

SG Radiology and Associates Limited

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?	
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

SG Radiology Associates Ltd is operated by SG Radiology Associates Ltd.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on the 5 and 6 February 2019.

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.

Summary of findings

Services we rate

We rated this service as **Good** overall.

We found good practice in relation to:

- 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 when to contact other agencies to do so.
- The service had suitable premises and equipment and looked after them well.
- Staff completed risk assessments for each patient.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment
- The service provided care and treatment based on national guidance and evidence of its effectiveness, monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles and staff worked together as a team to benefit patients.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005 and in relation to informed consent.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs and people could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice
- The service investigated incidents and complaints, learned lessons from the results, and shared these with all staff.

- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services.

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

- We did not see any evidence that staff hand hygiene or cleanliness of the mobile units was audited.
- The service did not have a system in place for receiving and cascading medical device alerts or patient safety alerts from the Central Alerting System to staff.
- There were indications that there may be some under-reporting of incidents which meant there were missed opportunities for learning and improvement.
- Local Rules were not available for staff reference at the point of care.
- The service did not have a consistent process of their own for dealing with language needs as they could access interpreting services when situated at a hospital site but not when at a community site.
- Although the service identified risks well, planned to eliminate or reduce them, and cope with both the expected and unexpected, there was not a framework around this to help with consistent management, documentation of mitigations or easy oversight and review.

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

Ellen Armistead

Summary of findings

Deputy Chief Inspector of Hospitals (North Region)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

We rated this service as good overall with ratings of good for safe, caring, responsive and well-led. CQC does not rate effective for diagnostic imaging services. There were areas of good practice and a small number of things the provider should do to improve. Details are at the end of the report.

Summary of findings

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Good



SG Radiology Associates Ltd

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to SG Radiology and Associates Limited

SG Radiology Associates Ltd is operated by SG Radiology Associates Ltd .

The service opened in October 2013 and provides a mobile Magnetic Resonance Imaging (MRI) scan service for NHS and self-funded patients.

SG Radiology Associates Ltd operates as an 'any qualified provider' (AQP) providing GP and or NHS trust support. The service provides a fully managed clinical service offering magnetic resonance imaging (MRI) scanning and reporting and is commissioned by clinical commissioning groups (CCGs), NHS trusts and independent health organisations. It also operates as a private provider of a scanner on a day rental or block booking basis.

The mobile units provide services in community settings as well as on hospital sites. The service headquarters are based in Wakefield and the service covers a large geographical area which includes community and or hospital based services in and around; Liverpool, Cumbria, Leeds, Hull, Lincolnshire and Manchester. The service is provided from four mobile units which travel to the commissioning area.

The service is registered with CQC to provide diagnostic and screening procedures.

The clinic's registered manager Chris Tickle has been in post since October 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector with additional training in the inspection

of diagnostic imaging services, another inspector and a specialist advisor with expertise in radiology. The inspection team was overseen by Sarah Dronsfield Head of Hospital Inspection.

Information about SG Radiology and Associates Limited

SG Radiology Associates Ltd is registered with the CQC to undertake the regulated activity of diagnostic and screening procedures. The service provides magnetic resonance imaging (MRI) scans from mobile units at hospital and community locations. Reporting is carried out at the provider headquarters in Wakefield.

The mobile units are accessible to people with disability.

SG Radiology Associates Ltd employed 16 whole time equivalent staff. The service is open from 8am to 8pm seven-days a week and operates from four mobile units which travel to multiple locations. The service scans adults and children of all ages. The service offers magnetic resonance imaging scans requiring the use of contrast media, at hospital sites only.

The service received referrals from GPs and hospitals, referrals were only accepted from approved referrers.

The mobile units had a magnetic resonance imaging scanner and control room, some of the mobile units had a small changing area, where this was not available there were privacy blinds for the scan room and patients changed there if needed. The sites where mobile units parked had toilet facilities that patients could use.

During the inspection, we visited the company headquarters and two of the mobile units. We spoke to all staff on duty including; the director of the service, the manager of imaging services, the radiographer, two assistants and one reception staff. We spoke with and observed the care of the four patients who visited the unit that day. We also reviewed information provided by the service and looked at online systems and records.

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

Summary of this inspection

months before this inspection. SG Radiology Ltd was previously inspected by CQC in September 2014 and was found to be compliant against all standards it was inspected against.

Activity (July 2017 to June 2018)

- From January 2018 to December 2018, 8,497 patients attended the service for scans, around 92% scans were NHS funded and around 8% were self-funded.

Track record on safety:

- Zero Never events
- Zero Serious injuries
- Three incidents were reported from November 2017 to November 2018

- Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- Zero incidences of hospital acquired Meticillin-sensitive Staphylococcus aureus (MSSA)
- Zero incidences of hospital acquired Clostridium difficile (C.diff)
- Zero incidences of hospital acquired E-Coli
- One complaint

Services provided for the clinic under service level agreement:

- IT and equipment maintenance, servicing and repair.

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 safe 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 when to contact other agencies to do so.
- The service had suitable premises and equipment and looked after them well.
- Staff completed risk assessments for each patient.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment
- Records were kept safely and securely.

