

Jarvis Centre

Quality Report

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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.

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

Services we rate

We rated it as **Good** overall.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However

- Although the service provided interpretation services, staff did not use them on the day of inspection and sent home a screening patient who did not speak English, as they could not communicate with them.

Name of signatory

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South East)

Overall summary

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the static unit. We spoke with 15 members of staff including registered nurses,

health care assistants, reception staff, administrators, medical staff, radiographers and senior managers. We spoke with four patients and one relative. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12

Summary of findings

months before this inspection. This service had been previously managed by other providers and had been inspected twice before in 2012 and 2013. This is the services first inspection with the current provider.

Service Activity:

- The number of private patients seen in the 12 months prior to inspection – 186 (mammogram and reporting only)

The service employs registered nurses, health care assistants, radiographers, radiographer assistants, administrators and managers.

Track record on safety:

- There were no never events, serious incidents or injuries in the last 12 months.

- There were no Ionising Radiation (Medical Exposure) Regulation reportable incidents in the last 12 months.
- The service had received no formal complaints by private patients in the last 12 months.

Services accredited by a national body:

- Public Health England Screening Quality Assurance Service provided by Surrey and North East Hampshire Breast Screening Programme

Services provided under service level agreement:

- Pathology services
- Mailing service
- Clinical waste removal
- Cleaning services

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

The Jarvis Centre is operated by InHealth Limited. InHealth was established over 25 years ago. In April 2017 InHealth became an independent healthcare provider for the Surrey and North East Hampshire Breast Screening Programme located at the Jarvis Centre, Guildford. The assessment service at the Jarvis Centre has five mammography machines, four consulting rooms, a clinical hub area for image processing and seven image viewing areas. In addition, there are five mobile screening units. This service primarily provides a service for the NHS breast screening programme with a small number of private patients.

Summary of findings

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Good 

Jarvis Centre

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Jarvis Centre

Jarvis Centre is operated by InHealth Limited. The service was taken over by InHealth Limited in 2017. The service has previously been managed by other healthcare providers.

Jarvis Centre is a breast screening service and breast cancer diagnostic centre in Guildford, Surrey. The service primarily serves the communities of Surrey and North West Hampshire. It also accepts patient referrals from outside this area. The service provides a clinic where patients have a consultation and diagnostic tests, with

results provided the following week after a multidisciplinary team meeting discussion. Diagnostic tests provided by the service include ultrasound, mammogram and biopsy.

The service outsourced the radiation protection advisor (RPA) and medical physics expert (MPE) to a nearby NHS trust. Patients diagnosed with breast cancer were referred, depending on their home address, to one of six NHS hospitals for treatment.

The service has had a registered manager in post since 5 April 2017.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection, South East.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the clinic on 30 July 2019.

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?

Are services safe?

Good



We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service managed infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Are services effective?

- **Are services effective?**

Not sufficient evidence to rate



Summary of this inspection

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The providers policies and procedures were subject to review by the radiation protection advisor and the medical physics expert, in line with IR(ME)R 2017 requirements.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Are services caring?

Are services caring?

We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Good



Are services responsive?

Are services responsive?

We rated it as **Good** because:

Good



Summary of this inspection

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Although the service provided interpretation services, staff did not use them on the day of inspection and sent home a screening patient who did not speak English as they could not communicate with them.

Are services well-led?

Are services well-led?

We rated it as **Good** because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Good








Summary of this inspection

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Detailed findings from this inspection

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 it as **good**.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff received and kept up-to-date with their mandatory training.
- The mandatory training was comprehensive and met the needs of patients and staff. The topics included resuscitation training, infection and prevention control, fire safety, information governance, safeguarding adults and children (both level two), moving and handling and conflict resolution, dementia and learning disability.
- Training provided was a mix of classroom delivered training and online learning.
- Managers monitored mandatory training and alerted staff when they needed to update their training. Records showed 100% of staff had completed mandatory training.

Safeguarding

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

- Staff received training specific for their role on how to recognise and report abuse.
- The service had a named lead for safeguarding who had been trained to level three. InHealth had an organisational lead for safeguarding who was trained to level four and was available to offer support and advice.
- Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. During the inspection staff gave us examples of safeguarding issues that had given them concern and the action they had taken.
- A poster was displayed in a staff area which showed a flow chart of actions to be taken when a safeguarding concern had been identified. This included contact numbers for local social services and the police liaison officer. Staff knew how to make a safeguarding referral and where to get advice.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**
- Clinic areas were clean and had suitable furnishings which were clean and well-maintained.

