

InHealth Diagnostic Centre Golders Green

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	

Overall summary

InHealth Diagnostic Centre Golders Green is operated by InHealth Limited. The service provides magnetic resonance imaging (MRI) diagnostic scans for low risk adults and young people over the age of 16 years.

We inspected MRI diagnostic facilities.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 7 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

Summary of findings

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.

The main service provided by this centre was diagnostic imaging.

Services we rate

We rated InHealth Golders Green as **Good** overall.

We found good practice in relation to diagnostic imaging:

- There were effective systems to keep people protected from avoidable harm.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs.
- There was a programme of mandatory training which all staff completed, and systems for checking staff competencies.
- Equipment was maintained and serviced appropriately and the environment was visibly clean.
- Records were up to date, complete and kept protected from unauthorised access.
- Incidents were reported, investigated and learning was implemented.
- The service used evidence based processes and best practice, and followed recognised protocols. Scans were timely, effective and reported promptly.

- Staff were competent and kept up to date with their professional practice.
- Staff demonstrated a kind and caring approach to patients and supported their emotional needs.
- Appointments were available during the evening if required.
- Complaints from patients were taken seriously and acted upon.
- The service had supportive and competent managers. Staff understood and were invested in the vision and values of the organisation.
- Risks were identified, assessed and mitigated. Performance was monitored and performance information was used to make improvements.

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

- The local rules which ensured work was carried out in accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) guidance for MRI did not have a review date.
- The disabled toilet facilities were untidy in the afternoon of inspection. Staff were in the process of introducing regular visual checks of public areas.

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

Nigel Acheson

Deputy Chief Inspector of Hospitals for London and South

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

Diagnostics was the only activity the service provided. We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

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Good



InHealth Diagnostic Centre Golders Green

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to InHealth Diagnostic Centre Golders Green

This report relates to MRI services provided by InHealth Diagnostic Centre Golders Green. The service primarily serves the communities of the London Borough of Barnet. However, it also accepts patient referrals from outside this area.

InHealth Diagnostic Centre Golders Green was last inspected on 10 January 2014 using the CQC previous methodology. We did not rate the service using this methodology. However, the service was found to have met the CQC essential standards.

InHealth was established over 25 years ago. The Golders Green Diagnostic Centre provides MRI examinations to private patients, and to patients referred from the NHS

through Clinical Commissioning Group (CCG) contracts directly with InHealth. The service works collaboratively with Barnet CCG and local GP services. The centre provides services for young people and adults over the age of 16 years old.

InHealth Diagnostic Centre Golders Green registered with the CQC on 8 February 2013.

The service has a registered manager who has been in post since 3 July 2017.

We carried out an unannounced inspection of the service on 7 February 2019.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in magnetic resonance imaging (MRI). The inspection team was overseen by Terri Salt, Interim Head of Hospital Inspections.

Information about InHealth Diagnostic Centre Golders Green

InHealth Golders Green is situated at 1001 Finchley Road, North West London within a medical and diagnostic centre on Finchley Road, London. InHealth Golders Green opened in 2014 providing a seven day non-complex, routine MRI service to predominantly NHS patients and some private patients. All clinical rooms and the MRI unit are located on the ground floor.

The scheduling of services is reviewed and revised on a monthly basis in accordance with the local Clinical Commissioning Groups (CCG) contracts and Commissioning for Quality and Innovation (CQUINS) goals.

Appointments for MRI scans can be prebooked through the InHealth Group Limited patient referral centre once a referral has been received from the patient's clinician.

The InHealth Golders Green site also provides three clinical rooms for its peripatetic services, (travelling from centre to centre), ultrasound, physiological measurements, echocardiogram, abdominal aortic aneurysm (AAA) screening and on-site mobile magnetic resonance imaging (MRI). We did not inspect these services. All services other than the static MRI unit at InHealth Golders Green are provided on an ad-hoc basis by InHealth and are registered separately with the CQC and managed by a separate registered manager employed by InHealth Limited.

InHealth Golders Green Diagnostic Centre is registered to provide the following regulated activities:

- Diagnostic and screening procedures

Summary of this inspection

During the inspection we spoke with seven staff including; the registered manager, radiographer, radiography staff, care coordinator and clinical assistants. We spoke with four patients.

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

In the reporting period 1 February 2018 to 31 January 2019, InHealth Golders Green Diagnostic Centre provided 12,282 attended MRI appointments; 641 private (5%), and 11,641 NHS (95%).

Staff in the centre consisted of a 0.3 whole time equivalent (WTE) registered manager, four radiographers, a 0.3 WTE clinical coordinator, six clinical assistants and one trainee radiographer.

Track record on safety

- No never events, serious injuries or deaths.
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c. diff) or Escherichia coli (E-Coli).

- 12 formal complaints of which six were upheld.

Services accredited by a national body:

- International Organization for Standardization (ISO - information security management systems – ISO 27001 2013 - August 2013 to December 2019
- ISO 9001: 2015 – December 2001 to December 2019
- Investors in People Gold award - December 2016 to December 2019.
- Improving Quality in Physiological Services (IQIPS) adult and children's physiology- July 2016 to July 2021

Services provided under service level agreement:

- Premises rental agreement
- Clinical and non-clinical waste removal
- Building Maintenance
- Laundry
- Maintenance of medical equipment
- Radiography reports

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Good** because:

- There was an open incident reporting culture within the centre and an embedded process for staff to learn from incidents.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs. They were supported by a programme of mandatory training in key safety areas.
- Equipment was serviced and processes in place to ensure all items were well maintained.
- The environment was visibly clean.

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

- The disabled toilet facilities were untidy in the afternoon of inspection. Although staff were in the process of introducing regular visual checks of public areas.

Good



Are services effective?

Not sufficient evidence to rate.

- Policies, procedures and guidelines were up to date and based on National Institute for Health and Care Excellence (NICE) guidelines, relevant regulations and legislation.
- Staff worked collaboratively as part of a multi-professional team to meet patients' needs.
- There were systems to show whether staff were competent to undertake their jobs and to develop their skills or to manage under-performance.
- There was effective multidisciplinary team working throughout the centre and with other providers.
- Staff had regular development meetings with their centre manager, and were encouraged to develop their roles further.
- Information provided by the centre demonstrated 100% of staff had been appraised.

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

- The local rules which ensured work was carried out in accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) guidance for MRI did not have a review date.

Not sufficient evidence to rate



Summary of this inspection

- Staff did not clearly understand their responsibilities under the Mental Capacity Act 2005. Although, the provider was in the process of implementing training for staff in the Mental Capacity Act 2005.

Are services caring?

We rated caring as **Good** because:

- Patients were treated with kindness, dignity and respect. This was reflected in feedback we received from patients.
- Patients received information in a way which they understood and felt involved in their care. Patients were always given the opportunity to ask staff questions, and patients felt comfortable doing so.
- Staff provided patients and those close to them with emotional support; staff were supportive of anxious or distressed patients.

Good



Are services responsive?

We rated responsive as **Good** because:

- Services were planned and delivered in a way that met the needs of the local population. The service was planned with the needs of service users in mind.
- Patients individual needs were met, including consideration of the needs of patients living with dementia or with a learning disability.
- Patients could access services easily; appointments were flexible and waiting times short. Appointments and procedures occurred on time.
- Staff were encouraged to resolve complaints and concerns locally.
- Patient complaints and concerns were managed according to the InHealth Limited policy.
- Complaints were investigated and learning was identified and shared to improve service quality.