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

- We did not see any evidence that staff hand hygiene or cleanliness of the mobile units was audited.
- The service did not have a system in place for receiving and cascading medical device alerts or patient safety alerts from the Central Alerting System to staff.
- There were indications that there may be under-reporting of incidents which meant there were missed opportunities for learning and improvement.

Are services effective?

We do not currently rate effective for diagnostic imaging services. We found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005 and in relation to informed consent.

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

Summary of this inspection

- Local rules were not available to staff in the scan room

Are services caring?

We rated caring as **Good** because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Good



Are services responsive?

We rated responsive as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

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

- The service did not have a consistent process of their own for dealing with language needs as they could access interpreting services when situated at a hospital site but not when at a community site.

Good



Are services well-led?

We rated well-led as **Good** because:

- Managers had the right skills and abilities to run the service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service was continually looking for ways to improve service quality and standards of care.

Good



Summary of this inspection

- The service collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services.

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

- Although the service identified risks well, planned to eliminate or reduce them, there was not a systematic process for consistent management, oversight and review.





Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff received a number of mandatory training modules, which included; fire safety, equality, diversity and human rights, infection prevention and control, safeguarding children and adults, information security awareness, moving and handling and basic life support training. At November 2018 compliance with mandatory training was 97% for radiographers and support workers.
- Training was a mixture of online and face to face, staff told us they were up to date with their training.
- The service kept a spreadsheet of statutory training requirements for employees and staff were alerted when retraining / refreshers were needed.
- There was a comprehensive induction plan for new starters which was tailored to individual needs. For a trainee new member of staff, the induction period could be up to 12 weeks. Mandatory training, supervised practice and competency assessment were all incorporated into the induction period.

Safeguarding

- **Staff understood how to protect patients from abuse and when to contact other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had a safeguarding lead who was able to provide practical advice and support and was involved in delivering training and updates for staff. Staff told us they could contact the service safeguarding lead and service managers if they needed advice. Three staff were trained to level three.
- The service had policies in place for safeguarding children and vulnerable adults, which outlined staff responsibilities with regards to discussion with senior staff and reporting to the local authority and or police as appropriate.
- All staff had undertaken safeguarding training at levels one and two for children and vulnerable adults. This met intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014). Guidance states all non-clinical and clinical staff who have any contact with children, young people and/or parents/carers should be trained to level two.
- The staff we spoke with demonstrated an understanding of their responsibilities with regard to safeguarding and were aware of who they needed to contact within the service and the local authority if they had a safeguarding concern.
- Staff had knowledge of current safeguarding issues such as child sexual exploitation and modern slavery.
- Staff told us that children were always accompanied by a person with parental responsibility.

Diagnostic imaging

- Contact numbers for safeguarding contacts and police were readily available in site files should staff need to raise a concern and staff showed us how they could use the NHS Safeguarding Guide, mobile phone application to access local safeguarding contact details when needed.
- At the time of inspection, all employed staff and the self-employed reporting consultants had been checked and verified through the disclosure and barring service.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The registered manager was the lead for infection, prevention and control. All staff had undertaken level one and two training in infection prevention and control.
- There were infection, prevention and control policies and procedures in use. These provided staff with guidance on appropriate infection, prevention and control practice in for example, cleaning schedules, hand hygiene and decontamination of equipment.
- There was no information available regarding whether patients were discouraged from attending the unit if they were suffering from communicable diseases such as flu or diarrhoea and vomiting.
- The mobile units were visibly clean and tidy and there were cleaning schedules in place, they were cleaned daily by the clinical staff. There were records to show that daily cleaning had been undertaken.
- Patient feedback was that the mobile units were clean.
- Although the registered manager told us they carried out spot checks on the mobile units to look at equipment maintenance and cleanliness, these were not documented. Following our discussion, the manager intended to start documenting these checks to audit standards of cleanliness.
- Although the mobile units did not have running water or hand washing facilities, hand gels were available. We saw staff using hand gel in between patients on the mobile units.

- Cleaning solutions, spill packs and personal protective equipment were available if needed.
- For patients needing cannulation for contrast injections, this was undertaken in a treatment room in the adjacent hospital department where hand washing facilities were available. We observed staff performing cannulation used good aseptic technique and washed their hands correctly before and after the procedure.
- Patients' cannulas were removed in the hospital treatment room and disposed of correctly as clinical waste.
- The mobile units did not have any special waste disposal requirements.
- We did not see any evidence that staff hand hygiene or cleanliness of the mobile units was audited. However, when we spoke to the superintendent radiographer they told us that they did do spot checks on the mobile units as part of a series of checks but this was not formally recorded. Following our site visit the service immediately developed and introduced an audit tool but had yet to develop evidence of actions taken following the issues identified.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**

The service used a site management toolkit to carry out a health and safety risk assessment at each site. This included fire safety assessment and agreed fire assembly points.

- The mobile units were small and self-contained, one of the mobile units had a small changing area for patients but the other did not. Where a dedicated changing was not available staff told us, patients used the scan room as privacy blinds could be pulled over the viewing window.
- There was parking available near or outside where the mobile units were parked. There was a lift and automatic door facility which could be operated by staff for patients who could not manage the stairs into or out of the van.
- The scanning control room had a viewing panel that allowed staff to observe the patient during scanning.

