

# Westmorland Alliance Medical Unit

## Quality Report

Westmorland General Hospital  
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Date of inspection visit: 23 October 2018  
Date of publication: 14/03/2019

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

## Overall summary

Westmorland Alliance Medical Unit is operated by Alliance Medical Limited. Westmorland Alliance Medical Unit provided MRI services only to a local NHS trust.

The service provided diagnostic imaging.

We inspected diagnostic imaging. We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 23 October 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

# Summary of findings

are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

## Services we rate

We rated it as good overall.

We found good practice in relation to:

- Mandatory training compliance levels were 100% and was provided as face to face training or e-learning.
- The MRI unit was visibly clean and tidy. The service used a MRI safety consent form for patients and visitors and there was warning signage on display in the unit. There was a local rules procedure for Westmorland Alliance MRI unit. Actual staffing levels were mostly as planned.
- The service had access to electronic incident reporting systems and staff were aware of how to report incidents. Staff were aware of how to report safeguarding concerns and had access to a safeguarding lead as required.
- Staff could describe the national guidance they worked with. The service was 100% compliant with appraisals and staff had the opportunity to discuss professional development at appraisals.
- Patient feedback was positive about the service. The service could provide a chaperone if required. Privacy and dignity was maintained in the unit.
- There had been no formal complaints in the previous 12 months for the service. There was an Alliance Medical corporate policy for the management of concerns and complaints.
- Appointment choices were available and bookings were made through the local NHS trust. Appointment times varied depending on the scan.
- Staff told us there was good teamwork in the service and the unit manager described the governance arrangements and could describe the risks to the service. The unit had a manager and reported to a regional director at Alliance Medical. The unit manager attended the MRI unit once a week, as a minimum.

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

- Two of the ten patient safety consent checklists checked were not scanned onto the local trust electronic systems.
- The daily cleaning was not always documented on the cleaning schedule.
- The risk register provided by the service did not detail all the risks highlighted by the service.

# Summary of findings

- The service did not audit the completion of patient safety consent forms.
- There was no local strategy for the MRI unit.

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

Ellen Armistead

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

Westmorland Alliance Medical Unit provided MRI services to a local NHS trust in Kendal. We rated this service as good because it was safe, caring, responsive and well led.

# Summary of findings

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Good 

# Westmorland Alliance Medical Unit

**Services we looked at**

Diagnostic imaging.

# Summary of this inspection

## Background to Westmorland Alliance Medical Unit

Westmorland Alliance Medical Unit is operated by Alliance Medical Limited and was a purpose built standalone unit in the grounds of a hospital. The unit was opened in March 2017 to provide Magnetic Reasoning Imaging (MRI) services to a local NHS Hospitals Trust.

It was an independent service in Kendal, Cumbria. The service primarily served the communities of Cumbria with referrals from a local NHS Trust.

The service only took referrals from the local NHS Trust. The service had a registered manager in post during the inspection. This is the first time the Westmorland Alliance Medical Unit had been inspected.

The service provided Magnetic Reasoning Imaging (MRI) only and had one MRI scanner. The service provided information stating they provide MRI services to patients 17 years old and over.

Bookings to the service were made by the local NHS trust. The service was open 12 hours a day, 8am to 8pm seven days a week.

The service was a scan only service and the local NHS trust was responsible for reporting scans. During the inspection we spoke with three staff (one of which was the unit manager), four patients and reviewed fifteen patient records.

## Our inspection team

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

## Information about Westmorland Alliance Medical Unit

The service consisted of one MRI unit and is registered to provide the following regulated activities:

- Diagnostic and Screening procedures

During the inspection, we visited the Westmorland Alliance Medical Unit. We spoke with three staff including; Radiographers and the senior manager. We spoke with four patients. During our inspection, we reviewed fifteen sets of safety consent checklists.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had not previously been inspected.

4.3 whole time equivalent radiographers worked at Westmorland Alliance Medical Unit. There was a 0.5 whole time equivalent unit manager. Information

provided by the service highlighted Westmorland Alliance Medical Unit had three shifts covered by bank staff during the last three months. Medicines were not kept at the Alliance Westmorland Medical Unit.