Good



Are services well-led?

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

- The provider had a clear vision and values which were realistic and reflected through team and individual staff member objectives.
- There was a clear governance structure, which all members of staff knew. There was evidence of information escalated from local level governance meetings and information cascaded from provider level governance meetings.

Good



Summary of this inspection

- Staff were positive about their local leaders and felt they were well supported.
- The centre had a local risk register and managers had clear visibility of the risks and were knowledgeable about actions to mitigate risks.
- There was a culture of openness and honesty supported by freedom to speak up guardians.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Good 

This was the first inspection where the service received a rating. We rated it as **good** for safe.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

- Staff completed a set of annual mandatory online courses, and face to face training at an NHS hospital to cover basic life support, moving and handling and fire training.
- Staff training files included a contemporaneous training record. This included details of training undertaken including; fire safety and evacuation, health and safety in healthcare, equality and diversity, infection prevention and control, moving and handling, safeguarding adults and children, customer care and complaints, basic life support and data security awareness.
- Mandatory training rates were regularly reviewed at quarterly team meetings. At the time of this inspection, 100% of staff had completed and were up to date with mandatory training.
- Mandatory training was monitored at corporate level by InHealth Limited. Staff received email alerts from

the company's learning and development team when mandatory training was due. The InHealth Head of Operations for London monitored mandatory training rates at regular quarterly manager's meetings.

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 were trained to recognise adults at risk and were supported by the InHealth safeguarding adults' policy. Staff we spoke with demonstrated that they understood their responsibilities and adhered to the company's safeguarding policies and procedures.
- At the time of this inspection all staff had received safeguarding adults training.
- All staff had received training in safeguarding children and young people level two, as it was possible children would be scanned. This met intercollegiate guidance: 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff', March 2014. This guidance states all non-clinical and clinical staff that have any contact with children, young people, parents or carers should be trained to level two. The lead for safeguarding was the nominated individual who was trained to level four children's and adults safeguarding. (This was a staff member nominated by InHealth to act as the company's main point of contact with the CQC). Staff told us the safeguarding lead was accessible.

Diagnostic imaging

- Staff we spoke with were aware of the Department of Health female genital mutilation and safeguarding guidance for professionals March 2016.
- InHealth Golders Green did not provide services for children under the age of 16 years. However, we saw contact numbers for local adult and child safeguarding team were in the unit's office. The contact details for the InHealth safeguarding team were also located in the office.
- A weekly complaints, litigation, incidents and compliments (CLIC) meeting and InHealth's biannual safeguarding boards monitored compliance with safeguarding policies and raising concerns processes. The boards identified themes from incidents and set improvement goals.

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.

- InHealth had infection prevention and control (IPC) policies and procedures which provided staff with guidance on appropriate IPC practice for example, communicable diseases and isolation.
- We observed all areas of the service to be visibly clean. The centre team cleaned the MRI room at the end of each day. This was recorded on a daily check sheet which was reviewed by the registered manager each week. Records we saw confirmed these checks were up to date.
- Staff followed manufacturers' instructions and the InHealth IPC guidelines for routine disinfection. This included the cleaning of medical devices between each patient and at the end of each day. We saw staff cleaning equipment and machines following each use. We reviewed all machines in use, and saw where appropriate the machines had been disinfected.
- All the patients we spoke with were positive about the cleanliness of the centre and the actions of the staff with regards to IPC. However, we found the accessible toilet was untidy in the afternoon of our inspection. We drew this to the registered manager's attention and the toilet was tidied by staff immediately. The registered manager told us the centre was in the

process of planning regular environmental checks of the centre's facilities. The clinical co-ordinator showed us they were engaged in producing an environmental checklist that included frequency of checks throughout the day. We saw that checks of the accessible toilet had been added to the checklist. The checklist was yet to be introduced.

- All the staff we observed demonstrated compliance with good hand hygiene technique in washing their hands and using hand gel when appropriate. Staff were bare below the elbow and had access to a supply of personal protective equipment (PPE), including gloves and aprons. We saw staff using PPE appropriately.
- Hand hygiene audits were completed to measure staff compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients. Results for the reporting period February 2018 to January 2019 showed a compliance rate of 100%. Hand hygiene results were communicated to staff through the centre's staff meetings and via email.
- The registered manager was the IPC lead and was responsible for supporting staff, ensuring annual IPC competency assessments and training were carried out and undertaking IPC audits. IPC audits were completed monthly. We viewed the cleaning audit spreadsheet dated from September 2018 to January 2019. This demonstrated that the centre regularly achieved above the InHealth compliance standard of 80%, where standards were not met actions were taken to rectify this and were recorded on the cleaning audit spreadsheet. The manager highlighted that InHealth Golders Green regularly achieved 100% compliance with IPC.
- Clinical and domestic waste was handled and disposed of in a way that kept people safe. Waste was labelled appropriately and staff followed correct procedures to handle and sort different types of waste.

Environment and equipment

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

Diagnostic imaging

- The layout of the unit was compatible with Health and Building Note (HBN6) guidance. InHealth shared premises with an independent sector medical centre. Access to the centre was via Finchley Road. InHealth Golders Green shared a main reception area with the medical centre and was staffed jointly by InHealth and the medical centre's employees during all hours of operation. All other facilities on the site designated for InHealth Golders Green were enclosed and secured by key code access to InHealth areas in the building. The ground floor of InHealth Golders Green comprised of three clinical rooms, one MRI scanner, a staff toilet and public toilets. InHealth had an office situated on the first floor with a staff and kitchen area.
- The MRI unit was located on the ground floor. This had a scanning observation area which ensured patients were visible to staff during scanning.
- The fringe fields around the MRI scanner were clearly displayed. This is the peripheral magnetic field outside of the magnet core. This reduces the risk of magnetic interference with nearby electronic devices, such as pacemakers. Although the strength of the magnetic fields decreases with distance from the core of the magnet, the effect of the "fringe" of the magnetic field can still be relevant and have influence on external devices. There were diagrams in the observation area which clearly defined the MRI environment and controlled access areas by colour coding the areas.
- Staff had sufficient space around the scanner to move around the scanner and for scans to be carried out safely. During scanning all patients had access to an emergency nurse call/panic alarm, ear plugs and ear defenders. Patients could have radio stations of their choice played whilst being scanned. There was also a microphone that allowed contact between the radiographer and the patient at all times.
- In accordance with Medicines and Healthcare products Regulatory Agency (MHRA) guidance, 5.4.6, scanning rooms were equipped with oxygen monitors to ensure that any helium gas leaking (quench) from the cryogenic Dewar (this is a specialised type of vacuum flask used for storing cryogenics such as liquid nitrogen or liquid helium), would not leak into the examination room, thus displacing the oxygen and compromising patient safety. The scanning room was also fitted with an emergency quench switch which was protected against accidental use and initiated a controlled quench and turned off the magnetic field in the event of an emergency. The magnet was also fitted with emergency "off" switches, which suspend scanning and switch off power to the magnet sub-system, but will not quench the magnet. Staff we spoke with were fully aware of actions required in the event of an emergency quench situation.
- An MRI safe wheelchair and trolley were available for patients in the event that they would need to be transferred from the scanner in an emergency.
- All equipment conformed to relevant safety standards and was regularly serviced. All non-medical electrical equipment was electrical safety tested.
- There were systems in place to ensure repairs to machines or equipment were completed and that repairs were timely. This ensured patients would not experience prolonged delays to their care and treatment due to equipment being broken and out of use. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme.
- During our inspection we checked the service dates for equipment, including scanners. All the equipment we checked was within the service date. The generators were also tested monthly on a planned schedule to ensure patient scanning was not affected.
- Failures in equipment and medical devices were reported through the InHealth technical support team. Staff told us there were usually no problems or delays in getting equipment repaired. Equipment breakdown was logged on the InHealth incidents log to enable the company in monitoring the reliability of equipment.
- Scales for weighing patients were available in the unit and had been appropriately service tested. Staff told us in the event of the weigh scales developing a fault or being unfit for use, a replacement set was available and the fault would be reported to the InHealth technical support team.
- We checked the resuscitation equipment on the MRI unit. The equipment appeared visibly clean. Single-use items were sealed and in date, and emergency equipment had been serviced.