Diagnostic imaging

- The mobile units were locked and secure when staff left for breaks and at the end of the day. Patients were not left unaccompanied at any time.
- There were fire safety signs and a fire extinguisher was accessible. Magnetic resonance imaging safety signs and 'no pacemaker' signs scans were visible. We saw evidence of daily safety checks.
- Safety signage did not specify an assembly point in case of emergency.
- We saw there was enough space around the scanner for staff to move and for scans to be carried out safely. During scanning all patients had access to an emergency call buzzer, ear plugs and defenders. A microphone allowed contact between the radiographer and the patient. Music or videos could be played for patients' distraction if wanted.
- There was a hand-held alarm button in the scanner that patients could press if they wanted to stop the scan for any reason.
- A magnetic resonance imaging safe trolley was available should there be a need to transfer patients in or out of the scan room.
- There were equipment maintenance contracts in place that covered, essential maintenance, repairs and quality assurance. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. There were maintenance logs that showed when equipment had last been serviced and when the next service was due. All equipment checks were in date.
- There was a system to ensure repairs to equipment were carried out if machines and other equipment broke down. Staff told us repairs were usually completed quickly with minimal delays to patients because of breakdowns. There had been one incident in the last 12 months when the maintenance provider could not be contacted over a weekend. The manager had discussed this incident with the contractor and had been assured that this had been a temporary issue and was now resolved.
- All the equipment we viewed conformed to relevant safety standards and was serviced on a regular basis.

We saw that electrical equipment was safety tested. Staff carried out daily quality assurance checks on the scanners to ensure they performed safely and to specification.

- The tractor that transported the mobile units and the unit shells underwent checks every 12 weeks in line with Driver and Vehicle Standards Agency requirements.
- We saw electronic records which provided evidence that daily quality assurance checks, on the equipment were carried out.
- Staff had been trained in the safe and effective use of the scanner.
- Each van had an automated external defibrillator and first aid bag which were checked regularly.
- Staff told us they had appropriate equipment to carry out their work and we found that there was a system in place to ensure appropriate stock levels and regular top up.

Assessing and responding to patient risk

- **Staff completed risk assessments for each patient.**
- The service radiographers screened all referrals to ensure they were appropriate and all necessary information was on the referral form. Referral forms gave the patient's clinical history, demographics, requested scan, referrer details and had ample space for the referrer to give any other relevant information. The safety forms covered implants, devices, metal fragments including in the eyes, pregnancy and recent or old surgery to head, eyes, ears and heart.
- If the radiographer felt the referral was inappropriate or they needed further information they would contact the referrer directly. The radiographers were accountable for ensuring referrals were appropriate, determining if there were any contraindications and deciding if the scan should proceed.
- The clinic kept an electronic list of approved referrers. Staff told us if a referral was received from a new referrer they would contact the GP practice or check on the General Medical Council website, to check their registration status.

Diagnostic imaging

- When a referral was accepted the radiographer or delegated member of staff would ring the patient to go through the magnetic resonance imaging scanning safety checklist over the phone. This ensured there were no contra-indications for the proposed scan and that patients were forewarned about the necessity of declaring any implants or foreign bodies that may be a patient safety risk.
- The screening of referrals included a system for prioritising patients who need more urgent scans.
- The patients were sent a patient information leaflet that included contraindications for a magnetic resonance imaging scan which reinforced what had been discussed on the telephone.
- The safety checklist form was given to patients to fill in on arrival at the clinic to double check there were no reasons why the scan should not go ahead. The patients completed this form themselves as a self-declaration which doubled as a consent form.
- Staff double checked the information back to the patients to ensure understanding and used a PAUSE and check before entering the scan room. The 'PAUSE and check' is a clinical imaging examination operator checklist
- We heard staff informing patients with tattoos about the possibility of a burning sensation and telling them to let staff know if this happened.
- There was no formal contract in place for medical physics support to the service although the manager told us this was available on an ad hoc basis from one of the NHS trusts and that contract negotiations were taking place to formalise this arrangement. There was a medical physics expert visit due within the next few weeks.
- Although there were local site files these lacked information and useful guides for new starters or staff unfamiliar with the site.
- There had been no formal risk assessment regarding the safety of staff working at remote sites.
- We saw that staff followed a patient identification policy and ensured that patients were correctly identified and that referral information and body part to be examined were verified.
- All staff were trained in basic life support and staff were aware that if a patient became seriously unwell or collapsed that their emergency response was to dial 999 when at a community site.
- Emergency procedures were slightly different at the acute hospital sites and staff knew what these were. Although there were site specific emergency procedure posters for each site these were not always on display or within the site file.
- We did not see a system in place for receiving and cascading medical device alerts or patient safety alerts from the Central Alerting System to staff.
- Staff told us they could seek medical advice if needed in relation to the imaging procedure or findings, from the referring health care professional or the reporting radiologist if needed.
- Van doors were locked at all times, staff could access the mobile units with a passcode.
- Staff told us that during down time they had undertaken a crash call emergency scenario and practiced manoeuvring the van emergency trolley and lift. An emergency scenario training day was planned for March 2019.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- Minimum staffing for each of the mobile units was one radiographer and one assistant. Where Patients were attending for scans that needed contrast there was a minimum of two radiographers and one assistant.
- The service employed 16 whole time equivalent staff which included, a head of clinical service, superintendent radiographers, radiographers, healthcare assistants, operations and appointments staff, drivers, a logistics manager and a finance manager.
- The service also had its own pool of bank radiographers and health care assistants and used agency staff if needed. From October 2018 to

Diagnostic imaging

December 2018 the service had used bank radiographers and health care assistants on 68 and 77 occasions, respectively. Agency radiographers were used on 48 occasions during the same period.