Diagnostic imaging

- Cleaning records were up to date and demonstrated that all areas were cleaned regularly. Staff used a cleaning schedule with post clinic, weekly, and monthly task to be completed. We observed staff cleaning equipment and areas after patient use.
- Staff followed infection control principles including the use of personal protective equipment (PPE) where necessary. We observed all staff using PPE and were 'bare below the elbow' in line with the services protocol.
- Hand washing facilities were available for staff in the clinical areas. We observed staff cleaning their hands in line with the 'World Health Organisation' five moments of hand hygiene'. The service completed a monthly hand hygiene audit which identified good practice.
- Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.
- The service had an up to date infection control policy and we observed consistent compliance in relation to this policy. Staff were required to sign they had read the policy.
- The service had a suitable control of substances hazardous to health policy and procedures in place for staff to follow. Risk assessments were undertaken, and the service ensured compliance with control of substances hazardous to health arrangements.

Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**
- The design of the environment followed national guidance and was compatible with health building notification 00:06 guidance for facilities for diagnostic imaging. We did not visit any of the mobile breast screening units during this inspection.
- Waste was separated and disposed of in line with best practice guidance relating to clinical waste and disposal of sharps.
- Staff carried out daily safety checks of specialist equipment. The diagnostic machines were serviced as part of a planned maintenance programme which

ensured equipment met Ionising Radiation (Medical Exposure) Regulation requirements and any breakdown of equipment was addressed quickly. Staff gave us an example of a piece of equipment being repaired on the same day they had reported it as having broken down.

- We reviewed the equipment used in the event of a medical emergency. The service had drugs for resuscitation, a defibrillator and drugs to use in case of a severe allergic reaction. Records showed the equipment and drugs were checked daily. The service had not had any incidents of patients deteriorating and needing emergency care in the 12 months prior to inspection.
- We reviewed the radiation protection advisors report for service equipment and the radiation output testing results showed all equipment was safe for use.
- There was suitable signage showing when a room was a controlled area for radiation. The controlled light sign in front of the rooms turned on automatically when the diagnostic room was in operation, which acted as a safety warning. During procedures staff used protective screens to observe patients having radioactive procedures.
- Staff informed us the automatic calibration of equipment occurred every morning. The signed daily check list for staff confirmed this took place.
- The main reception area was clean and welcoming. It had adequate seating and space for the number of patients attending this clinic.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**
- Staff completed risk assessments for each patient on arrival and updated them when necessary. Risks were managed proactively, clinical assessments were carried out during appointments and the information updated appropriately in the patient record.
- All staff had received resuscitation training as part of the mandatory training.

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- There was a risk assessment in place which was in line with IR(ME)R guidance 2017 to operate medical x-ray equipment. The risk assessment covered protection measures for staff involved in radiography and people outside the clinical room, dose assessment and investigations, maintenance and quality assurance.
- The service had access to a radiation protection advisor and a medical physics expert provided by a local NHS trust. The radiation protection advisor provided an annual audit of compliance with IR(ME)R guidelines.
- The service had a up to date fire evacuation plan. Staff undertook fire safety training as part of mandatory training.
- The service complied with the Society and College of Radiographers guidance on a 'pause and check' process of confirming of patient information and examination before proceeding with the examination. The service displayed posters reminding staff to pause and check before proceeding with the examination. We observed staff following this process during the inspection.
- The service ensured that staff checked the patient's pregnancy status before being exposed to radiation, in accordance to IR(ME)R regulations. This was clearly recorded within the patient record.
- Consultant radiologists and junior medical staff were on site during working hours. The clinical lead radiographer was available by phone when not on site.
- Managers limited their use of bank and agency staff and requested staff familiar with the service.
- Managers made sure all bank and agency staff had a full induction and understood the service. Bank or agency staff received a staff induction which was documented on a check list and signed off. This included fire safety and emergency procedures, clinic layout, diagnostic processes, local rules for radiation safety, first aid contact, PPE use and equipment specific training.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**
- Patient notes were comprehensive, and all staff could access them easily. Patient notes were stored on an electronic system. We looked at a random sample of five electronic patient records and found them to be fully completed.
- When patients transferred to a new team, there were no delays in staff accessing their records.
- Records were stored securely. All patient data, medical records and scan results were documented via the services secure patient system. Electronic records could only be accessed by authorised personnel. We saw good practice in relation to ensuring patient information was treated confidentially and securely.