Diagnostic imaging

- Records indicated resuscitation equipment had been checked daily by staff and was safe and ready to use in the event of an emergency.
- There were procedures in place for removal of a patient that became unwell. Staff told us they had practiced the evacuation of a patient from the MRI in the previous 12 months and it had gone smoothly using an MRI approved wheelchair.
- Call bells were available within the MRI scanner which patients could press if they wanted the scan to stop.
- All relevant MRI equipment was labelled in accordance with recommendations from the Medicines and Healthcare products Regulatory Agency (MHRA). For example, 'MR Safe', 'MR Conditional', 'MR Unsafe'. All equipment in the assessment area was labelled MR unsafe.
- Access to the MRI room was via a fob controlled door. There was signage on all doors explaining the magnet strength and safety rules.
- Room temperatures were recorded as part of the daily MRI checks. We reviewed room temperature records on the online daily check sheet and saw temperatures had been checked and were within the required range. We spoke with staff who told us that where temperatures were not within the required range the scanner would not work and this would be escalated to the registered manager and the service company automatically by the MRI scanner.
- We found an area in the main reception which was being used to store sundry items such as toilet paper. The area was covered with a curtain. We asked the registered manager about the area, they told us the area was unsightly and there was a risk that items could be taken without permission. The manager told us the centre were waiting for a door to be fitted to the area.
- The superintendent radiographer had a daily equipment check sheet that was completed prior to scanning. This included checks on the availability of earplugs and couch rolls and checks on the defibrillator.
- We reviewed the quarter four, August 2018, environment and health and safety audit. We found compliance with InHealth key performance indicators (KPI) was 100% in all areas.
- Cleaning chemicals subject to the control of substances hazardous to health (COSHH) regulations were stored in a locked cupboard.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. Ionising radiation risks were well managed.

- Staff assessed patient risk and developed risk management plans in accordance with national guidance. For example, the unit used a MRI patient safety questionnaire. Risks were managed positively and updated appropriately to reflect any change in the patient's condition including managing a claustrophobic patient. Patients referrals were checked at the point of referral for any potential MRI safety alerts that required further investigation. For example, whether the patient had any implants or devices. Patient with implants or devices would be declined an appointment by the patient referral centre until it was established with the referrer that these were MRI safe.
- Patients had the choice of wearing their own clothes or changing into a gown prior to the scan. Most of the patients we saw during the inspection changed into a gown. However, one patient told us they had brought a track suit with them and changed into it on-site. All patients told us they were given information, were risk assessed and had signed a form to accept they had understood the risks in regards to their choice of clothing and MRI scanning.
- There were clear pathways and processes for staff to assess people using services that were clinically unwell and needed to be admitted to hospital. For example, the InHealth routine MRI guidance policy was available to guide staff in referring patients to an emergency department for conditions related to the brain and spine. Patients that became unwell in the unit would be referred to their GP. Staff told us that if a patient required more urgent treatment they would call 999.

Diagnostic imaging

- The service ensured that the ‘requesting’ of an MRI was only made by staff in accordance with the MHRA guidelines. All referrals were made using dedicated MRI referral forms which were specific to the contract with the clinical commissioning group. All referral forms included patient identification, contact details, clinical history and the type of examination requested, as well as details of the referring clinician/ practitioner.
- Signs were located throughout the unit in both words and pictures highlighting the contraindications to MRI including patients with heart pacemakers, patients who had a metallic foreign body in their eye, or who had an aneurysm clip in their brain. These patients could not have an MRI scan as the magnetic field may dislodge the metal. There was also signage informing patients and visitors of the magnet size and informing that the magnet was constantly on.
- Staff we spoke with explained the processes to escalate unexpected or significant findings both at the examination and upon reporting. These were in accordance with InHealth routine MRI guidance policy. InHealth had a pathway for unexpected urgent clinical findings. In the case of NHS patients, an urgent report request was sent to the external reporting provider. Once the report was received (within 24 hours), an email was sent to the referrer to highlight an urgent report. In addition to this, InHealth picture archiving and communication system (PACS) team also contacted the referrer by phone to inform them an urgent report had been sent and the person who was spoken with at the referring service was recorded on the database. They were asked to verbally acknowledge that an email with the report had been received. If the patient was a private patient, the reporting radiologist was contacted by a member of staff to advise them of the urgent report to ensure it received prompt attention. If at the time of the scan, the radiographers thought the patient needed urgent medical attention, the patient was advised to attend an accident and emergency department. All images would be sent to the referrer urgently via the image exchange portal to assist in patient management.
- Medical emergency procedures were regularly audited. We viewed the unit’s medical emergency audit dated August 2018. This included a check on staff awareness of the unit’s standard operating procedure (SOP) for resuscitation, medical emergency and cardiac arrest. There had been one incident of a patient being transferred to hospital in the previous 12 months. Staff had followed the SOP and dialled 999. The patient did not require first aid, but, staff had ensured the patient was comfortable prior to the arrival of an ambulance.
- There were processes to ensure the correct person got the correct radiological scan at the right time. The service had a Society of Radiographers (SoR) poster within the unit. The posters acted as reminding them to carry out checks on patients.
- We also saw staff using the SoR “paused and checked” system. Referrer error was identified as one of the main causes of incidents in diagnostic radiology, attributed to 24.2% of the incidents reported to the CQC in 2014. The six-point check had been recommended to help combat these errors. Pause and Check consisted of the three-point demographic checks to correctly identify the patient, as well as checking with the patient the site or side of their body that was to have images taken, the existence of any previous imaging the patient had received and to enable the MRI operator in ensuring that the correct imaging modality was used.
- All clinical staff were basic life support (BLS) and automated external defibrillator (AED) trained. In the event of a young person over the age of 16 years suffering cardiac arrest, staff would use adult resuscitation procedures.
- The centre’s waiting area was monitored from the scanning area by a tv monitor. Staff told us there was no lone working at the centre.

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.

- InHealth used a ‘staffing calculator’, designed to take account of expected, and a degree of unexpected absences; ensuring sufficient staff availability across all operational periods. Required staffing levels were calculated using core service information including: operational hours, patient complexity and service

Diagnostic imaging

specifications, physical layout and design of the facility/service, expected activities, training requirements, and administrative staffing requirements. Staffing levels had been set following working time studies and analysis of average task time requirements. This ensured sufficient staff to support patient and staff needs.