The service scanned between 23 and 28 patients each day, seven days a week between 8am and 8pm. The service did not provide the total number of patients scanned in the last 12 months in the provider information request.

Track record on safety

- Zero never events in previous 12 months.
- Zero serious incidents in the previous 12 months.
- Zero complaints in previous 12 months.

# Summary of this inspection

**Services accredited by a national body:**

- Imaging Services Accreditation Scheme (For the whole organisation)

# 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:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training compliance was 100% and was provided as face to face training or e-learning.
- 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 MRI unit was visibly clean and tidy. The service had completed a Westmorland MRI annual infection, prevention and control report dated July 2018 which included hand hygiene.
- Staff were aware of how to report a safeguarding concern and told us they could contact the local NHS trust safeguarding lead or the Alliance Medical safeguarding lead for advice.
- The service had suitable premises and equipment and looked after them well.
- The service used MRI safety consent forms for patients and visitors and warning signage was on display in the unit. There was a local rules document for Westmorland Alliance MRI unit to support services.
- The service had enough MRI staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Actual staffing levels were mostly as planned. The service had access to electronic incident reporting systems.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff recognised incidents and reported them appropriately. The unit manager investigated incidents and shared lessons learned with the whole team and the wider service.

However:

- Two of the ten patient safety consent checklists were not scanned onto the local trust electronic system.
- The daily cleaning was not always documented on the cleaning schedule.
- The service did not audit the completion of patient safety consent forms.

Good



### Are services effective?

We do not rate effective in diagnostic imaging, however we found:

# Summary of this inspection

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff could describe the national guidance they worked with.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. The service were 100% compliant with appraisals. Staff had the opportunity to discuss professional development at appraisals.
- Staff could describe verbal and written consent and described the use of the patient safety consent form in the MRI unit.

## Are services caring?

We rated caring as good because:

- Staff cared for patients with compassion.
- Staff provided emotional support to patients to minimise their distress.
- Patient feedback was positive about the service. The service could provide a chaperone if required.
- Privacy and dignity was maintained in the unit, through closing the doors for example.

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.
- Services were planned in response to the local NHS requirements.
- Appointment choices were available and bookings were made through the local NHS trust. Appointment times varied depending on the scan.
- There had been no formal complaints in the previous 12 months for the service. There was an Alliance Medical corporate policy for the management of concerns and complaints.

Good



## Are services well-led?

We rated well-led as good because:

- The unit had a unit manager and reported to a regional director at Alliance Medical. The unit manager attended the MRI unit once a week as a minimum.
- Staff told us there was good teamwork in the service.
- The Westmorland Alliance Medical Unit worked to the corporate vision and values of Alliance Medical.

Good



# Summary of this inspection

- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. The unit Manager described the governance arrangements and could describe the risks to the service.
- The service collected, analysed, managed and used information well to support all 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 provided patients with patient feedback forms to seek feedback about the service.

However:

- The risk register provided by the service did not detail all the risks highlighted by the service.
- The quality assurance programme development was ongoing.
- The implementation of safety alarms for staff was ongoing.
- There was no local strategy for the MRI unit.

# Detailed findings from this inspection

## Overview of ratings





Our ratings for this location are:

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

### Notes

We do not currently rate Effective.

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

We rated it as good.

### Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Mandatory training included training such as information governance, infection, prevention and control and immediate life support for example.
- Staff received mandatory training which was a mixture of e-learning and face to face training. Mandatory training compliance levels provided after the inspection showed 100% mandatory training compliance. The training target was 95% compliance.

### Safeguarding

- Staff we spoke with understood how to report a safeguarding concern and told us the service had access to a safeguarding lead at Alliance Medical for advice. Staff we spoke with told us they could also contact the local trust safeguarding lead for advice if required. Information provided by the service identified there was an Alliance Medical child safeguarding lead trained to level four.
- There service provided a safeguarding adults policy and procedure for Alliance Medical which was issued in May 2018 with a review date of three years. There was an Alliance medical incident report form which would be sent to the unit manager and the trust safeguarding team for review.