Medicines

- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- Staff stored and managed medicines and prescribing documents in line with the provider's policy. The service held and prescribed a small range of pain relief medicines following mammograms or biopsies. We

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.**
- The service had enough staff of relevant grades to keep patients safe. Staffing levels were planned and reviewed in advance to ensure that an adequate number of trained staff were available for each clinic. Staff on duty included managers for each professional discipline, doctors, nurses, radiographers, administrators, reception staff and support staff such as health care assistants and radiotherapy assistants.

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found medicines to be stored securely within their recommended temperature ranges and the administration of medicines was recorded in both the patient record and medicine log.

- Staff followed current national practice to check patients had the correct medicines.
- The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.
- Medicines reconciliation was recorded every week and we found this to be completed correctly. The service did not use patient group directions and did not store or administer any controlled drugs.

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**
- Staff knew what incidents to report and how to report them. Staff reported all incidents that they should report. Staff reported serious incidents clearly and in line with service policy. Staff told us they were encouraged to report all incidents and felt safe to do so.
- Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.
- Managers investigated incidents thoroughly. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.
- Staff told us they were informed of incidents and learning through meeting minutes and emails. We reviewed business meeting minutes, and these showed local and national incidents were discussed and learning shared with the wider team.

Are diagnostic imaging services effective?

Not sufficient evidence to rate 

We do not rate effective.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.**
- Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. National best practice was reflected in the policies we reviewed.
- Staff had access to the services policies and guidelines via a shared electronic folder. Paper versions of the protocols and guidelines were also available. All protocols and guidelines we reviewed were in date, had a review date and staff were required to sign to say they had read them.
- The service carried out several clinical audits to ensure care was delivered in line with their policies and national guidelines. For example, the service audited the stereo and core biopsy process.
- The providers policies and procedures were subject to review by the radiation protection advisor and medical physics expert in line with IR(ME)R 2017 requirements. There was also a programme of local audits in place.

Nutrition and hydration

- **Patients had access to hot and cold drinks while attending the service.**
- Patients had access to chilled water, hot drinks and biscuits while attending the service. During the inspection we saw staff encouraging patients to help themselves to a drink or biscuit.

Pain relief

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- **Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

- Patients received pain relief soon after requesting it. The service did not hold any controlled drugs. There was a small range of painkillers available on request for patients that experienced pain after mammography or biopsy and this was recorded in the patient records.
- Staff prescribed, administered and recorded local anaesthetic and pain relief accurately. We reviewed the local anaesthetic and pain medication and found it stored securely and recorded correctly in the medication log and patient record.

Patient outcomes

- **Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**
- Care and treatment was delivered using national guidance and next practice. Managers carried out a comprehensive audit programme. Managers used information from the audits to improve care and treatment.
- The service was audited by the radiation protection advisor on an annual basis to ensure safe practice in relation to patient safety and IR(ME)R requirements. The most recent report was in February 2019 and showed the service provided safe practice.
- All mammograms were double reported by image readers who could be Consultant Radiologists, Associate Specialist Breast Clinicians or Advanced Radiography Film Reading Practitioners. If there was a disagreement between the image readers, the scan was sent for arbitration with a third consultant. There were no scans sent for arbitration for private patients in the 12 months before inspection.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.**

- All staff received a local and corporate induction. The topics covered included use of equipment, service systems and clinical competency skills relevant to their job role and experience.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers made sure staff received any specialist training for their role
- Managers supported staff to develop through constructive appraisals of their work. Staff received an annual appraisal as part of their role, which included a review of performance and a professional development plan. Appraisals were accessed via each staff members online profile with the service. The manager and staff member had access to the form.
- We reviewed five appraisals at random and found them to be completed comprehensively and to be up to date. Both the staff member and manager had contributed to the appraisal, had identified training needs and reviewed the appraisal document regularly throughout the year.
- Managers made sure staff attended team meetings or had access to full notes when they could not attend.
- Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, staff were allowed time off to attend a professional conference to ensure they were up to date on latest practice.
- Managers identified poor staff performance promptly and supported staff to improve.
- Clinical staff were required to provide evidence of their professional registration. This was monitored centrally by local professional leads. The service supported staff to maintain their professional registration.