- The clinical coordinator was responsible for clinical shifts being rostered in accordance with InHealth 'Health Working Time Regulations' policy. The clinical coordinator was trained in rostering and used the staffing tool to ensure safe staffing numbers. The registered manager was responsible for monitoring the hours worked by staff and ensuring they did not exceed working time regulations. This included ensuring staff working longer than six hours at a time received a 20-minute rest break. Staff were entitled to at least 11 hours uninterrupted rest in every 24 hour period, as well as a weekly rest period of 24 hours uninterrupted in every seven day period.
- Staff in the centre consisted of a 0.3 whole time equivalent (WTE) registered manager, one superintendent radiographer, four radiographers, a 0.3 WTE clinical coordinator, six clinical assistants, and a trainee radiographer.
- In the previous 12 months one radiographer and one superintendent radiographer had left the service and these posts had been successfully recruited into. Three clinical assistants had left the service in the previous 12 months and two had been recruited. At the time of inspection the centre had one vacancy, this was for a clinical assistant.
- Agency staff were not used at InHealth Golders Green Diagnostic Centre. Shifts were usually covered by the centre's own staff. This ensured staff continuity and familiarity with the centre. Business continuity plans guided the service in responding to changing circumstances. For example, sickness, absenteeism and workforce changes. Staff told us other InHealth locations could also provide staff in the event of staffing shortages.
- Sickness rates in the previous 12 months were generally low. The registered manager had not had any sickness absence in the previous 12 months. Rates for all staff were between 0% and 7%.

- All staff we spoke with felt that staffing was managed appropriately. Staff told us there was no lone working at the centre and at all times there were at least two staff in the centre.
- The service did not employ any medical staff. Radiologists were provided by a service level agreement (SLA) with an external provider. Radiographers told us they could contact an externally provided radiologist for advice at any time.

Records

Staff kept and updated individual patient care records in a way that protected patients from avoidable harm.

- Patient care records were electronic and paper based and were accessible to staff.
- All patients were booked through InHealth's patient referral centre (PRC). The PRC was responsible for storing and maintaining patient records and sharing communications in regards to patients with relevant parties in accordance with the InHealth data protection, data retention, and confidentiality policies.
- Patients completed a safety consent checklist form consisting of the patients' answers to safety screening questions and also recorded the patients' consent to care and treatment. This was later scanned onto the electronic system and kept with the patients' electronic records.
- Patients' personal data and information were kept secure. Only authorised staff had access to patients' personal information. Staff training on information governance and records management was part of the InHealth mandatory training programme.
- Staff completing MRI examinations, updated the electronic records and submitted the scanned images for reporting by an external radiologist. The centre had a service level agreement with a private provider of diagnostic imaging reports. This included quality assurance agreements in regards to the auditing of reports to review the quality of images provided, clinical errors in the report, and a review of the quality of the transcribed report.

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- The quality of images was peer reviewed locally and quality assured on a corporate level. Any deficiencies in images were highlighted to the member of staff for their learning.
- We reviewed four patient care records during this inspection and saw records were accurate, complete, legible and up to date. Paper records were shredded in accordance with the InHealth policy once the paper based information was uploaded onto the electronic records system.
- The service provided electronic access to diagnostic results and could share information electronically if referring a patient to a hospital for emergency review.
- The service was also a registered user of the NHS electronic referral system (ERS). The centre transferred patient reports and images to referrers by secure picture archiving and communication system (PACS). The radiology information system (RIS) and PACS system was password protected.
- All the forms completed by patients were examined and transferred electronically to the InHealth patient management system, which was also accessible by the InHealth patient referral centre to enable further communication with referrers.

Medicines

- Medicines were not used in InHealth Golders Green due to the centre having a remit to provide scanning for low risk patients. The centre did not use contrast media (sometimes called a MRI contrast media, agents or 'dyes'). These are chemical substances used in some MRI scans. A patient that required the use of contrast would be referred to another appropriate InHealth service.
- Patients received a letter prior to the procedure advising them to continue with their usual medicines regime. All patient allergies were documented and checked on arrival in the centre.
- InHealth had a consultant pharmacist who issued guidance and support at a corporate level and worked collaboratively with the InHealth clinical quality team on all issues related to medicines management. Staff told us they could contact the InHealth pharmacist if they had any concerns in regards to medicines patients were taking.

Incidents

The service managed patient safety incidents well.

- The service had an incident reporting policy and procedure to guide staff in reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, and investigate and record near misses. Staff reported incidents using an electronic reporting system.
- Between September 2017 and September 2018, the service reported 17 incidents. There were no identifiable themes or trends. All incidents were categorised as 'insignificant' or 'minor'. However, the registered manager told us there had been an incident in the week prior to our inspection where an incorrect body part had been scanned. The patient had been immediately informed and returned to the centre to have the correct body part scanned. The incident was under investigation by InHealth at the time of our inspection and no reports or analysis of the incident were available for us to view.
- Learning from incidents was shared with staff at the centre at quarterly staff meetings.
- During the period February 2018 to February 2019 there had been no serious incidents requiring investigation, as defined by the NHS Commission Board Serious Incident Framework 2013. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.
- There had been no 'never events' in the previous 12 months prior to this inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. The duty of candour is a regulatory duty that relates to openness

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and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

- An InHealth organisational policy and procedure was available to staff providing guidance on the process to follow if an incident was to occur that met the requirements of the duty of candour regulation. All staff had been trained and made aware of duty of candour and what steps to follow where it was required. Staff we spoke with understood the requirements of the duty of candour.
- The online incident reporting system generated a duty of candour alert when a serious incident met the duty of candour requirements, this prompted staff to give consideration to them. Incidents involving patient or service user harm were assessed with the 'notifiable safety incident' criteria as defined within regulation 20 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Incidents meeting this threshold are managed under the organisations 'adverse events (incident) reporting and management policy' and 'Duty of Candour procedure for the notification of a notifiable safety incident' standard operating procedure.
- Incidents were reviewed weekly at the governance complaints, litigation, incidents and compliments meeting. The InHealth clinical governance team analysed incidents and identified themes and shared learning to prevent reoccurrence at a local and organisational level.
- National patient safety alerts (NPSA) that were relevant to the centre were communicated by email to all staff. All staff had to accept emails with mandatory information which showed that they had been received.

Are outpatients and 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 evidence of its effectiveness.

- Patients care and treatment was delivered and clinical outcomes monitored in accordance with guidance from the National Institute for Health and Care Excellence (NICE). NICE guidance was followed for diagnostic imaging pathways as part of specific clinical conditions. For example, there was a pathway that met guidance in NICE CG75 Metastatic spinal cord compression in adults.
- Staff assessed patients' needs and planned and delivered patient care in line with evidence-based, guidance, standards and best practice. For example, staff followed the Medicines and Healthcare products Regulatory Agency (MHRA) guidelines safety guidelines for MRI equipment in clinical use. An audit was carried out annually to assess clinical practice in accordance with local and national guidance.
- Staff used the Society of Radiographers (SoR) 'pause and check' system. This is a system of checks that need to be made when any MRI examination is undertaken. SoR 'pause and check' posters were displayed in the MRI observation room to act as an aide memoire to staff to complete identity checks on patients.
- Staff told us an InHealth policy was reviewed at each staff meeting. Staff meetings were held on a quarterly basis.
- The centre had local rules based upon 'Safety in magnetic resonance imaging,' (2013), guidelines. We found the local rules provided clear guidance on areas relating to MRI hazards and safety and the responsibilities of MRI staff to ensure work was carried out in accordance with the local rules. However, we noted that the local rules did not have a review date.