- Information provided by the service showed 100% of staff were trained to level one safeguarding children and 100% of staff were trained to level one and level two training for safeguarding adults.

### 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.
- Handwashing facilities were available in the MRI unit. We observed staff adhered to 'bare below the elbow' within the service. A hand hygiene poster was on display in the control room of the MRI unit. There was an infection, prevention and control leaflet in the unit. Hand hygiene was part of mandatory training.
- Areas we visited were visibly clean and tidy. The paper cover on the scanning bed was changed after each patient and ear defenders were cleaned with cleaning wipes.
- The service had access to an infection control lead from Alliance Medical for advice as required. The service provided information highlighting there had been no incidence of healthcare acquired infection in the last 12 months.
- We asked staff about the action taken if a patient attended the unit with a communicable disease. Staff we spoke with told us they would add patients to the end of a morning list or the last appointment of the day and would clean the area afterwards.
- The daily cleaning schedule for August 2018 was completed as required. The daily cleaning checklist for September 2018 was completed except for the 29 and 30 September 2018. The October 2018 daily cleaning checklist was completed except for the 20 October 2018.

# Diagnostic imaging

- Hand hygiene audits were part of the corporate audit schedule. The service provided a Westmorland MRI annual infection, prevention and control report dated July 2018. This highlighted the overall result for the hand hygiene audit with a mean score of 100% for a reporting period of twelve months.
- The report highlighted the annual audit Infection, prevention and control (IPC) benchmark for 2017-18 was 80% and the unit achieved 87% in May 2018. The report also highlighted the benchmark for 2018-2019 was 90% and the unit achieved a score of 98% in June 2018.
- There was an annual infection, prevention and control audit for Westmorland Alliance Medical Unit dated 12 June 2018. The overall percentage was 98% and the next audit was due in June 2019. The last audit was on the 16 May 2017 and the overall audit score was 87%. Standard four for clinical waste signage posters was included, however there were no required actions documented.
- There was a spill kit in the unit where one cleaning item was out of date from August 2018. Staff removed this during the inspection and were going to replace it.

## Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- The service had disabled access to the MRI unit via ramp access. The modular unit did not have a waiting area or a check in reception. Patients checked in at the local NHS hospital x-ray department for MRI scans and staff from the MRI unit would collect patients and check the MRI safety screening consent checklist in the office of the MRI unit. The MRI unit was next to the hospital outpatient unit which had a waiting area for MRI patients.
- The service had an equipment room, scanning room and a control room. These areas had warning signage to ensure restricted access the unit and there was MR conditional and MR safe labels for example.
- The service had a backup generator and staff we spoke with told us this was tested monthly. However, we did not see records for this during the inspection. Staff we spoke with told us there was also an uninterrupted power supply for the unit.
- Westmorland Alliance Medical Unit provided information on the daily, weekly and monthly quality assurance in the service. The document provided by Westmorland Alliance Medical Unit showed there was a

planned bi-annual scanner service check. Westmorland Alliance Medical Unit provided information on the servicing of the scanner confirmation. This showed the most recent scanner service date was September 2018. The document provided by the organisation showed there was a service due in March 2019. Information provided by the service highlighted equipment was maintained in accordance with manufacturers guidance. Although we did not see an equipment maintenance policy during the inspection.

- Safety signage was on display on the door to the service and the entrance to the scanning room had warning signs on display. The service had a monthly health and safety checklist. This had been completed on the 30 September 2018 and covered areas such as hygiene and cleaning for example.

## Assessing and responding to patient risk

- The service provided information stating the service was supported by a MRI safety advisor. Staff we spoke with told us they could contact a medical physics expert by telephone for advice. The service provided information highlighting the service level agreement was held centrally at the organisation.
- Information provided by the service stated staff always had telephone access to a radiologist or the on-call radiologist. Staff we spoke with told us they could contact a radiologist if required and could describe when they had contacted the on-call radiologist for advice, for example over a weekend.
- Staff we spoke with described the action they would take if a patients' health deteriorated in the MRI unit. Staff we spoke with told us they would call the hospital resuscitation team and remove the patient from the MRI scanning room to the control room via a patient trolley. However, we did not see a documented process for this during the inspection. The service provided information highlighting this was included in the local rules and part of the dual policy agreement and service level agreement.
- The service had a resuscitation grab bag in the control room and the records seen showed this had been checked daily. The service also had an auto-defibrillator available in the control room.
- The service had a corporate Alliance Medical policy for the management of medical emergencies policy and procedure. This was in date and had a review date of April 2020.