Multidisciplinary working

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- **Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**
- Staff held weekly multidisciplinary meetings to discuss patients and improve their care. These meetings were attended by radiologists, breast care nurses, pathologists and radiographers.
- Patients could see all the health professionals involved in their care in one-stop clinics. This included radiographers, consultants, breast care nurses, and mammographers. This meant the patient could access a comprehensive examination from a multidisciplinary team in a relatively small appointment time.
- Staff stated they had a good working relationship with external partners such as the six hospitals they referred newly diagnosed patients to.
- During the inspection we observed staff of all grades and professions working well. There was an obvious feeling of working together for the benefit of the patient and a genuine cooperation between disciplines.

Health promotion

- **Staff gave patients practical support and advice to lead healthier lives.**
- The service had relevant information promoting healthy lifestyles and support available for patients.
- Leaflets displayed included 'be breast aware', giving up smoking and living a healthier life. Staff told us consultants would discuss their health choices and how to improve lifestyle factors to reduce their risk of cancer with patients.

Consent and Mental Capacity Act

- **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**
- Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records.

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions.
- Staff made sure patients consented to treatment based on all the information available. There was a process to ensure verbal consent was gained before the intervention commenced. We observed good practice in relation to patients being informed of the procedure and staff checking the patients were comfortable before starting.
- The service had a policy about consent and staff were required to sign to confirm they had read the policy.
- Clinical staff completed training on the Mental Capacity Act. Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

Are diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff explained their roles, the purpose of the patients visit and putting patients at ease during their consultation and diagnostic tests.
- We spoke to four patients during the inspection who told us staff treated them well and with kindness. Patients told us they did not feel rushed and they were given enough time to ask questions at all stages.
- Staff followed policy to keep patient care and treatment confidential.

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- Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs**
- Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff provided reassurance and support for nervous and anxious patients throughout their appointment. All staff were trained chaperones and demonstrated a calm and reassuring manner when supporting patients.
- InHealth had undertaken extensive work in developing resources to support patients experiencing scan related anxiety, which included a video to support patients with claustrophobia.
- Throughout every stage of the patient journey, efforts were made to modify and adapt care to take account of patient preferences and needs. For example, patients were offered the opportunity to select their preferred method of contact and booking.
- Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. The service had a comfortable room where distressed patients and those close to them could go to for privacy.
- Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Breast care nurses were key members of the team who were highly trained to provide psychological and emotional support to patients and those close to them.
- Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

- Staff made sure patients and those close to them understood their care and treatment.
- Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.
- Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback could be given in paper or electronic format either at the end of the appointment or from home. Monthly data showed that 98% of patients would recommend the service to friends and family.
- Up 96% of patients gave positive feedback about the service in the Friends and Family Test survey. Feedback was regularly analysed and where staff attitude or lack of empathy had been raised this was communicated to the individual and shared with the team.

Are diagnostic imaging services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

- **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care**
- The service operated a triple assessment clinic comprising of a clinical assessment, mammogram, ultrasound and possible biopsy. If required, this was offered to women as part of the diagnostic tests following a National Breast Screening Programme routine mammogram. This was not offered to women below the national breast screening age. As part of the

Diagnostic imaging

private patient service women were offered a mammogram only. The mammograms were double read by two consultants and results sent to the patient and their GP.

- The providers website provided useful information about the service, staff and procedures that were provided. The website also contained information about different types of breast disease and treatment available.
- Facilities and premises were appropriate for the services being delivered. The service was on the ground floor of the building and was fully accessible for wheelchair users. A hearing loop was available for patients who were hard of hearing. The signage and floor colouring were dementia friendly. Accessible toilets had been provided for those who needed them.
- The service also considered the needs of women with disabilities, adjusted appointment slots and ensured these had longer times for their mammogram. The woman's need was recorded on the client data base along with a special appointment indicator to ensure that for all future appointments the woman's needs were taken into consideration.
- The environment of the service was appropriate, and patient centred. The waiting and consultation rooms were comfortable and welcoming. The reception desk was low level to allow for wheelchair users to communicate easily with the receptionist.
- There was ample free parking for patients which included several disabled spaces. The centre was accessible by public transport. Detailed instructions of how to get to the centre was on the website and in an information leaflet.
- The service had systems to help care for patients in need of additional support or specialist intervention. The information sent out with appointment letters advised women with any specific needs such as disabilities, special requirements or implants to contact the screening office. When the woman's need was established this was recorded on the client data base along with a special appointment indicator, which ensured that all future appointments would take into consideration the woman's requirements, this included extended appointment times if needed.