Nutrition and hydration

- Patients had access to drinking water and a tea and coffee making machine whilst awaiting their examination. During our inspection we observed staff offering patients drinks before and after they were examined.

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- Patients with dietary needs were given information with their appointment letter from the patient referral centre (PRC). For example, information on fasting prior to a scan.

Pain relief

Staff assessed and managed pain on an individual basis and regularly monitored throughout patient care.

- Pain assessments were not undertaken at InHealth Golders Green Diagnostic Centre. Patients managed their own pain and were responsible for supplying any required analgesia. We were told patients with a booking would receive a letter prior to the procedure advising them to continue with their usual medications. We saw staff asking patients if they were comfortable during our inspection.

Patient outcomes

The service had a programme of audit to check the quality of procedures and the safety of the service.

- The service had a spreadsheet that monitored key performance information (KPI) for each clinical commissioning group (CCG) for which the InHealth Golders Green provided service. The service monitored the time between a patient's scan and the patient's report being sent to the referrer. KPI data recorded that the centre had achieved 100% compliance in January 2019.
- The service's results were better than the provider's target for the number of patients having a repeat scan as a result of any incorrectly or inadequately performed activity, such as poor quality imaging and reporting. The InHealth target was 1%, InHealth Golders Green were achieving 0.01% in January 2019.
- Staff compared and audited key elements of the referral and scanning pathway and these were benchmarked with other InHealth locations. KPI data indicated that the centre was about the same in regards to never events and serious incidents. The centre was slightly below average with regard to incident reports.

- There was an InHealth clinical audit schedule. This recorded that the quality of reports would be audited by the external provider of reports, and 5% of reports would be reported to InHealth on a monthly basis.
- Audits of the quality of the images were undertaken at a corporate level. Any issues were fed back to local services for quality assurance purposes and learning and improvement.
- InHealth quality audits were undertaken annually and used to drive service improvements. The centre had a clinical audit schedule and this included audits of individual areas including, patient experience, health and safety, medical emergency, safeguarding, equipment and privacy and dignity. We viewed an audit dated December 2018. This had an action plan where the service were not meeting the InHealth standards and this was monitored to completion by the InHealth corporate quality team. For example, the audit had identified that there was no documented pathway for a patient that became physically unwell in the centre. The action plan recorded that there was an escalation procedure for patients that required urgent or emergency care whilst in the centre. Staff had used the escalation procedure for a patient that became unwell at the centre and required transfer to hospital.

Competent staff

The service made sure staff were competent for their roles.

- All staff received a local and corporate induction and underwent initial competency assessment.
- Staff had the right skills and training to undertake MRI scans. This was closely monitored at a corporate level and locally by the registered manager. Staff skills were assessed as part of the InHealth recruitment process, at induction, through probation, and then ongoing as part of staff performance management and the InHealth appraisal and continuous professional development process. All staff were required to complete the InHealth mandatory training programme as well as role specific training to support ongoing competency and professional development. Competency based professional development included case studies, reflections on practice, self-directed learning, and skills training.

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- Local induction for all staff ensured staff were competent to perform their required role. For clinical staff this was supported by a comprehensive competency assessment toolkit which covered key areas applicable across all roles including equipment, and clinical competency skills relevant to their job role and experience. We viewed a radiographer's induction records and saw these included induction and competency checklists which were signed and dated by the clinical lead to indicate the radiographer was competent in specific tasks and the use of equipment. The induction records for a clinical assistant included an assessment of clinical skills and knowledge.
- New staff were provided with a site orientation and walk-through of the centre's fire safety and evacuation procedure, and started reading through the InHealth key policies. Staff were also signposted to the procedure for calling for help in an emergency, including fire or cardiac arrest. The local rules were shared with the staff member and they were required to sign to confirm they had read and were aware of these. Staff were required to complete a competency checklist within the first three months of employment, and did not work unsupervised until the required competencies had been met.
- Staff told us InHealth had a comprehensive internal training programme for radiographers aimed at developing modality specific competence following qualification as a radiographer. Trainee radiographers were not allowed to work on their own and were always supervised during patient examinations.
- Staff attended relevant courses to enhance professional development and this was supported by the organisation and local managers. InHealth offered access to both internal and externally funded training programmes and apprenticeships to support staff in developing skills and competencies relevant to their career. For example, a trainee radiographer was working at the centre to train in musculoskeletal MRI scanning. The trainee was based at another InHealth location that used different diagnostic imaging modalities. The trainee said InHealth had provided them with opportunities to gain competencies in skills and diagnostic imaging modalities their regular working location did not provide.
- Radiographers' performance was monitored through peer review and issues were discussed in a supportive environment. Radiologists fed back any performance issues with scanning to enhance learning or highlight areas of improvement in individual radiographers' performance.
- All radiographers were registered with the Health and Care Professions Council (HCPC) and met HCPC regulatory standards to ensure the delivery of safe and effective services to patients. Radiographers also had to provide InHealth with evidence of continuous professional development at their appraisals.
- Staff had regular one to one meetings with their manager and a biannual appraisal to set professional development goals. Staff also received one to one quarterly reviews with the registered manager. At the time of inspection, 100% of staff had received an appraisal. Records we viewed confirmed that staff appraisals were up to date.
- The recruitment process for radiographers included pre-employment checks to provide assurances that they were safe and suitable to work for the service. These included, proof of identity including a recent photograph, a Disclosure and Barring Service (DBS) check, references and registration with the Health and Social Care Professional Council (HCPC). Staff told us the InHealth human resources (HR) department completed all pre-employment checks and staff would not be given a date to commence employment at the centre until these checks were complete. However, we did not see any pre-employment checks to confirm this as these were held by the InHealth HR team at the company's head office.

Multidisciplinary working

Staff of different kinds and from different organisations worked together as a team to benefit patients.

- The centre had good relationships with other external partners and undertook scans for local NHS providers and private providers of health insurance schemes
- Staff told us there was good communication between services and there were opportunities for them to contact referrers for advice, support and clarification.

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- The registered manager at the centre worked closely with the InHealth operations manager for the peripatetic services, (these were services that travelled around InHealth clinics and provided ultrasound, physiological measurement services, echocardiogram, and abdominal aortic aneurysm (AAA) screening), by scheduling clinical room availability for peripatetic services on a monthly basis. The centre also promoted the availability of peripatetic services in the local community. The peripatetic services were registered separately with the CQC and entirely managed by the registered manager for the peripatetic services.
- InHealth staff also worked well with the medical centre reception staff. This included the scheduling of MRI patients' appointments being shared by the medical centres reception staff and InHealth reception staff.
- InHealth staff could rotate to gain experience and skills in diagnostic imaging modalities. At the time of inspection a trainee radiographer from an InHealth NHS hospital based team was working in the centre to gain knowledge in musculoskeletal (MSK) imaging.
- The service had a contract for the provision of reporting and interpreting of MRI scans from a private provider of diagnostic imaging reports.