# Diagnostic imaging

- Information provided by the service highlighted the qualified radiographers in the MRI unit had been trained to immediate life support (ILS) level. The service had two qualified radiographers working in the unit each day. Information provided by the service stated there had been no unplanned transfer of a patient to another healthcare provider in the previous 12 months.
- Staff told us they had provided an MRI safety talk to the resuscitation team and local fire service.
- The service had a MRI patient safety consent form which would be signed by a radiographer and the patient. The MRI safety consent form was completed by the patients. There was also a MRI safety consent form for visitors and contractors. The MRI safety consent form covered information such as implants and pregnancy for example. Ear protection was also provided as required to patients prior to the scan.
- A 'Paused and checked' poster was on display in the control room of the MRI unit and staff could describe this. The 'Paused and Checked' poster was a clinical imaging operator checklist used in radiology departments for procedures. The pause part of the checklist indicated patient, anatomy, user checks, system and settings checks, exposure and draw to a close. There was a MRI local rules procedure for Alliance Westmorland MRI unit dated June 2018 as required for the MRI unit
- There had been a vacancy for a 0.5 whole time equivalent radiographer in the service in the previous 12 months and information provided by the service highlighted 0.5 whole time equivalent staff had joined the service in the previous 12 months.
- Information provided by the service highlighted Westmorland Alliance Medical Unit had three shifts covered by bank staff during the last three months. Staff told us that staff from other mobile MRI units could be requested if there was staffing issues and the worklist would be cancelled if there was no cover available for example.
- The service provided information stating bank and agency staff would follow the same induction procedure as permanent staff would.

## 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 service used electronic systems for records. Medical images were stored on the electronic system and were immediately available to the local NHS trust after the scan. The service had a corporate Alliance Medical records management policy dated 7 December 2016 with a review date of two years. Staff told us the systems used in the service were password protected and patient records were available. We saw ten safety consent checklist records and five records on the system during our inspection and found these had been completed as required. The safety consent checklists were scanned into two separate systems, the local NHS trust system and the Alliance system. Eight had been scanned onto the local NHS and Alliance system, however there were two which were only available on the Alliance system. At the time of the inspection it was not clear why these two safety consent checklists had not been scanned into the local NHS trust system. After the inspection, the unit manager suggested it may have been due to a data migration challenge from one system to a new system. However, the service provided information stating all data is held by the service provider and has been subsequently scanned into the local NHS trust system.
- Paper records of all safety consent checklists were also provided to the local NHS trust. Staff told us safety

## MRI staffing

- The service had enough MRI 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 used a staffing calculation tool to ascertain requirements for the service which took into account annual leave and the hours the service operated. The unit manager we spoke with told us there were no current staffing concerns.
- The service had a minimum staffing requirement of two qualified senior radiographer staff on duty. There was a 0.5 whole time equivalent unit manager and there were four whole time equivalent MRI senior radiographers and a 0.3 whole time equivalent part time MRI senior radiographer.

# Diagnostic imaging

consent checklists were kept until the scan was reported as a backup, although we did not see this procedure during the inspection. The service did not audit the completion of MRI safety consent forms.

- Safety consent checklists were signed by the radiographer and patient.