Meeting people's individual needs

- **The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**
- Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.
- The screening service was aware of the difficulties encountered by trans-sexual people and treated them with dignity and respect. They provided a more flexible approach regarding appointment times, for example at the beginning or end of clinic, and at the static unit rather than the mobile unit, in line with the individual's requirements. This enabled women who lived as men to access breast screening without fear of embarrassment.
- Staff supported patients living with dementia and learning disabilities by making all reasonable adjustments. The breast care nurses had linked in with the community learning disabilities nurse and developed an award-winning learning disability adjusted leaflet. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had recently introduced the Public Health England 'Easy Read' breast screening toolkit and leaflet 2018.
- The service had information leaflets available in languages spoken by the patients and local community and leaflets in braille. They also provided an audio recording of the process of having a mammogram in a variety of languages. There was a facility that allowed patients to listen to a recording in this language prior to the investigation.
- A telephone interpreting service was available for patients who did not speak English. However, on the day of inspection a screening patient who could not speak English was not allowed to proceed with her appointment as she did not have anyone accompanying her to translate. If the staff had used

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the interpreting service, the woman could have had her appointment. Following the inspection, the service provided learning sessions for all staff on the importance of using the translation services provided.

- Records showed there had not been a previous occasion where a patient had their investigation cancelled because the staff could not communicate with them.

Access and flow

- **People could access the service when they needed it and received the right care promptly.**
- Managers monitored waiting times and made sure patients could access services when needed. The service monitored key performance indicators weekly and displayed the results for all staff to see.
- Managers worked to keep the number of cancelled appointments to a minimum. The service held a weekly planning meeting and could flex the length of the working day, workload and number of appointments which ensured patients were given appointments within key performance indicator targets.
- When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. In the 12 months prior to inspection no appointments were cancelled for private patients.

Learning from complaints and concerns

- **It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.**
- There was a complaint policy in place. The policy had defined timescales for the provider to acknowledge and respond to formal complaints.
- Patients, relatives and carers knew how to complain or raise concerns. Patients we spoke to could tell us how they would make a complaint if they wanted to.

- The service clearly displayed information about how to raise a concern in patient areas. We saw leaflets explaining how to complain in the public areas of the service.
- Staff understood the policy on complaints and knew how to handle them. Staff told us they aimed to resolve any patient complaint or concern immediately.
- Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.
- Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints was shared with the wider team using team meetings and email.

Are diagnostic imaging services well-led?

Good 

We rated it as **good**.

Leadership

- **Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**
- The service had a clear management structure where the registered manager had responsibility for day to day running of the service, and the clinical director was responsible for medical oversight. Staff knew the management arrangements and their specific roles and responsibilities.
- Each professional discipline had a team leader on duty during the shift and could tell the inspectors who they would access for support during the shift. The service had a clearly defined leadership structure accessible to staff on the staff intranet and displayed on the staff notice boards.
- We observed members of staff interacting well with the leadership team during the inspection. Managers within the service seemed to be approachable and there was an open and positive culture within the team.

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- Staff told us the registered manager and clinical director were very approachable and supportive, and they could reach them when needed. All staff were very positive about the management of the service and felt the service was run efficiently.
- Leaders within the service were able to access corporate leadership courses to support them in their roles.

Vision and strategy

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress**
- The managers described the vision of the service as providing an early diagnosis of cancer and giving women the right result. They aimed to provide excellent care to women and a smooth transfer to cancer services as and when needed.
- InHealth values were trust, passion, care and fresh thinking. Staff spoke passionately about the values being at the heart of the care they provided.
- Staff stated they felt they would be asked for their opinions and contributions when changes were being considered for the service.

Culture

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where staff could raise concerns without fear.**
- Staff were positive and happy in their role and stated the service was a good place to work. Many members of staff had worked for the service for many years. Staff felt there were close and trusting working relationships across all disciplines.
- All staff told us they felt supported, respected and valued by management. They told us they could approach the managers if they had any concern and were positively encouraged to discuss any concerns they had.