Seven-day service

Appointments were flexible to meet the needs of patients, and appointments were available at short notice.

- The centre was operational from 7am to 9pm Monday to Friday including bank holidays except Christmas Day, Boxing Day and New Year's Day.
- The centre was in discussion with the Clinical Commissioning Group (CCG) with regard to offering weekend services.

Health promotion

- There was patient information on diagnostic imaging procedures available on the InHealth website.
- Patients were provided with information on what actions they needed to take prior to their scan. For example, whether they should eat or drink anything, including amounts of fluid intake and the timescales for eating or drinking. Some patients were asked not to take on fluid or food for up to four hours prior to

their scan, although most patients were informed that they should eat and drink as normal. Patients were informed about aftercare following their scans. Most patients were told they could continue with their usual daily activities following their scan. Staff told us should a patient not feel well following their scan, they would be kept in the centre and observed by the radiographers, if necessary a radiologist would be called to review the patient.

Consent and Mental Capacity Act

Staff did not clearly understand their roles and responsibilities under the Mental Capacity Act 2005.

- Although, staff had signed to confirm that they had read and understood the policy on the Mental Capacity Act 2005 during their induction not all staff understood their roles and responsibilities under the Mental Capacity Act 2005 during our conversations with them. However, we saw an email from the InHealth learning and development manager dated 7 February 2019. The email contained a link to an e-learning course on the MCA. The email confirmed that InHealth Golders Green would be one of the first InHealth sites to complete the MCA training module and that this training would be updated on a three yearly basis.

Where a patient lacked the mental capacity to give consent, guidance was available to staff through the InHealth corporate consent policy. We also saw a flowchart to guide staff on the MCA.

- Staff we spoke with understood the need for consent and gave patients the option of withdrawing consent and stopping their scan at any time. The service used consent forms that all patients were required to sign at the time of booking in at the service.

Are outpatients and diagnostic imaging services caring?

Good 

This was the first inspection where the service received a rating. We rated caring as **good**.

Compassionate care

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Staff treated patients with dignity, kindness, compassion, courtesy and respect.

- Staff introduced themselves prior to the start of a patient's treatment, explained their role and what would happen next. In the interactions we saw staff interacted well with patients and included them in general conversation. Feedback provided by patients demonstrated that patients found staff to have a kind and caring attitude.
- Staff ensured that patients' privacy and dignity was maintained during their time in the centre and during scanning. Patients that chose to wear a gown during their scan stayed in the changing room, which was located close to the scanning room whilst waiting for their scan.
- Patient satisfaction was formally measured through completion of the InHealth 'Friends and Family Test' (FFT) following their examination. At the time of inspection the FFT response rate was 12%. The percentage of patients that were extremely likely or likely to recommend the InHealth Golders Green Diagnostic Centre to their friends or family was 93%. The InHealth FFT average was 99%. Staff told us if a patient responded to the FFT as extremely unlikely to recommend the service they would be contacted by the registered manager to discuss the reasons and to see if there were areas of the service that the centre needed to improve.
- During this inspection, we spoke with four patients about various aspects of the care they received at InHealth Golders Green Diagnostic Centre. Feedback was consistently positive about staff and the care they delivered.
- The InHealth chaperone policy was on display in the waiting area. Staff told us patients could have a member of staff as a chaperone upon request.

Emotional support

Staff supported people through their examinations, ensuring they were well informed and knew what to expect.

- Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calm and reassuring attitude to alleviate any anxiety or nervousness patients may have experienced.
- Staff provided reassurance throughout the examination process, they updated patients on the progress of their examination. All four patients we spoke with told us staff had been supportive.
- Staff told us recognising and providing emotional support to patients was an integral part of the work they did. Staff recognised that examination related anxiety could impact on the quality of their images and result in possible delays with the patient's treatment.
- The service allowed for a parent or family member or carer to remain with the patient for their scan if this was necessary.
- Patients were advised that if they wanted to stop their scan, staff would assist them. Staff told us patients that stopped their scan due to anxiety or claustrophobia could discuss choices for an alternative appointment, such as having a friend or family member to act as support or staff would discuss coping mechanisms to enable the patient to complete their scan, such as having their own music playing or choosing a radio station to listen to. The centre also had a range of relaxation recordings that patients could listen to whilst having an MRI scan.

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.

- Staff communicated with patients in a manner that would ensure they understood the reasons for attending the centre. All patients were welcomed into the reception area and reassured about their procedure.
- Patients, relatives and carers could ask questions about their scan. A range of diagnostic and imaging related leaflets were available to patients in the centre. Patients could also access information on MRI

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scanning and the different types of diagnostic imaging modalities from the InHealth website. Patients could also request a copy of their images on CD from the InHealth patient referral centre

- We saw staff offering an explanation on aftercare to a patient. Staff told us all patients were provided with aftercare advice following a scan.
- The centre had a laminated booklet in the reception area which explained the patients journey through the MRI scanning process. The registered manager told us the intention of the booklet was to explain the MRI procedure to patients and alleviate any anxieties they may have about their scan.

Are outpatients and diagnostic imaging services responsive?

Good 

This was the first inspection where the service received a rating. We rated responsive as **good**.

Service delivery to meet the needs of local people

The provider planned and provided services in a way that met the needs of local people.

- The service was planned and designed to meet the needs of the patients. Information about the needs of the local population and the planning and delivery of services was agreed collaboratively with Clinical Commissioning Groups (CCG). The service provided imaging for low risk outpatients only. This enabled patients to access a service in a timely way and helped manage waiting lists and times for local people. 95% of the centre's patients were patients referred and funded by the NHS.
- The registered manager received a daily information report from the patient referral centre which detailed the centre's capacity. All patients were offered an alternative appointment if waiting times in the centre exceeded 30 minutes.

- Evening appointments were available to accommodate the needs of patients who were unable to attend during the days. However, the registered manager told us the service was planning to extend opening hours to include weekend opening.
- The centre was a five minute walk from Golders Green London underground station. There were bus stops close to the centre. There was limited parking available for patients at the centre.
- The private service enabled patients to have a choice of where they could receive care. InHealth Golders Green was accredited by a private provider of health insurance to provide services to private medical insured patients.

Meeting people's individual needs

The service took account of patients' individual needs.

- All staff had an understanding of the cultural, social and religious needs of patients. For example, InHealth Golders Green served a large Jewish community. The centre scheduled reduced services on Fridays and Saturdays due to many patients observing the Jewish sabbath.
- Patients with reduced mobility could access the scanning unit as the unit was on the ground floor and corridors were wide enough to accommodate wheelchairs.
- Staff could use a telephone interpreting service for patients whose first language was not English. We saw the contact details of the service at the centre's main reception.
- The service had arrangements to meet the needs of those with sensory impairment. The centre had a hearing loop (a sound system for people with hearing aids). Large print patient information was available and braille leaflets could be provided on request.
- Nervous, anxious or phobic patients could have a preliminary look around the centre prior to their appointments to familiarise themselves with the environment and decrease anxiety.
- Staff told us the centre did not provide scanning for patients weighing over 250 kilograms. All patients with

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bariatric needs would be identified by the patient referral centre (PRC) and referred to the InHealth Croydon diagnostic centre which had specialist MRI equipment for bariatric patients.