- The service had two radiographer vacancies and two health care assistant vacancies which it planned to recruit to as soon as possible. The service managers had also recently made the decision to appoint an additional superintendent radiographer.
- Three staff had left the service over the last 12 months and two had joined the service.
- There were 6 Consultant Radiologists who undertook magnetic resonance imaging reporting, these staff worked on a self-employed basis.
- The service covered sickness and short-notice absence by ringing substantive and bank staff, or the superintendent could step in. However, finding cover sometimes depended on the location of the van, if cover could not be found or was late arriving, staff would keep patients informed about delays and ring patients directly to rearrange their appointment if necessary.

Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- The clinic kept limited patient records due to the nature of the service. Records included; the patients' referral form/ letter, safety checklist/ consent form and scan report. All records were scanned onto the IT system and paper records were destroyed. All patients / records had a unique identifier.
- Records were kept in line with the principles of the Data Protection Act 1988 and the clinic had a records management policy which was in line with 'Records Management: NHS Code of Practice 2016' and General Data Protection Regulation 2018.
- Referrals came in via encrypted email delivery and transfer of information within the service and from the service back to the referrer was secure. IT systems and computers were password protected and encrypted.
- We saw that patient information needed to be manually entered onto the scanner computer as this

did not link directly with the radiology information system or the picture archiving system. This also meant that staff needed to save the images to a memory stick and then transfer the files to the archive. Staff told us that as soon as the images were uploaded they were deleted from the external memory device. There was a process in place to ensure all scan images had been safely transferred onto the archive.

- Radiographers could add notes to images if there was anything they needed to communicate with the reporting Radiologist.

Medicines

- **The service followed best practice when administering intravenous contrast media.**
- The service only undertook contrast scans for adult patients which were undertaken at hospital sites where they had access to medical professionals in case of adverse reactions.
- Contrast was given under patient group directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- The radiographers collected the contrast for each patient when needed from the hospital radiography department. They cannulated the patients in a treatment room in the hospital and escorted them to the van where the contrast was checked by two radiographers and administered before starting the scan.
- Administration and traceability information was entered onto the hospital patient record system but this was not entered onto the service patient record. This meant adverse reactions could be traced through the hospital but the service could not do this itself.
- Patients were asked to wait in the hospital radiology department following their scan to ensure there was no delayed reaction to the contrast. Cannulas were left in-situ for at least 30 minutes following completion of the scan as precaution, in case emergency intravenous access was needed.

Diagnostic imaging

- Part of the safety checks was to ensure patients had not had a previous allergic reaction to contrast medium. The service did not scan patients who were had a previous contrast reaction as it was safer if these patients were scanned in the hospital department.

Incidents

- The service managed patient safety incidents well.** Staff recognised incidents and knew how to report them. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

- Staff were able to report incidents online and were encouraged to do so. The service managers collated incident information to highlight any lessons for improvement and these were shared with all staff.

Staff told us learning was communicated by email outlining what happened, what was done about it and the lessons learned from the event. Information was also discussed at online audio - video conference meetings or at other staff meetings.

- Incidents and issues were highlighted for staff on a 'common errors for the month' poster displayed in the mobile units for staff to read. We saw that these were also discussed in team meetings.
- Staff told us any relevant incidents would be reported to the Health and Safety Executive in line with regulatory requirements.
- The service had reported three incidents from December 2017 December 2018, none resulted in harm to patients and all related to recording of information. We found that staff were aware of the incidents and saw that they had been shared with all staff as had the corrective actions.

Although we saw good examples of shared learning from some incidents there were two incidents that we became aware of that had not been included on the service log. While these incidents were reported to other providers this indicated there may be some under-reporting of incidents which meant there were missed opportunities for learning and improvement. In addition, there were some incidents of patients arriving at the service without an interpreter which were not logged.

- There were incident reporting and investigation policies in place which included a duty of candour policy. The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.
- Staff could articulate what duty of candour meant and how they would apply this if it became necessary, they told us would immediately let a patient know if anything had gone wrong.

Are diagnostic imaging services effective?

We do not rate the effectiveness of diagnostic imaging services, however, we found the following during our inspection.

Evidence-based care and treatment

- The service provided care based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance.
- The provider had developed local rules regarding magnetic resonance imaging scanning and were in date. The local rules were comprehensive and in line with practice guidance such as the Medicines and Healthcare Products Regulatory Agency guideline: DB2007(03) 'Safety guidelines for Magnetic Resonance Imaging Equipment in Clinical Use'.
- Protocols for each site were documented on the scanner computer. Protocols were available for routine scan sequences and referral specific scans and were in line with current guidance. Protocols were authorised by consultant radiologists. The protocols were 'locked' into the scanners to ensure they couldn't be changed without authorisation and to ensure standardisation of the procedure and consistency of images.
- Although local rules and protocols were available on the computers, these were not printed and easily available in the scan room for staff to refer to. This would have been beneficial for new and bank staff

Diagnostic imaging

who were not familiar with every site. Protocols could be different at the hospital sites and staff were expected to follow the hospital protocols rather than the SG protocols.