## Incidents

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided the incidents that had occurred at Westmorland MRI unit for the period between August 2018 and July 2018. The document showed there had been seven reported incidents in the unit. Two of these were categorised as moderate risk and five were categorised as low risk.
- The service used an electronic incident reporting system to report incidents. Staff we spoke with were aware of how to report incidents and staff could report incidents to the Alliance Medical incident reporting systems and the local NHS trust reporting system. There was a corporate incident reporting standard operating procedure for the MRI unit and this was in date.
- The service provided information stating that learning from incidents was provided by a monthly risk bulletin and at staff meetings. Staff we spoke with told us they received learning from incidents from the risk bulletin and the unit manager would feedback to staff.
- There was a newsletter called Risky Business from September 2018 on display in the control room. This was the risk bulletin shared with staff.
- Information provided by the service showed there had been no never events or serious incidents in the previous 12 months to the inspection and the information provided by the service stated there had been no incidents requiring duty of candour notifications between August 2017 and July 2018. Staff we spoke with understood the duty of candour. There was a duty of candour procedure in place and accessible in the unit. The policy was in date.

## Are diagnostic imaging services effective?

We do not rate effective, however we found:

## Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff we spoke with could describe the national guidance which would be applicable to their practice. For example, NICE guidance, Royal College of Radiologist guidance and the Society of Radiographer guidance. There were signs for MR conditional and MR safe equipment in the MRI unit.
- The service had local rules available, policies and protocols available applicable to the service such as the MRI safety policy which was due to be reviewed on the 18 April 2020, however this policy did have some handwritten additions. There was also a significant finding and pathology reporting procedure in place dated 25 May 2018. The service had an Alliance Medical Westmorland procedure for routine outpatient pathways reviewed in May 2018. There was a chaperone policy, incident reporting standard operating procedure and dual policy agreement which were in date.
- There was an Alliance Medical Audit Schedule 2017 – 18 July 2018. The corporate supervisory board slides 2018 highlighted quality assurance audits in 2018 and showed Westmorland MRI unit had two minor non-conformities and eleven points to note and actions. Although, Westmorland Alliance Medical Unit was not highlighted on the audit schedule. Information provided by the service highlighted quality assurance reports (QAR) and other audits were monitored locally and at corporate level.
- The service had risk assessments in place and provided examples of the risk assessments, for example the MRI acoustic noise risk assessment which was signed and dated 1 March 2018.

## Nutrition and hydration

- The trust provided information highlighting patients could access food and drink on the local NHS trust site if required. Patient outcomes
- The service was a scan only service and the local NHS Trust were responsible for reporting.
- Westmorland Alliance Medical Unit provided information highlighting that the whole organisation had Imaging Services Accreditation Scheme accreditation and ISO27001 accreditation along with IIP accreditation. These were external accreditations for Alliance Medical.

# Diagnostic imaging

## Competent staff

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service provided information showing 100% of staff had received an appraisal in the previous 12 months. Staff we spoke with told us they received appraisals and that they could discuss professional development opportunities at appraisals. Staff told us they had a plan for the year after their appraisal.
- Staff had attended some additional training. One member of staff had attended a musculo-skeletal disorder course, one member of staff had attended a first aid course and one member of staff had attended a dementia course.
- Staff told us they had received previous training. Staff we spoke with told us they had access to a six month MRI specific training and also an introduction to MRI course was available to staff in the MRI unit. Staff in the unit had taken on additional roles, for example there was a lead in the unit for image protocol management and staff had provided a MRI safety talk to the resuscitation team. Information provided by the service highlighted that the skills matrix would be reviewed annually with each staff member.
- The unit manager told us there was a local induction and corporate induction available to staff. There was a MRI local induction which included MRI local rules to be read and incident reporting for example.
- The Westmorland Alliance Medical Unit management structure provided by the service highlighted that staff working in the MRI unit were senior radiographers. Information provided by the service stated that 100% of staff had their professional registration checked if appropriate in the last 12 months.

## Multidisciplinary working

- Staff of different kinds worked together as a team to benefit patients.
- Westmorland Alliance Medical Unit worked with the local NHS trust to provide care to patients.
- Staff in the MRI unit worked together to provide the service to the patients and had access to the unit manager if required for advice and the unit manager attended the unit once a week as a minimum. Staff told

us they could contact the on-call or duty radiologist if required. Staff worked with the local NHS reception team throughout the day when providing care to patients.

## Seven-day services

- The service was a seven-day service and opened between 8am and 8pm seven days a week.

