. We checked a random sample of contrast drugs, they were all in date and stored in the lockable cupboard.
- Emergency medicines were available in the event of an anaphylactic reaction.
- Medicines were administered using patient group directions (PGDS). This provides a legal framework that allows registered health professionals to supply and administer specific medicines to a predefined group of patients without them seeing a prescriber. PGDs were in accordance with the health and care professions council (HCPC) standards of proficiency for radiographers. PGDs were in place for all Gadolinium based contrast agents. PGDs were also in place for IV injection of Buscopan, saline and administration of oxygen.
- There were no controlled drugs used or kept by the service.
- The service had an in-date medicines management policy. This policy detailed how medications should be stored and used in line with current guidelines.

Incidents

- There was a system in place for reporting incidents, which staff understood. The provider reported 26 incidents from February to August 2018. Themes of incidents reported included inappropriate referrals, booking issues and breaches of confidentiality. All incidents had evidence that they were reviewed by the registered manager and appropriate actions taken.
- Staff were aware of their incident reporting roles and responsibilities. There was an incident reporting policy and procedure which explained the process of reporting incidents. Incidents were reported using an electronic reporting system. Learning from incidents was discussed during team meetings and actions clearly documented. For example a patient had worn a magnetic bracelet in the scanner without staff being aware and so staff were reminded to ask about metallic items during the safety questionnaire.
- The service reported no never events or serious incidents from August 2017 to August 2018. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Regulation 20 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014, is a Duty of Candour regulation introduced in November 2014. This regulation required the organisation to notify relevant persons (often a patient or close relative) that an incident has occurred, to provide reasonable support to the relevant person in relation to the incident and to offer an apology.
- Because no incidents had occurred in the preceding twelve months that met the threshold for the Duty of Candour to be applied, we were not able to fully assess the provider's compliance with this regulation. However, staff were able to describe their requirement to be open with patients and there were processes in place for staff to follow. The service had an in date Duty of Candour policy which explained duty of candour and the procedure to follow following different incidents.

Are diagnostic imaging services effective?

Not sufficient evidence to rate

Not sufficient evidence to rate effective.

Evidence-based care and treatment

- Care and treatment was delivered in line with current legislation and nationally recognised evidence-based guidelines. Policies and guidelines were developed in line with the Health and Care Professions Council (HCPC) standards, National Institute for Health and Care Excellence (NICE) guidelines for diagnostic procedures, medicines and healthcare products regulatory agency (MHRA) and safety guidelines for magnetic resonance imaging equipment in clinical use (2015).
- Electronic systems were used to enhance the delivery of effective care and treatment. Scans were stored electronically and could be accessed by staff in the host hospital to speed up diagnosis and treatment times.
- InHealth were part of a number of accreditation schemes. They were accredited with ISO 9001: 2015 and were audited every six months against the standard on a rolling programme. This accreditation was due for renewal in December 2019. ISO 9001:2015 is an international standard that specifies requirements for quality management system. This demonstrated the organisations ability to consistently provide services that met customer and regulatory requirements.

Nutrition and hydration

- There was a drinking water dispenser in the main waiting area which was accessible for patients and visitors. The host trust had on site catering facilities available for all patients and visitors.
- Patients who had come from inpatient wards would be taken back to the ward if the wait was too long and they required food.

Pain relief

- The service did not provide any pain relief to patients. if patients required pain relief staff would refer the patients back to the ward they had visited from or contact the radiologist from the host trust.

Patient outcomes

- Walsall MRI Centre is a scan only service for NHS Trust patients. Reporting for NHS patients is therefore monitored by the trust. For private patients there was a monthly audit undertaken by an external organisation. The scans reports were reviewed by an independent radiologist. For May 2018 92% of exams were found to have no disagreement and one was exam was found to have a small chance of a disagreement. For June and July 2018 there were no disagreements in result reporting.
- The service monitored the numbers and reasons for patients who had been recalled for an additional scan. From April to September 2018 there were 13 recalls, this was 0.2% of scans completed during this period. For each recall that occurred the service looked at the reasons and took actions to prevent recalls for the same reasons from occurring again.
- Internal Healthcare quality audits were undertaken annually and assisted in driving improvement and giving all staff ownership of things that go well and that needed to be improved. The service audited 14 individual areas including, patient experience, health and safety, medical emergency, safeguarding, equipment and privacy and dignity.