- All policies were in date and there was as policy control process / document in place.

Nutrition and hydration

- **Patient information leaflets advised that drinks were not available at the mobile units and they could bring a drink with them if they felt they would need this.**

Pain relief

- **Staff assessed and monitored patients regularly to see if they were uncomfortable or in pain.**
 - Staff demonstrated they were aware that patients may be in pain and they ensured the scan caused as little discomfort as possible. Positioning aids were available if needed and staff checked on patients' comfort via the intercom during the scan sequences.
 - Staff gave an indication of the time the scan would take and checked that patients would be able to remain comfortable and still during the examination. Patients could alert staff if they were uncomfortable and needed the scan to stop.

Patient outcomes

- The service did not provide a treatment to patients which enabled them to measure patient outcomes. However, the service did complete audits and quality assurance tests to ensure that they provided a service to measurable standards which they could monitor with the aim of making improvements.
- The service collected patient feedback, audited waiting time from first contact to scan, turnaround times for reports and image and reporting quality audits.
- There was a quality assurance mechanism in place for peer reviewing MRI image quality and quality of reporting. Peer review audit looked at 10% of images reported from September to October 2018 the audit

included 163 images and reports 100% of images were diagnostic with less than 4% having a minor discrepancy. All images were of a high quality with no artefacts present.

- There was a red, amber, green rating system in place to highlight and enable staff to prioritise urgent scans and urgent reports.
- Although there was an agreed turnaround of four weeks in place with some commissioners the service aimed to scan patients within 14 days. subject to their availability. The service monitored average waiting times each month, from January 2018 to December 2018 average monthly waiting times rarely exceeded 10 working days and never exceeded 14 days.
- Managers told us that reports are turned around in most cases within 72 hours. Monthly audits from November 2017 to October 2018 showed that the range of turnaround time was from two days to four days. There was only one month in this period when the turnaround time went up to four days.

Competent staff

- **The service made sure staff were competent for their roles.**
- Staff had received training relevant to their role. We saw online training records that showed the required training and level of competence of different members of staff.
- Magnetic resonance imaging scanning was always undertaken by a qualified radiographer with expertise in magnetic resonance imaging scanning. Agency radiographers were given an induction and training regarding the unit, policies and procedures and safe use of the scanner. The superintendent radiographer also worked alongside the agency staff for a number of shifts for support, supervision and to assess competence.
- All staff were trained in magnetic resonance imaging safety, use of equipment and protocols and radiographers were trained in cannulation and administration of contrast media. Competency was assessed, reviewed and documented in staff records.
- One of the assistants told us they had received an induction to the unit which had included magnetic

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resonance imaging safety. The staff member told us they would receive further training as they progressed and that they were hoping to be able to undertake training that would enable them to cannulate.

- We found that there was a structured probationary period for new staff and for all staff there were ongoing annual appraisals and mid-year performance reviews. We looked at the records for two members of staff and found that reviews and appraisals had been undertaken and staff had clear objectives regarding performance and development for the coming year.
- Data provided by the service showed that 100% of staff employed for more than 12 months had received an annual appraisal in the last 12 months. All reporting radiologists had also an appraisal in the last 12 months
- The service had checked the professional registration status of their radiographers and medical staff, all had current professional registration.
- Staff told us that training and development was supported, this ensured competence was maintained and registered professionals met re-validation / re-registration requirements.

Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients.**
- We saw that the team included, managers, radiographers, administration staff and support workers who all worked well together to provide a high-quality service to their patients.
- Staff described good working relationships with hospital staff and gave examples of when the services had worked together to ensure patients had the best service possible. For example, if a patient's needs could not be safely met in the mobile unit the services would look at swapping patients so there was no need to reschedule patients when their needs could be met in the hospital radiology department.
- Members of the team communicated well with each other and gave examples of when they had liaised

with referring clinicians and or the reporting consultants to address any queries or to provide or obtain any necessary information regarding the patient's pathway.

- The service encouraged feedback and was open to feedback from staff and referrers to ensure information and images provided were of a good quality and the service was effective for patients and met the needs of the referrers.
- The team showed us that they were using a group encrypted messaging system to communicate across sites and with homeworkers. The system was very useful to ask for input from other colleagues and staff found it a very effective way of asking for advice from other radiographers or medical staff
- There were good examples of the service working with commissioners and trusts to provide the service where it was needed most and in the most integrated and cost-effective way possible.

Seven-day services

- The service was provided 8am to 8pm seven-days a week.

Consent and Mental Capacity Act

- **Staff understood their roles and responsibilities under the Mental Capacity Act 2005.**
- Staff we spoke with had an understanding of mental capacity and informed consent and patients were given enough information to consent to the magnetic resonance imaging scan.
- There was a process in place which combined magnetic resonance imaging safety and consent for patients. This ensured patients were informed of the risks of magnetic resonance imaging and were checked to ensure there were no contraindications for the scan going ahead.
- When the patient attended for their scan they were asked to complete and sign the 'MRI Safety Questionnaire' which also served as a consent form.
- The service had a consent policy. This detailed information regarding children under 16 and Gillick competence. Staff could articulate the guidance and how to apply it.

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Are diagnostic imaging services caring?