## Consent and Mental Capacity Act

- The service provided information stating consent for MRI scans was gained through the MRI safety consent form. There was a consent policy available to staff during the inspection and this was in date.
- Staff we spoke with told us they would seek consent verbally and patients also signed the safety consent form prior to the MRI scan.
- The service provided information highlighting mental capacity act training was provided as part of safeguarding training and dementia training. Staff could describe capacity and there was a questionnaire for patients who may lack capacity which the referrer would complete and send to the unit.

## Are diagnostic imaging services caring?

Good 

We rated it as good.

## Compassionate care

- Staff cared for patients with compassion.
- The service could provide a chaperone if required and there was a chaperone poster on display in the MRI unit. The service provided information highlighting they had a chaperone policy in place to support this process and this was policy was available to staff.
- The service could facilitate patients to visit the department prior to a scan if required.
- Patient feedback was positive during the inspection and patients were provided with compassionate care and given the opportunity to ask questions. The patient engagement survey for June 2018 showed 108 responses. 107 responses highlighted the overall experience as either satisfied or very satisfied. One response did not highlight the overall experience.

# Diagnostic imaging

## Emotional support

- Staff provided emotional support to patients to minimise their distress.
- Staff interacted with patients in a supportive way, provided reassurance to patients and staff would support the patient in the MRI unit as required. Staff would support vulnerable patients by escorting them back to the local NHS trust waiting room if required. We spoke with four patients during the inspection and feedback was positive about the service received.
- The letter sent to patients included a contact number for patients to call if required. This provided patients with contact details if they needed to contact the service.
- The service used the blinds in the control room and ensured the door was closed to the scanning room as required to maintain patient privacy and dignity.

## Understanding and involvement of patients and those close to them

- Staff introduced themselves to patients and explained to patients how long the procedure may take. Staff collected patients from the waiting room in the local NHS trust and took patients to the MRI unit where they would go through the MRI safety consent checklist with the patient prior to the scan. During the inspection the radiographer checked patient identification on arrival. Ear protection was provided to patients prior to the scan.
- Staff spoke and communicated with patients through an intercom as required during the scan to support patients. Patients had the opportunity to ask questions prior to the scan when staff went through the safety consent checklist.

## Are diagnostic imaging services responsive?

Good 

We rated it as good.

## Service delivery to meet the needs of local people

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

- Information provided by the service highlighted the service was a scan only service as per the contract requirement. The local NHS Trust carried out the reporting of scans.
- Patients checked in for their appointment at the local NHS trust radiology department and would wait in the waiting room until a radiographer from the MRI unit collected the patient to go to the MRI unit.
- The unit manager told us services were planned in response to the local NHS provider requirements. There was a quarterly service review with the local NHS Trust.
- Appointment choices were available to patients and this would be offered by the local bookings teams at the local NHS trust.
- The service could be accessed by a ramp to ensure access and there was a hearing loop available if required.

## Meeting people's individual needs

- The service took account of patients' individual needs.
- Appointments times for patients varied depending on the procedure.
- Ear protection was provided to patients and an eye mask could be provided if the patient felt claustrophobic. Staff told us that they would ask if vulnerable patients or people living with dementia wanted someone to stay with them in the MRI unit and patients could bring their own music. The service had a vulnerable adult and dementia lead in the team.
- Interpreter services were available as required in the service. These would be provided by the local NHS trust.

## Access and flow

- The service provided information stating patients were informed when results could be expected to be received which was around three weeks after the scan. The scan was provided electronically to the local NHS trust once complete and the local NHS trust were responsible for reporting the scan. Staff told us requests which were urgent were flagged on the electronic system. The service provided information highlighting there had been no local audits in the previous 12 months for appointment waiting times in department or reporting turnaround times.
- The service scanned between 23 and 28 scans each day, seven days a week in the MRI unit. We were told there were no backlogs for waiting lists or scans. However, Westmorland Alliance Medical Unit was a scan only

# Diagnostic imaging

service and information provided by the service highlighted the service worked with the local NHS trust to ensure efficiency in bookings, on 'did not attend' rates and the prioritisation of appointments was done by the bookings team. The local NHS trust managed waiting lists, times and 'did not attend' rates. The MRI unit did not provide the data for 'did not attend' rates in the service as part of the provider information request.