- There was good communication in the service from managers. Staff were kept informed by various means including team meetings and emails.
- Staff told us there were good opportunities for learning and personal development within the service. Learning was identified during the appraisal process and staff were supported to attend courses and professional conferences to continue their learning and development.
- Staff were very proud of the work they carried out. They enjoyed working at the service and were very enthusiastic about the care and services they provided for patients.

Governance

- **Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**
- There was a robust corporate and local governance framework in place which oversaw service delivery and quality of care. Governance groups linked into InHealth nationally. A six weekly quality meeting discussed key performance indicator data, risks and good practice. Minutes of the meetings were reviewed and confirmed these discussions took place and were disseminated to staff who were unable to attend.
- The service had effective systems to identify risks and plans to control or reduce risk as much as possible. The service completed regular clinical audits and monitored key performance indicators and adapted the service in response to the results.
- The service shared information with staff in team meetings and via email. These included minutes of meetings, updated or new policies, changes in legislation or best practice and service development.
- Staff were clear about the governance structure in the organisation and stated they were confident the systems in place supported the delivery of clinical care.

Managing risks, issues and performance

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- **Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**
- This service had a risk register which was part of the corporate providers risk management system. We reviewed the register and found consistent evidence of risks being identified and action plans put in place to mitigate or eliminate the risk.
- The top risk identified was clinical staffing. Mitigation included joint consultant posts with the local NHS trust, radiographers undertaking a post graduate course in mammography linked with a local university and developing an apprenticeship mammography course.
- The service had systems to monitor performance, including incidents, patient feedback, audits and staff appraisals. These systems highlighted areas of good practice and opportunities for learning.
- There was a business continuity policy which included specific plans for the service. The plan included scenarios for events such as electrical failure or flooding and actions for staff to take in managing the problem safely.

Managing information

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**
- All staff demonstrated they could locate and access relevant information and records easily. This enabled them to carry out their daily roles.
- Relevant information for running the service, such as policies and procedures, were available electronically which all staff could access. Staff were also required to sign and date when they had read the policy relevant to information security.

- The provider uploaded diagnostic images to a secure electronic portal for a second read of results by another consultant. The images were kept in a secure electronic patient record. This could be shared with other health professionals as needed.
- Staff received training on information governance as part of the mandatory training. The service was General Data Protection Regulation compliant and patient information was managed in line with regulation. This was reflected in the services medical records retention policy and information security policy.

Engagement

- **Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**
- The service used the InHealth FFT, feedback could be given using comment cards or on the website. All the feedback was shared with staff and was displayed on the staff notice board.
- All comments whether positive or negative were discussed and used to improve the service. All patients were offered the opportunity to provide feedback and the service received 1200 responses a month.
- The themes included trouble parking, directions provided to the centre and difficulty in understanding how to use the coffee machine. These issues had been addressed and the issues resolved.
- There was good communication between members of staff and management. Staff told us they were kept informed by various means such as through team meetings and emails.

Learning, continuous improvement and innovation

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

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- Staff were empowered to take accountability for the services they provided and were supported to grow and develop ideas and practices which improved patient and organisational safety. InHealth ensured that 'board to floor' awareness of issues and safety concerns was achieved through a comprehensive programme of governance committees and working groups led by the Risk and Governance Committee.
- All staff were supported to pursue development opportunities which were relevant to the service, such as attending speciality conferences and training.
- The service had developed links with the national physics department at the local NHS trust and were currently participating the OPTIMAM study looking at improving breast cancer diagnosis.
- The service was preparing to participate in the PROSPECT trial which was comparing 3D imaging vs 2D imaging of breast mammograms.

Outstanding practice and areas for improvement

Outstanding practice

- The service had developed a multidisciplinary team meeting to discuss newly diagnosed cancer patients. This was supported by a consultant pathologist from the local trust and there were plans to include a breast surgeon as part of the team.
- The service had won the British Institute of Radiology award for 'make it better' for their work with supporting women with learning difficulties to access breast screening. This ensured the health of women with learning disabilities was not disadvantaged by not being able to access the service.
- The screening service was aware of the difficulties encountered by trans people and treated them with dignity and respect. They provided a more flexible approach regarding appointment times, for example at the beginning or end of clinic, and at the static unit rather than the mobile unit, in line with the individual's requirements.
- The service addressed the risk of not having enough clinically trained staff by training their own radiographers undertaking a post graduate course in mammography linked with a local university and developing an apprenticeship mammography course.

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should ensure staff use the interpreting service provided for women who do not speak English.