Good 

Compassionate care

- **Staff cared for patients with compassion.**
Feedback from patients confirmed that staff treated them well and with kindness.
- We observed that all staff were polite and courteous to patients from arriving at the department to when they left.
- Patients were shown to a changing cubicle to maintain privacy and dignity while changing for scans, where available. Privacy blinds were drawn when patients had to change in the scan room. Staff placed patient belongings in individual lockers while the patient went into the scan room.
- Staff escorted patients to and from the treatment room if contrast was to be administered and treated patients with dignity and respect.
- We observed staff confirmed with patients that they could hear the radiographer before commencing the scan.
- Staff communicated with patients through the intercom to ensure they were as comfortable as possible during the procedure.
- Patients were offered the opportunity to provide feedback after their scan. Staff told us they aimed for around 10 responses each day at each site. Managers collated the information from patient feedback and shared the findings with staff so improvements could be made.
- Patient feedback was very positive about the service and staff. Staff were described as being friendly, caring and supportive and the service was described as being quick, professional, easy to access and efficient.
- Patients told us staff were helpful and understanding, informative, polite, calming, they gave timely updates, were reassuring and explained things well. One patient told us a staff member 'stayed with me the whole way through'. Another said staff were caring and helpful before, during and after the scan

- The service policy was that where a patient requires a chaperone for any reason, staff would accommodate the request.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff gave examples of how they supported patients within the scan room for example when patients may be nervous about the scan procedure or anxious due to the confined space of the scanner itself.
- Staff told us they would stay in the room with the patient where they could be seen if necessary and told us they had done this on a number of occasions with patients who were extremely anxious or claustrophobic.
- Staff told us it was common for patients to feel anxious or claustrophobic in the scanning area but that they usually managed to keep patients calm and able to complete the procedure by talking to them through the intercom, or by staying in the room and being visible if necessary.
- Patient feedback was that staff were very supportive and had helped them get through the scan when they had been very anxious or feeling claustrophobic.
- Staff told us that patients could visit the unit to look at the scanner and room prior to their appointment if they were worried about coping with the procedure.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- We saw staff going through safety checklists and contraindications with patients to ensure they understood what was to happen and that they were aware of any risks to safety.
- Patients were given the opportunity to ask questions or to tell staff if there was anything they did not understand.

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- Patients told us staff had explained safety precautions and what to expect during the scan, they told us staff kept them informed throughout the procedure and they felt fully informed.
- Staff explained what was happening by communicating throughout the scan.
- We saw staff ensuring patients understood when their results would be back with the referring health professional. Staff told us they always asked patients if they had a clinic or GP appointment arranged for when their results would be available. They encouraged patients to make an appointment if they didn't already have one as they were aware that GP appointments may need to be arranged a couple of weeks in advance.
- Patient information leaflets and appointment letters gave plenty of information about the service and directed patients to a YouTube video if they wished to view what the scanning experience was like. Patients were likely to be less anxious if they knew what to expect when attending for their scan. Patients could also view an information video through the service's Facebook page.
- Patients could be accompanied in scanner room if needs indicated this was necessary. This could be by a member of staff or the parent of a child as necessary.
- Patients could listen to music when they were in the scanner, if they wished.
- Staff told us that patients with language needs would be highlighted at booking by the referrer and this would give them the opportunity to arrange an interpreter if needed before the patient came for their appointment.

Are diagnostic imaging services responsive?

Good 

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- The service ensured car parking spaces and toilets would be available when agreeing to a new site for the mobile units.
- The service worked closely with commissioners and other service providers to provide an integrated service where it was needed most.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- Although the mobile units did not have patient toilets, sites were chosen where there were accessible toilets nearby and patients were informed of this during their screening phone call. This information was included on the patient information leaflet sent to patients prior to their appointment.
- The service was accessible to patients with a disability. Each van had a lift to ensure people with mobility problems could access the service.
- The service did not have a consistent process of their own for dealing with language needs as they could access interpreting services when situated at a hospital site but not when at a community site.
- Some staff knew about telephone translation services and felt they could access these if necessary, however others did not. We were told of an incident where a patient had come for a scan with a child to act as a translator. The staff had appropriately informed the patient that they could not use a child as an interpreter and other arrangements were made.
- During the inspection we observed a patient being scanned who had brought their own interpreter with them, who was a friend. Although this was not best practice as interpreters should be trained and independent from the patient, staff were aware of these constraints and ensured that the interpreter understood what being communicated before passing the information or question on to the patient. Plenty of time was allowed for the patient and or the interpreter to ask and answer questions. The safety questionnaire was covered in full ensuring risks were understood and that the patient understood there was a risk of burning from their tattoos and to inform the radiographer immediately if this occurred.