- Appointment bookings were managed and arranged by the local NHS trust bookings team. The service kept two appointment slots available each day for the two week urgent referrals to ensure there were appointments available for the two week referrals to the service. In the previous 12 months there had been 25 cancellations due to non-clinical reasons. The service provided information highlighting these cancellations were due to the machine being out of order or other equipment failure. Westmorland Alliance Medical Unit provided information highlighting if an appointment was cancelled it would be re-booked as soon as possible after the cancellation by the local NHS bookings team. The booking of scans was done by the local NHS trust. There had been ten delayed appointments in the previous 12 months due to the machine being out of order or other equipment failure.
- Staff we spoke with told us waiting times in clinic were rarely longer than fifteen minutes.

## Learning from complaints and concerns

- The service had received three compliments in the previous 12 months and there had been no complaints in the previous 12 months.
- The unit manager told us learning from complaints would be disseminated in the same way as learning from incidents. This would be through the team meetings and the unit manager providing feedback to staff. There was an Alliance Medical corporate policy for the management of concerns and complaints with a review date of August 2020. Information provided by the service highlighted the unit manager was responsible for overseeing the management of complaints at the location.
- The service had a leaflet for comments, compliments and concerns.

## Are diagnostic imaging services well-led?

We rated it as good.

## Leadership

- The MRI unit was managed by a unit manager who managed the five staff. The unit manager was not always on site; however, we were told the unit manager attended the Westmorland MRI unit weekly. Management were contactable and would respond to issues as required. The unit manager reported to and had meetings with a regional director from Alliance Medical.
- There were monthly staff meetings for the unit where the unit manager and staff attended. The service had a staff meeting in June 2018 and the meeting summary highlighted agenda items such as quality and risk including lessons learnt and patient satisfaction, business performance and local update for example. The service had monthly team meetings.
- The service had planned to order safety alarms for staff. The unit manager told us they had been ordered and should be in place around two weeks after the inspection. Although these had been ordered in April 2018 and were overdue as the service reviewed a suitable option. These had been ordered in response to an incident reported at the service. Management also told us they had put signage up in the department and as an interim measure there were two personal alarms available to staff.

## Vision and strategy

- The Westmorland Alliance Medical Unit worked to the corporate vision and values of Alliance Medical. Staff could describe the service offered to patients and the joint working with the local NHS trust to provide MRI scans to patients. Although we did not see a documented strategy for the MRI unit during the inspection.
- The manager could describe the strategy for the unit which was to meet to the requirements of the service provided and to support the local services. The service had a requirement to scan 23 to 28 scans each day in the service and there were quarterly service reviews with the local NHS trust to review the service provided, monitor performance and discuss any issues. The

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service provided information highlighting that Alliance Medical contract directly with the local NHS trust to deliver the scan only service. However, we did not see evidence of a service level agreement with the local NHS trust.

## Culture

- Staff we spoke with were positive about their role and told us there was openness and honesty in the team. Staff told us there was good teamwork in the MRI unit and that the unit manager was contactable as required.
- Staff were aware of reporting incidents through the incident system as required. •Further professional development could be discussed at staff appraisals.

## Governance

- The service provided information stating a local dual policy was in place with the local NHS trust. The information provided by the service highlighted this assisted in providing clarity for which local NHS trust policies the Westmorland Alliance Medical Unit staff follow.
- There was a monthly staff meeting which staff and the unit manager attended. These included governance issues such as quality and risk agenda items regarding the MRI unit which included incidents and complaints. There was a clinical governance committee meeting quarterly at Alliance Medical and the unit manager told us there was a quality report which included details of incidents which was provided to the unit manager each month. The March 2018 integrated governance and risk board meeting minutes included agenda items such as the clinical governance committee report.
- The unit manager told us there were quarterly service review meetings with Westmorland Alliance Medical Unit and the local NHS trust with agenda items such as service level review and matters arising. The unit manager attended the local NHS trust radiation protection committee and incidents could be reported through the local NHS trust incident reporting system.
- The lead for governance and quality monitoring for the MRI unit was the unit manager. There were policies in place for the unit such as incident reporting standard operating procedure and a management of concerns and complaints policy. These were in date. The service provided information stating the service had not outsourced any part of the regulated activity to a 3rd party.