- Patients with a learning disability or dementia could bring a relative or carer to their appointment as support, who could be present in the imaging room if necessary. Parents could also accompany young people over 16 where requested. Easy to read leaflets were available upon request.
- Patient that were claustrophobic would be offered the first appointment in the day to minimise the time they had to become anxious during the day prior to their scans.

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.

- Between 1 February 2018 to 31 January 2019 InHealth Golders Green Diagnostic Centre provided 12,282 attended appointments; 641 private (5%), and 11,641 NHS (95%).
- Patients were referred to the service by via the InHealth referrals system. Patients could book appointments through several media platforms including, telephone and self-booking services through the InHealth interactive 'patient portal'. Most appointments were booked by the patient referral centre (PRC). Patients' appointments were usually made by telephone at a time and date agreed by them. For example, a patient told us, "Arranging the appointment was easy. They sent me an email with the date and time and information on what I could wear."
- In the case of a requirement to conduct an urgent scan due to a request by a referring clinician, the PRC could offer patients an appointment at an alternative InHealth location in London. Staff told us they would always offer alternative appointments that were within a reasonable distance.
- All the referrals were triaged by the clinical radiographers at the PRC or by the radiographers on-site. Radiographers reviewed and confirmed

suitability of location for patients. For complex cases, the clinical radiographers could seek assistance from the InHealth consultant radiologist team. We viewed the InHealth standard operating procedure for MRI triage. This gave triage radiographers at the PRC a clear framework on which referrals should be booked at which centres. For example, if a patient required the use of contrast in their scan they would not be triaged to InHealth Golders Green. The key performance indicator report for January 2019 found that 100% of patients had their referrals accepted or rejected within two days of referral. The rejected referral rate was 0%.

- Patients arriving at the centre registered at the main reception, clinical assistants booked the patients on the radiology information system (RIS) and informed the radiographers of the patient's arrival. Radiographers informed the reception team when they were ready to see the patient. Clinical assistants escorted or directed patients depending on their needs to the correct clinical room for their scan.
- Waiting times in the centre were short. There were very few delays and appointment times were closely adhered to. Referrals were prioritised by clinical urgency. Patients were often given an appointment by the PRC within 48 hours. For example, a patient told us, "I got an appointment yesterday for today. I waited 15 minutes before I went in."
- InHealth had introduced 'smart' booking sessions. These involved staff arranging sessions where specific body parts were scanned. For example, there had been a session for knee scans. Staff told us this meant more patients could be seen in the session. Scanning appointment times during these sessions were reduced from 20 minutes to 15 minutes.
- InHealth ensured that diagnostic reports were produced and shared in a timely fashion and closely monitored key performance indicators including referral to appointment, reporting turnaround times and reporting audits. In January 2019 100% of reports were meeting the InHealth reporting timescales.
- Urgent appointments were requested by the PRC. The PRC contacted the referrer and recorded details of the examination and patient to be examined prior to referring the patient on to the centre. Urgent referrals

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had a designated email address that was monitored by the PRC to ensure they were prioritised. Patients requiring an urgent scan could be seen on the same day.

- The centre were meeting the InHealth 2.5% target for patients that 'Did Not Attend' (DNA) an appointment. The centre's DNA rate in January 2019 was 2%.
- From September 2017 to September 2018, 129 (0.45%) of planned examinations were cancelled for non-clinical reasons, 84 (0.30%) of these were as a result of equipment failure or breakdown. There were no delayed examinations in the same period.
- The registered manager told us patient appointments would only be cancelled if a machine broke down. Patients that had appointment cancelled would be offered a scan immediately at another InHealth centre or could re-book their appointment at the Golders Green centre. There were no delayed procedures for non-clinical reasons in the same period.

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.

- Staff were encouraged to resolve complaints and concerns locally. InHealth had a complaints handling policy and all had staff completed a mandatory training course on customer care and complaints. The registered manager told us they telephoned all complainants and discussed with the complainant the reasons for the complaint. The registered manager said where formal complaints were upheld InHealth always offered a formal apology.
- In the previous 12 months, the centre had 12 formal complaints that were dealt with under the InHealth formal complaints procedure, of these six complaints were upheld. All formal complaints were managed through the InHealth formal complaints procedure. Formal complaints were logged and recorded using the organisations electronic risk management system. Complaints were monitored at the complaints, litigation, incidents and compliments meeting where themes were identified and fed back to the service. The main theme identified in complaints at InHealth Golders Green were three complaints concerning 'staff

attitude.' We saw that all complainants had received a formal apology and learning implemented as a response. For example, the registered manager had arranged a patient experience workshop for all staff in response to complaints about staff attitude.

- The complaints policy and procedure was displayed for patients and relatives to read in the main reception area. The policy was to acknowledge all complaints within three working days and investigate and formally respond within 20 working days. There was a three stage complaints management policy: stage 1 -local resolution, stage 2: Internal director review; stage 3: external independent review. External review would be provided by either the Public Health Service Ombudsman (PHSO) for NHS funded patients or the independent sector complaints adjudication service (ISCAS) for privately funded patients.
- There were weekly complaints, litigation, incidents and compliments meetings which reviewed all formal complaints and disseminated learning to local teams.

Are outpatients and diagnostic imaging services well-led?

Good 

This was the first inspection where the service received a rating. We rated well-led as **good**.

Leadership

Managers at all levels in the service had the right skills and abilities to run a service

- InHealth Golders Green Diagnostic Centre was managed by an experienced registered manager, supported by regional management and central InHealth support functions. The registered manager had been with the service since July 2017. The registered manager's line manager was the InHealth Head of Operations for London. The registered manager attended quarterly regional meetings with the Head of Operations and other managers from InHealth's London diagnostic centres on a quarterly basis.
- The management structure at the centre consisted of a registered manager supported by a clinical coordinator and superintendent radiographer. The

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registered manager was an experienced administrative manager. Staff said both the registered manager, clinical coordinator and the senior radiographer were approachable, supportive, and effective in their roles. All the staff we spoke with were positive about the management of the service. Staff told us the registered manager had an 'open door' policy.

- We viewed a flowchart which clearly documented the InHealth Golders Green leadership structure. The Head of Operations for London was directly accountable to the Director of Operations South, who was directly accountable to the Managing Director for diagnostic and integrated services.
- The superintendent radiographer had been employed by InHealth for four months at the time of inspection. They were positive about the level of support they had received from InHealth. They told us they were supported by the registered manager with administration and managerial responsibilities and could also call the superintendent radiographer at another InHealth location for peer support and advice.
- Junior and middle managers working for InHealth Group Limited were encouraged to gain an NVQ qualification in leadership. There was also a leadership development programme that would lead to a recognised level five qualification for senior managers in development at the time of this inspection. The registered manager told us they had recently completed a course funded by InHealth in leadership and management.

Vision and strategy

The service had a set of clear values that were well understood by staff who were engaged by them.

- InHealth had four clear values: 'Care, Trust, Passion and Fresh thinking'. These values were central to all the examinations carried out daily and displayed on a wall in the main reception area. The company also had a mission statement, 'Make Healthcare Better'. Staff we spoke with were aware of these values and said they were encouraged to reflect the service's values in their work.
- All staff were introduced to the InHealth values when first employed during the corporate induction. The

appraisal process was also aligned to the company's values and all personal professional development objectives discussed at appraisal were linked to the company's objectives.