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- The radiographer also determined with the patient and their interpreter the best way of communicating during the scan. In this case the patient was able to listen for key words and was able to respond to countdowns. The interpreter accompanied the patient for cannulation and administration of contrast and was able to remain in the control room in case they were needed during the scan.
- When we discussed the issue with the managers of the service they took immediate action to produce a clear policy and procedure for staff regarding booking and accessing an interpreting service. The service also checked with their commissioners regarding funding of translation and entered into a formal agreement with an interpreting service.
- The new service provided information for patients and staff to enable them to identify languages correctly to facilitate bookings. The new policy and service also included provision of British Sign Language and accessing information in alternative formats such as easy read and braille.
- Managers asked staff to complete the following online courses in relation to providing a person-centred service and meeting patients individual needs; effective communication, consent, dementia awareness, duty of care, person-centred approaches step 1 and 2, stand by me – dementia and work in a person-centred way
- We heard patients being given verbal instructions before leaving the clinic to let them know when their scans would be reported and when they could expect them to be back with the referring clinician. Due to potential difficulties getting GP or clinic appointments the staff checked that patients had an appointment booked and if not, they advised them to make one for when the reports were due back.
- The service had a did not attend rate of around 2.3%.
- The service received referrals by email from approved referrers. On receipt of the referral the receptionist telephoned the patient to go through the safety checklist and arrange a convenient date and time for an appointment.
- The service aimed to scan patients within no more than 14 days from first contact, in the majority of cases this happened within seven days.
- The service monitored daily clinic numbers and being a mobile service was able to move rotas around to provide extra clinics where and when demand dictated.
- If a patient answered yes to any of the safety questions the appointments staff asked the advice of a radiographer.
- Staff also confirmed the patient's email address as appointment letters and patient information was sent via email.
- Administration staff uploaded the referral to the electronic record system and requested any previous images from the referrer.
- All referrals were vetted by an approved radiographer within the service. Referrals that came through marked as urgent were prioritised for scanning and reporting.
- Patients told us that the service was easy to find, local and speedy. They said they were seen on time, scanned very quickly after seeing the GP. Patients liked the telephone contact and felt this made it quicker and easier to get a convenient appointment. They told us they didn't have to wait long for an appointment, it was a smooth pathway, quick and efficient.
- We observed that patients received their scans on time or a few minutes early. Patients were given plenty of time to change and for their scan and were not rushed.
- Following the scan, the Images were uploaded onto the IT system and the administration team assigned them to the Radiologists for reporting. The service monitored report turnaround times and had a traffic light warning system in place to alert staff if any report was outstanding for more than five days.

Access and flow

- **People could access the service when they needed it.** Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- From January 2018 to December 2018 8,497 patients attended the service for scans, around 92% scans were NHS funded and around 8% were self-funded.

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- During the scanning process if staff suspected something more serious they were able to contact a radiologist for advice and could also request an urgent report.
- From November 2017 to November 2018 there had been 300 scans cancelled for non-clinical reasons, 200 were due to equipment breakdown and some were due to adverse weather conditions during February 2018 when five clinics needed to be cancelled. All patients were re-booked within seven days of their original appointment.
- The patient feedback survey for December 2018 indicated that 70% of patients felt they were given a choice of where to have their scan, around 4% did not know and 26% felt they did not have a choice.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- The service had a clear complaints policy and process in place and patient information was available to patients regarding how to make a complaint and what to do if they were dissatisfied with the response of the service to their concerns.
- There was also information and a process in place to escalate complaints to second stage through either the Parliamentary & Health Service Ombudsman or The Independent Healthcare Sector Complaints.
- There was active review of patient and service user feedback and improvements were made as a result, for example, improved information for patients to help them find the mobile sites.
- The service had one formal complaint from November 2017 to November 2018. The staff told us they tried to identify and concerns and resolve them immediately to improve patient experience and prevent complaints escalating.
- The service received eight written compliments from November 2017 to November 2018.

Are diagnostic imaging services well-led?

Leadership

- **Managers had the right skills and abilities to run the service providing high-quality sustainable care.**
- The service was led by the registered manager who was the head of clinical services and operational support. The registered manager was supported by two superintendent radiographers and an operations officer who oversaw the administration team.
- The registered manager was part of a senior management team which included a chairman, chief executive, managing director and finance officer.
- Staff told us there were weekly online audio - video conference meetings for the clinic staff and at least one of the superintendent radiographers would be present for these. These meetings were not documented.
- Staff said they felt supported and that the leaders were approachable, they gave examples of being supported with training and development and told us that their ideas were listened to and acted upon in discussion with the team.
- Managers told us more formal staff 'quality meetings' were to be held on a quarterly basis and the service aimed to have these face to face. We did not see evidence that these meetings had started yet but were currently being planned. It was planned that these meetings would provide an opportunity for staff team building and would include training / awareness updates and shared learning.
- We did see notes of operations meetings dated January and March 2018, although these discussed clinical and operational issues it was unclear to see which groups of staff had attended as only initials were given.
- We also saw Imaging Services Accreditation Scheme and protocol meeting minutes which indicated these were ad hoc focussed meetings to work on a particular area of work.

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Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action.**
- Although there was no formal written strategy for the service, senior staff could clearly articulate their vision for the service and the service had a project plan which detailed what it hoped to achieve over the next several months.
- Staff were aware of what the service hoped to achieve and were kept up to date with developments.

Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- There appeared to be an open culture where there was an emphasis on collaborative working, a desire to continuously improve and shared learning.
- Policies and procedures were in place to guide staff practice and expected behaviours. Policies indicated that any issues, where staff acted outside of policy or displayed inappropriate behaviours, would be taken seriously and dealt with appropriately.
- Although staff were unable to give examples of occasions when they had to raise concerns about staff practice issues this responsibility was clearly understood. There was a whistle-blowing policy to support staff with this course of action if this became necessary and the service had appointed a 'stand up guardian' to support staff. Dignity and respect champions had also been identified from within the team.
- Staff told us they felt valued, listened to, supported and that training and development was encouraged.
- Managers and staff had a patient come first attitude, wanted to provide a high-quality service and valued patient opinion.