Competent staff

- Staff had the skills and experience to safely perform scans on patients.
- Staff were encouraged and given opportunities to develop. Staff told us the organisation has good development opportunities. One member of staff was being sponsored to do a reporting course.
- Staff had to complete a competency assessment toolkit on commencing employment. This ensures staff have the relevant competencies to carry out their role. Staff told us these had been completed when they commenced their employment with the organisation regardless of their previous experience.
- InHealth also ran a graduate training scheme where staff could gain further qualifications if they were a newly qualified graduate. This was open to staff who had been in the organisation for some time who wish to gain further qualifications.
- InHealth had an Investors in People gold award which means the organisation strived to lead, support and manage people well for sustainable results. The award was due to be renewed in December 2019.

Good

Diagnostic imaging

- Poor staff performance was identified by leaders working within the service with staff. They told us how they would first manage the performance informally and would then use performance management to improve staff performance.

Multidisciplinary working

- Staff worked closely with staff from the host hospital. Staff told us they had access to a radiographer at all times when the service was open. Staff told us that they could contact the host hospitals safeguarding or infection prevent control team when required for advice.
- Children who were an inpatient, or needed to be sedated in the host hospital, would have a chaperone from a children's nurse who would stay with the child for the duration of the appointment.
- The service had access the to host trusts resuscitation team who would assist with patient care if there was a medical emergency. Staff were aware of how to contact them and how they could contact the children's resus team.

Seven-day services

- The service operated seven days a week between 8am and 8pm. Appointments for patients in the hospital were kept free at weekends for urgent cases.

Health promotion

- Patients were encouraged to be involved in the planning and delivery of their care as much as was practicable given the nature of the service provided.
- Patients who were may need extra support were identified during the safety questionnaire and family members or carers were permitted to accompany them in the scanning room.

Consent and Mental Capacity Act

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Staff had received training on mental capacity. They were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions.
- InHealth had a corporate consent policy which was available for staff. This was written in line with national policy.
- Consent for patients was taken on the day of the procedure. Patient care records we reviewed included a consent to treatment record. We observed staff obtaining verbal consent from the patients during their interventions. All patients had to sign the questionnaire to say they consented for the scan before they were allowed in the scanning room.
- Patients who were deemed to not have capacity to consent to the procedure by the referrer would have a best interest decision made by a radiologist and their referring consultant. Staff told us that if they had any queries about capacity or consent then they would consult with the radiologist.
- Staff were aware of competence for older children. During the inspection we reviewed four patient safety questionnaires which including signed consent for children aged between 15 and 17, three out of the four had been signed by the child. The fourth form had been signed by the parent but there was not a capacity assessment to support the lack of child's input.

Are diagnostic imaging services caring?

Good

We rated caring as **good.**

Compassionate care

- Staff displayed an understanding of patients personal, cultural and religious needs. Staff described how they could facilitate staff of the same sex to carry out scans if required. Staff also described how they sensitively accommodated people with specific religious beliefs whilst also maintaining safety.
- Staff provided care for patients in a sensitive and dignified way. We observed staff treated a patient with kindness, respect and dignity during patient interactions.
- Staff took their time with patients and allowed them to move at their speed. During the inspection we

observed a patient come in for a scan who had previously had one be unsuccessful at another hospital due to nervousness. Staff treated this patient with respect, dignity and sensitivity and were successful at gaining clear, diagnostic and good quality imaging.

- Staff maintained patients' privacy and dignity, by using curtains to give privacy while waiting in the clinic area before the scan. Staff ensured patients modesty was protected while in the scanners to protect their dignity.
- Patients were encouraged to complete a feedback form. The service received 1200 compliments from August 2017 to August 2018.

Emotional support

- Staff demonstrated an awareness of the needs of patients and their relatives and carers and how they would support them at times of distress.
- Staff had sufficient time to provide emotional support to patients. Staff were able to take their time with patients and explain the process and how everything worked before commencing the scan.
- Patients were allowed to have people in the scanning room with them if it was something they wanted. The scanners were fitted with mirrors to allow patients to be able to see out of the scanner and see their loved one while the scan was taking place.
- We observed staff responded in a compassionate and timely way when the patient was in the scanner to give emotional support to allow the scan to continue. Staff spoke with patients while they were in the scanner though the use of headphones.

Understanding and involvement of patients and those close to them

- Staff could describe how they met the needs of patients. We saw staff explaining to a patient the process of the scan and what to expect. This was done in simple terms with a friendly respectful manner, which helped the patient to understand.
- Staff also explained the process and what to expect when patients phoned up to confirm the appointment with patients. This allowed patients to have an understanding of the process before they arrive.
- Staff told us how patients could visit the service before they were due for their scan to get used to the environment and so they could prepare themselves.
- Patients were allowed to choose their own musical choices to have on while they were in the scanner and could speak to staff throughout the scan if they had any queries or were uncomfortable.