- Staff understood the part they played in achieving the aims of the service and how their actions reflected the organisations vision.

Culture

Managers at the centre promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- All of the staff we spoke with were very positive and happy in their role and stated the service was a good place to work. Staff told us there was generally high staff morale at InHealth Golders Green.
- The company had an employee of the month initiative where managers from InHealth services across the country could nominate a member of staff. A member of the InHealth Golders Green team had won the award in July 2018 for managing a response to a very ill patient.
- Staff demonstrated pride in their work and the service they delivered to patients and their service partners. Staff told us they had sufficient time to support patients. Staff told us they felt supported, respected and valued at a local and corporate level.
- Staff told us there was a 'no blame' culture with regard to incidents and they always received feedback from incidents. The electronic incident reporting system automatically referred incidents from the centre to a designated senior manager, based upon the degree of severity of the incident. These were reviewed weekly by the complaints, litigation, improvements and compliments (CLIC) team.
- Incidents and complaints were regularly reviewed and discussed at quarterly team meetings. We viewed a range of team meeting minutes and found there was set agenda for team meetings and learning from incidents, complaints and audits was fed back to staff.
- A duty of candour policy and the appointment of two freedom to speak up guardians supported staff to be open and honest.

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- Equality and diversity were promoted within the service and were part of mandatory training, inclusive, non-discriminatory practices were promoted.
- All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. A WRES report was produced for this provider in October 2018 including data from September 2017 to September 2018. There was clear ownership of the WRES report within the provider management and governance arrangements, this included the WRES action plan reported to and considered by the board.

Governance

The provider used a systematic approach to improving the quality of its services and safeguarding high standards of care.

- InHealth operated a clinical governance framework which aimed to assure the quality of services provided. Quality monitoring was the responsibility of the registered manager and was supported through the clinical quality team and governance committee structure, which was led by the director of clinical quality. This included quarterly risk and governance committee meetings, clinical quality sub-committee meetings, a medicines management group, water safety group, radiation protection group, radiology reporting group and weekly CLIC meetings for review of incidents and identification of shared learning. All these meetings had a standard agenda and were minuted with an actions log. This ensured that actions to improve services were recorded and monitored to completion.
- Service leads had received training in their area of specialisms. For example, the registered manager acted as the centre's lead for safeguarding.

Managing risks, issues and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

- Performance was monitored on a local and corporate level. Progress in delivering services was monitored through key performance indicators. Performance dashboards and reports were produced which enabled comparisons and benchmarking against other InHealth services.
- There was a robust risk assessment system with a process of escalation onto the corporate risk register. The local risk register was reviewed and updated monthly by the registered manager and the head of operations. New risks were added regularly. In October 2018 there were 29 risks on the register. The most recent risk was added in May 2018 this was a risk in regards to patients with implants or devices. Actions to mitigate the risk had been identified and implemented to address these.
- There was a system of risk assessments. Risks with higher scores were added to the local risk register. A quarterly report on new and updated risks was sent quarterly to the risk and governance committee where it was reviewed for comments and actions identified. Support with risk assessments was provided by the health and safety advisor and the risk and governance lead who also advised registered managers on the correct process to add a risk to the risk register and completion of the quarterly risk report.
- There was a comprehensive business continuity plan detailing mitigation plans in the event of unexpected staff shortages or equipment breakdown.
- InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS) and were using the traffic light system tool and gap analysis to prepare for ISAS inspection. The director of clinical quality was leading on the accreditation preparation. As part of this InHealth were working on the development of evidence for each of the domains including: leadership and management, workforce, resources, equipment, patient experience and safety. The director of clinical quality and clinical governance lead were members of the ISAS London Region Network Group which shared best practice and guidance on services working towards accreditation. InHealth aimed to be accredited across diagnostic and imaging services by 2020.

Managing information

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- All staff at the centre had access to the InHealth intranet where they could access policies and procedures.
- Staff told us there were enough computers in the centre. This enabled staff to access the computer system when they needed to.
- All staff we spoke with demonstrated they could locate and access relevant information and records easily, this enabled them to carry out their day to day roles. Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data. Staff could only access specific parts of patients records for which they had permission. All patient information was password protected.
- Information from examinations could be reviewed remotely by referrers to give timely advice and interpretation of results to determine appropriate patient care.
- Key performance information (KPI) data was monitored centrally by the provider to ensure the centre were meeting the provider's standards of care.
- As part of the InHealth contract staff had access to an NHS portal. Staff could request access to previous patient images and could add images to NHS patient records. This ensured NHS patients received continuity of care in imaging.

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 satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions implemented from the feedback received. The survey found that InHealth Golders Green Diagnostic Centre at 48% were lower than the InHealth 71% providers average in regards to staff engagement.
- Results from the 2017 survey included 48% of staff responding to the survey. This was below the 71% InHealth company average response rate. To the question 'if one of my friends or family needed care or treatment, I would recommend InHealth Golders

Green Diagnostic Centre services to them' 63% of staff responded positively, 75% of staff said, patient safety is a key priority at InHealth Golders Green Diagnostic Centre and 63% said, equality and diversity were valued. There was an action plan in response to the staff survey, this included engaging staff in other support activities such as water testing and audits, as well as nominating team members as champions for specific areas of the centre's practice. The registered manager also highlighted that the staff survey was completed in January 2017 before they had taken up post. The registered manager told us they had spent time with staff and addressed staff concerns. Staff told us the registered manager had created an approachable and supportive atmosphere as well as providing consistency for the team since their appointment.

- The service engaged regularly with clinical commissioners at monthly meetings to understand the service they required and how services could be improved. This produced an effective pathway for patients. The service also had a good relationship with local NHS providers.
- Feedback from the friends and family test (FFT) was analysed by an external, independent company and the results and a dashboard sent to the clinical quality team. Data was provided on number of items including patient satisfaction percentage and all comments were recorded. These were available weekly on the InHealth intranet.
- Staff told us InHealth Group Limited had a service user group that had been involved in the formulation of the company's values.
- Formal minuted team meetings were held on a quarterly basis. The registered manager told us there were weekly informal site meetings to discuss day to day working plans and schedules.
- We were provided with minutes from formal team meetings which included; how the centre was progressing in regards to the company strategy, performance, policies, and reviews of incidents and complaints and any lessons learnt.
- There was good communication in the service from both local managers and at corporate level. Staff

Diagnostic imaging

stated they were kept informed by various means, such as newsletters, team meetings and emails. The registered manager had regular one to one supervisions with staff.

Learning, continuous improvement and innovation

The service were committed to improving services by promoting training, research and innovation.

- InHealth had a corporate strategy, this included an expansion programme whereby the provider would provide three million diagnostic imaging appointments for the NHS in 500 locations by 2020.
- InHealth were working towards accreditation with the Imaging Services Accreditation Scheme (ISAS). The director of clinical quality and clinical governance lead were members of the ISAS London Region Network Group which shares best practice and guidance on services working towards accreditation. InHealth aimed to be accredited across diagnostic and imaging services by 2020.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure all staff have been trained and have knowledge of the Mental Capacity Act 2005 and associated guidance.
- The provider should ensure public areas are kept tidy and that public areas are regularly checked.
- The provider should ensure local rules are regularly reviewed.