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- While staff were clear about the reporting and governance structure, there was not an embedded meeting and governance structure to support this. Although meetings at various levels did happen, they appeared to be a little ad hoc, without terms of reference and clear accountability for what would be discussed where and how often.
- The managers had recognised this was a weakness and were working on a new meeting structure to improve this.
- Minutes from board meetings indicated that these had taken place twice in the last 12 months and financial, operational and governance issues were discussed, September 2018 minutes indicated that the clinical lead was to be invited to future meetings to strengthen communication from frontline staff to the board.
- There were good systems and processes in place for maintenance of equipment and there were appropriate policies, although, while local rules and protocols were in place they were not easily accessible at the point of care for staff to refer to.
- There was oversight of staff training, competence and that relevant staff had current professional registration.
- There was a system in place to ensure that referrers were approved and were registered health professionals.

Managing risks, issues and performance

- **Although the service identified risks well, planned to eliminate or reduce them, and cope with both the expected and unexpected, there was not a framework around this to help with consistent management, documentation of mitigations or easy oversight and review.**
- Some of the risks and challenges the service had identified were; staffing, work life balance, financial, scanners and quality and communication. We saw that the service was proactively managing these risks

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to retain staff, maintain financial viability and had adopted innovative ways of communicating with and supporting staff who worked in geographically spread areas and or were home-based.

- The service had indemnity and insurance in place and was able to provide evidence that the self-employed Radiologists all had appropriate indemnity and insurance.
- The service had business continuity plans and a backup server for the patient records and image archive systems.

Managing information

- **The service collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards.**
- All staff had undergone information governance training and we saw that the recent changes to General Data Protection Regulation had been considered and discussed at a board meeting.
- The service was registered with the Information Commissioner's Office and the managing director was the Caldicott guardian for the service.
- The service had picked up an issue that they could see some images on the cloud based image platform that did not belong to any of their patients and had reported this to the provider of the service.
- There were systems and processes in place to maintain security of information including patient records. There were minimal paper records for patients and these were scanned on to an electronic system for retention and destroyed at the end of an episode of care.
- The service had employed a service to test their IT systems to check the security of file transfers and general security of the systems. The IT system had been assured as secure.

Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**

- Staff were engaged in the delivery and improvement of the service through regular meetings and conversation with the service managers
- Staff told us that the communications between managers and staff were very good. They also told us about an encrypted communications application that had been installed on the van phones to enable improved communications and ensure that anyone who needed support during shifts could access this easily and quickly. The application allowed group communications and staff told us there was always someone available who could answer their queries. As the group was a private and encrypted it was able to be used to ask clinical questions and for specific advice relating to a patient.
- Staff also had access to a social group application to enable easy communication between themselves for social reasons.
- Staff were able to suggest ideas for improvement or feedback relating to aspects of the service through regular online audio - video conferencing calls, through the messaging application or by email.
- Managers were open to listening to any ideas put forward by patients, staff, business partners and service users.
- Patient engagement was ongoing, all patients were asked if they would complete a questionnaire following their scan. During December 2018, feedback was received from 388 patients, all were satisfied with the service and 362 were extremely likely to recommend the service to family or friends. The remainder were likely to recommend.
- We saw that patient feedback was taken seriously and actions were taken as a result. For example, information given to patients had been improved following a suggestion from a patient as to how to make it easier to find the mobile units at community locations.
- The service managers had regular meetings with commissioners and trusts to determine the level of support needed and the best and most cost-effective solutions they could provide.

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- Following feedback from reporting radiologists scan protocols were reviewed to make sure that they up to date and images were optimised for easier reporting.

Learning, continuous improvement and innovation

- **The service was committed to improving services.**
- We saw that managers and staff valued learning and wanted to continually improve their service. We saw that learning from incidents was shared and staff had opportunities to contribute to service development.
- Professional and role development was encouraged and supported.

- We saw that leaders were looking for opportunities to develop / expand the patient service and were open to suggestions from staff, patients and stakeholders.
- The service had started the Imaging Services Accreditation Scheme to enable benchmarking of the service. The process was expected to take 12 to 18 months to complete and the service had a project plan in place to guide achievement of goals.
- We saw suggestions from staff were listened to and adopted as improvement ideas where feasible.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should ensure that there is a system in place for receiving and cascading medical device alerts and patient safety alerts from the 'Central Alerting System' to staff. Regulation 17.
- The service should ensure that it reviews, with staff, types of incidents that could be reported to increase learning opportunities for staff and opportunities for improvements from when things go wrong. Regulation 17.
- The service should ensure that there is a risk management system in place to facilitate consistent management, documentation of mitigations and easy oversight and review of risks to the service, patients and staff. Regulation 17.
- The service should make copies of the "Local Rules" available in the scan room for staff reference at the point of care.
- The service should train staff in the use of the newly contracted service for providing translation to patients who do not speak or read English.
- The service should embed the use of the recently developed audit tool to regularly audit staff hand hygiene and cleanliness of the mobile units.