Are diagnostic imaging services responsive?

Good

We rated responsive as **good.**

Service delivery to meet the needs of local people

- The service met the needs of the population served. People could book in appointments at on a time or day to suit them. Appointment slots were kept free for patients in the host hospital and emergency appointments.
- The facilities were appropriate for the service that was delivered. The service had recently undergone a refurbishment and redesign and was custom built to meet the needs of staff and patients.
- The environment was patient centred with a waiting area with sufficient seating, toilets (including a disabled toilet), a changing area and a disabled changing area.
- Patients who did not wish to wait in the main waiting area could wait in the area outside the MRI scanning rooms. Staff also told us that if a patient did not want to be in the service at the same time as anyone else then they could have the first appointment slot and only book one patient in for that time.

Meeting people's individual needs

- Patients communication needs would be identified during the referral process. Staff also told us that they could confirm these needs when they confirmed the appointment over the phone with patients.
- The service had access to a translation service for patients whose first language was not English. They could be booked to attend appointments with

patients who identified they required an interpreter. They also had access to an over the phone interpreter service if it was not made clear prior to the appointment that an interpreter was needed.

- Staff working in the service were not trained in the use of hoists. However, if a patient was identified as needed a hoist, staff working in the host hospital would be asked to assist. Also staff told us that people could be brought in on a trolley and they could then be transferred over the scanner bed.
- The service engaged with patients when they found it hard to access or use service. Patients could visit the unit prior to their appointment, so they could familiarise themselves with the room and the scanner. This was offered to patients who had informed the service that they were nervous, anxious or phobic to try to assist them to manage their anxieties.
- The new MRI scanners were suitable for bariatric (heavier) patients with the widest scanner opening available for use in acute hospitals.
- Patients were able to store personal belongings in secure lockers while they were in the scanning room.
- During the inspection staff demonstrated how they supported patients who required additional support to manage their emotions during the scan.

Access and flow

- Patients were referred to the service by the host hospital and also through InHealth private referrals.
- The service had a detailed plan for administration staff to follow when booking patient scans. The service had different slots for different scans required. The service has 198 routine scan slots a week, 44 small bowel slots, 81 urgent slots, 44 slots for inpatients in the host hospital, 5 cardiac slots, 12 private patients and 2 arthroscans.
- The service has a target of six weeks to scan patients following their referral. In the six months prior to our inspection 100% of routine patients had been scanned within six weeks.
- The service had a target of two weeks for urgent referrals to be scanned following their referral. For the six months prior to our inspection 100% of urgent referrals had been scanned within two weeks.

Learning from complaints and concerns

- An InHealth complaints policy was in place. This outlined the time frame for complaints to be investigated in and a full written response to the complainant should be provided within 20 working days.
- The service had patient feedback forms, these were available in the reception area. During the inspection we observed staff handed these to patients to be completed before they left the service. The service received 1200 compliments from August 2017 to August 2018.
- The service had information about how to make a complaint clearly displayed in the waiting area by reception. The service had information on how to make a complaint to InHealth and also about the host trusts complaints team.
- The service had received three complaints from August 2017 to August 2018. All complaints were managed through the InHealth formal complaints procedure. One complaint was upheld, one partially upheld and one not upheld. The service had identified learning from the complaints and communicated them with staff. An example of learning identified was to remind staff to ensure families were involved with verbal communications with patients when appropriate.
- Staff were encouraged to resolve complaints and concerns locally, which was reflected in the low numbers of formal complaints made against the service.

Are diagnostic imaging services well-led?

Good

We rated well led as **good.**

Leadership

- The service was led by the registered manager who had significant experience of working as a radiographer. The registered manager's time was split between two sites. At Walsall MRI Centre there was a superintendent radiographer who oversaw the day to

day running of the service. Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs. The management team described how they strived to be professional, open and inclusive.

- Staff told us management were approachable and could raise any concerns they had. We observed friendly and professional interactions between management and staff.
- Staff were clear about their role and who they reported to. Staff said leaders were very visible in the service. The superintendent radiographer worked clinically alongside staff to ensure visibility.
- Staff spoke highly of all levels of leaders including regional management.

Vision and strategy

- The service had a clear vision underpinned by strong patient-centred values. The company's mission was to 'Make Healthcare Better'. InHealth had four values: Care, Trust, Passion and Fresh thinking. All staff were introduced to these core values at the corporate induction.
- Staff we observed displayed these values in their work and interactions with patients.
- The service planned for future staffing by employing recently graduated radiographers and supported them to continue their development.