- The service were considering how the staff could undertake further quality assurance on the scanner following Medical Physics Expert input. A radiographer in the service was the lead for image protocol management including quality assurance for the Westmorland Alliance Medical Unit. Westmorland Alliance Medical Unit provided information on the daily, weekly and monthly quality assurance in the service. The document showed daily quality assurance in the scan room included daily scanner background system checks and baseline scanner coil checks for example. The document also stated the service was working with the physics team to develop the programme further.
- The unit manager told us there was a human resource department for the organisation and recruitment which facilitated DBS checks for example. Information provided by the service stated staff were recruited in accordance with policy, qualifications required varied dependent on the area of practice and where required verified with the relevant professional body.
- A corporate business continuity policy was in place dated 08/08/2018 with a review date of two years. There was a corporate Alliance Medical patient identification and justification of request policy with a review date of 28 July 2020.
- There were systems in place for electronic incident reporting.

## Managing risks, issues and performance

- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The unit manager attended service review meetings and information provided by the organisation highlighted this was where key performance indicators were reviewed.
- We were told the main risks to the service was MRI general safety and access to the unit with regards to moving patients between the unit and the waiting area. We were told the ways the service mitigates the MRI general safety risk for example was the screening completed and resuscitation training. Mitigation for the movement of patients between the waiting area and the MRI unit included changes to the walkway. However, these risks were not documented on the local risk register, which, only detailed one risk relating to the control room entry and exit door.

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- The service also provided a corporate risk register. We were told the risk register was reviewed annually or as required.
- There was a corporate Alliance Medical risk management strategy and operational policy. This had a review date of July 2020. Information provided by the service stated risk management had a co-ordinated approach supported by risk assessments and procedures.

## Managing information

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Staff could contact the local NHS trust information technology team and the Alliance information technology team for advice when required.
- Staff had access to the required electronic systems such as incident reporting, access to policies and access to the radiology systems as required.
- There was an Alliance Medical policy folder available in the MRI unit. Staff would document that they had read the policy and procedure and would also use the electronic version to ensure they were reading the latest policy.
- There was a local information governance policy and procedure in place in date and for review on 10 June 2019. Although there was no evidence staff had undergone recent training in relation to the general data protection regulations or a self-assessment of general data protection regulations compliance had been completed for the Westmorland MRI unit.

## 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.

- Patient satisfaction surveys were emailed to patients after the visit to the service to seek feedback on the service. The service received feedback from the patient satisfaction survey and information provided by the service stated concerns and complaints would be actioned.
- The Westmorland MRI unit had access to the patient feedback for each month and we were told the unit manager would provide feedback on patient engagement survey results to the team. The July 2018 patient engagement survey report showed the service received 110 feedback comments. Of these, 107 highlighted the overall experience as either satisfied or very satisfied. Two of the 110 feedback comments highlighted neither satisfied or unsatisfied and one response did not highlight the overall experience.
- The service provided information highlighting that a change from feedback from service users had included the walkway to the facility being resurfaced and adapting the appointment letter for MRI scans regarding parking.
- There were team meetings in the MRI unit with staff and the unit manager.

## Learning, continuous improvement and innovation

- The service provided information highlighting they had made changes to the access walkway at the unit.
- Staff in the MRI unit had taken on additional roles to support the MRI unit and staff had the opportunity to request professional development opportunities. Information provided by the service stated performance development reviews were aligned to the corporate and unit objectives to support staff development.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should continue the work towards a robust quality assurance programme for the service.
- The provider should continue the action regarding personal alarms for staff is implemented as planned in the service.
- The provider should consider review of the risk register to detail all risks to the service.
- The provider should consider ways to improve consistency for the safety checklists being scanned onto both systems in the unit.
- The provider should consider ways to ensure all cleaning is documented on the daily cleaning schedule is documented each day.
- The provider should consider the audit of completion of safety consent checklists.
- The provider should consider a local documented strategy for the MRI unit.