Culture

- The registered manager across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The organisational culture promoted staff wellbeing. The superintendent radiographer was always available for staff queries and concerns.
- All staff we spoke with were proud to work for the organisation and were positive about the company and team they worked with.
- There was a strong emphasis on staff safety. Before the recent refurbishment staff raised concerns about the safety of the unit. Following the refurbishment there was now buzzer access from the front of the service and key card entry to the main unit to assist with staff safety. Staff told us that they felt safer following these changes.
- All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. A WRES report was produced for this provider in September 2017 including data from June 2016 to June 2017.
- There was clear ownership of the WRES report within the provider management and governance arrangements, this included the WRES action plan reported to and considered by the board.
- InHealth identified that staff ethnicity was not previously captured in the staff survey and self-reporting of ethnicity was low. There was no comparative data for 2016 because of this. InHealth stated that this would be included within the 2018 report (not yet published).

Governance

- The service had a comprehensive governance framework that ensured clear lines of responsibilities and that quality and performance were understood and managed. These fed into the wider company governance structure via the Framework and Governance Committee structure. There was also a weekly national meeting in which incidents were discussed and learning shared back to the service.
- There were monthly team meetings for local teams which were attended by clinical and administration staff. There was a set agenda which included governance updates and learning from incidents. There were actions raised in meetings and these were allocated to individuals to ensure they were done.
- Staff we spoke with were clear about their roles, what was expected of them and who they were accountable to.

Managing risks, issues and performance

- The service had assurance systems that performance issues could be escalated through. Leaders could tell us who they were accountable to and the steps they would take to manage performance.
- The service conducted both internal and external audits to monitor the quality of services. The service was also part of two accreditation schemes which it submitted 6 monthly data for.
- The service had processes to identify, understand, monitor and address current and future risks. There was a risk register, which included 103 open risks. Risks were categorised into quality, operations, human resources, health and safety, finance, legal, information governance, IT systems and procurement. All risks were reviewed and updated on a quarterly basis. The risk register was last updated in August 2018 and was due for review in November 2018. Two risks has been added in September 2018. The risks on the risk register related to the old building and the old mobile unit so were not reflective of the current risks in the new renovation. The lack of defibrillator was not identified as a risk on the risk register despite leaders being aware of the risk.

Managing information

- The service had access to both the InHealth and host hospitals computer systems. This allowed referrals to be made electronically from the host hospital and scan results be available immediately for radiologist review. Staff told us that there were few referrals made on paper and that the service was moving towards completely paper free referrals.
- All patient records were stored electronically and paper patient safety questionnaires were scanned and securely destroyed.
- InHealth were accredited with ISO 27001:2013 this is due for renewal in December 2019. This accreditation specifies the requirements for establishing, implementing, maintaining and continually improving an information security management system within the context of the organisation. This demonstrated that the organisation was in line with international standards and following information security best practice.
- All staff working in the service had undertaken data security and awareness training as part of their mandatory training. Staff we spoke with understood their responsibilities around information governance and risk management. Administration staff told us that the new office space they had been allocated was positive because it allowed them to make confidential phone calls without anyone in the waiting area overhearing.

Engagement

- Patients views and experiences were gathered using a patient feedback form following their scan. In July 2018, 75% of patients said they were extremely likely to recommend InHealth to their friends and family, 78% in August 2018 and 75% in September 2018.
- Staff were actively engaged and told us they felt listened to. This was evident with the design of the new department. Staff told us there was a meeting held to get their ideas and could tell us which parts of the new building they had requested that had been put in place.
- An annual staff survey was undertaken to seek the views of all employees working for InHealth. The results could be split by service and could be compared nationally. The last staff survey was conducted in December 2017. The results for Walsall MRI Centre were all positive. For example, 100% of staff would recommend InHealth services to friends or family.

Learning, continuous improvement and innovation

- The service had not had any internal or external reviews in the year preceding our inspection.
- Following a successful previous contract, Walsall MRI Centre had recently secured a 15 year contract to continue to provide MRI services for Walsall Healthcare NHS Trust.
- This securing of the contract allowed Walsall MRI Centre to purchase two new MRI scanners with up to date technology.
- In the annual staff survey from December 2017, 100% of staff surveyed said that InHealth encouraged innovative ideas to improve efficiency and patient care and InHealth is focussed on improving patient care.

Outstanding practice and areas for improvement

Outstanding practice

Staff took their time with patients and allowed them to move at their speed. During the inspection we observed a patient come in for a scan who had previously had one be unsuccessful at another hospital due to nerves. Staff treated this patient with respect, dignity and sensitivity and were successful at gaining clear, diagnostic and good quality imaging.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure medicines cupboards are kept locked.