InHealth Radiology Department

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

InHealth Radiology Department is operated by InHealth Limited.The centre was opened in November 2013 as part of a new private hospital development. The service offers private outpatients consultations, diagnostic tests and treatment for people of all ages including children under the age of 18. The service was established to serve the local community with diagnostic and screening facilities.

The service comprised of the following modalities: Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Mommography, X-ray, Fluoroscopy and one ultrasound unit. A further ultrasound unit was supplied for the the outpatients department and two portable ultrasound units for threatres and outpatients departments.

We inspected the diagnostic and outpatient department using our comprehensive inspection methodology. We carried out the unannounced inspection on 3 July 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

This was our first inspection of the service since the service opened in November 2013. We rated it as **Good** overall.

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and overall staff were compliant with most of their training.
- Staff understood their responsibilities to raise concerns, record incidents and report them.
- The service managed patient safety incidents well. Staff recognised incidents and reported them for investigations. Learning from incidents was shared well within the team and across the organisation to improve the service.
- Equipment was regularly serviced, cleaned and staff conducted daily quality assurance checks.
- The service had effective systems for identifying and managing risks.
- Staff understood their responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked capacity to make decisions and their care. Consent was recorded in line with national guidance.
- Policies and procedures were up to date and reflected best practice and national guidance.
- Patients received care from all appropriate professionals and provided care in a timely way.
- Staff involved patients and those close to them in decisions about their care. Feedback from patients was consistently positive and any negative feedback was reviewed and disemminated and improvements made.
- Patients could access the service when they needed it. Appointments were flexible to meet the needs of patients who were working or had other responsibilities, there were no waiting lists.
- Senior leaders and staff strived for continuous learning, service improvement and innovation.

However, some areas needed further improvement:

- Medicines were not always checked and replaced.
- We were not assured that staff understood 'Gillick' competencies for patients under the age of 18.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We rated this service good because it was safe, caring, responsive and well led. We do not rate effective for this type of service.

Summary of findings

Contents

Good

InHealth Radiology Department

Services we looked at
Diagnostic imaging

Summary of this inspection

Background to InHealth Radiology Department

InHealth Radiology Department is operated by InHealth Limited. The service opened in November2013 and is located within the grounds of Nuffield Health Bristol Hospital – The Chesterfield. InHealth Radiology Department provides a wide range of diagnostic services including magnetic resonance imaging (MRI), computed tomography (CT), mammography, x-ray, fluoroscopy and ultrasound, predominantly to private patients as well as NHS outpatient and imaging services for the local Bristol community and Southwest of England.

The service has had a registered manager in post since March 2018.

The service was registered to provide diagnostic and screening procedures and had not been previously inspected.

Our inspection team

The team that inspected the service comprised of a lead CQC inspector, a CQC inspector and a CQC directorate support coordinator. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection for the South West.

Information about InHealth Radiology Department

The service was registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the MRI scanning area, CT scanning area, x-ray room, ultrasound room and mammography room. The MRI and CT scanners shared a control room which we also visited. We did not visit the host hospital's theatre where the service had equipment.

We spoke with seven staff including the unit manager, radiographers and administrative staff. We spoke with five patients and two relatives. During our inspection, we reviewed four sets of patient records.

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

Activity

- In June 2019, InHealth Radiology Department provided approximately 425 MRI scans, 20 CT scans, 200 x-rays, 17 mammograms and 127 ultrasound scans to patients. There was 21 "did not attend" appointments (DNA). Most patients were self referred, but the service provided support to the local trust, approximately 40% of patients treated were NHS referrals.
- The service scanned 19 children and young people aged up to 17 years old in the three months prior to our inspection.

Track record on safety for the period of July 2018 to July 2019

- One Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reportable incidents.
- No never events, serious injuries or deaths.
- No external reviews and investigations.
- 44 clinical incidents: 43 no harm / low harm, one moderate harm, no severe harm.
- There were no incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff), and E-Coli.
- The service had received four complaints.

Summary of this inspection

Services accredited by a national body:

- Investors in People (Gold award) December 2016-2019 - whole organisation.
- ISO 9001:2015 December 2001 - 2019 - Whole organisation.
- ISO 27001:2013 August 2013 - December 2019 - Whole organisation.
- IQIPS Adult and paediatric audiology July 2016 – 2021 – Adult and paediatric audiology.

Services provided at the service under service level agreement:

- Housekeeping services
- Clinical and or non-clinical waste removal
- Interpreting services
- Confidential waste removal
- IT services
- Pharmacy
- Laundry
- Grounds maintenance
- Security
- Medical provisions

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated it as **Good** because:

- The service provided mandatory training to all staff in key skills and the service manager ensured staff were compliant.
- Staff were trained to recognise and report safeguarding concerns.
- Equipment was maintained and serviced in accordance to manufacturers guidance.
- The environment was visibly clean.
- The service had enough staff with the right qualifications, skills, training and experience to provide care.
- Records were safely stored and kept confidential. However, medicines were not always checked and replaced.

Are services effective?

We did not rate effective for this service, however we found that:

- There was good multidisciplinary team working within the service and with colleagues from the host hospital.
- The service made sure staff were competent for their roles.
- Managers appraised staff's work performance annually.
- Staff understood the need to gain consent and were aware of what actions to take in the event a patient lacked capacity. However, we were not assured that staff understood 'Gillick' competencies for patients under the age of 18.

Are services caring?

Good

We rated it as **Good** because:

- Staff supported patients emotionally to minimise their scan related anxieties.
- All patients were given information in a way they understood.
- Feedback from patients was consistently positive. All patients we spoke with gave positive accounts of their experience with the service and its staff.

Are services responsive?

Good

We rated it as **Good** because:

- Patients were provided with enough information about the service and the procedure before attending.
- The service had developed a 'Scanxiety' protocol to ensure patients' anxiety was reduced during procedures.

Summary of this inspection

- The service planned and offered MRI services in a timely way that met the needs of the local people. Waiting times for MRI services were minimal.

Are services well-led?

Good

We rated it as **Good** because:

- Staff told us they felt well supported by their colleagues and leaders of the service.
- There were governance processes which provided oversight of the quality of the service provided.
- The service engaged with patients and stakeholders to receive feedback on their overall performance.
- The service had systems to document and demonstrate risks had been identified, with mitigating actions that they monitored regularly.

Detailed findings from this inspection

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Information about the service

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Summary of findings

The centre was opened in November 2013 as part of a new private hospital development. The service offers private outpatients consultations, diagnostic tests and treatment for people of all ages including children under the age of 18. The service was established to serve the local community with diagnostic and screening facilities.

The service comprised of the following modalities: Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Mommography, X-ray, Fluoroscopy and one ultrasound unit. A further ultrasound unit was supplied for the the outpatients department and two portable ultrasound units for threatres and outpatients departments.

We inspected the diagnostic and outpatient department using our comprehensive inspection methodology. We carried out the unannounced inspection on 3 July 2019.

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This was our first inspection of the service since the service opened in November 2013. We rated it as **Good** overall.

Good

Diagnostic imaging

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and overall staff were compliant with most of their training.
- Staff understood their responsibilities to raise concerns, record incidents and report them.
- The service managed patient safety incidents well. Staff recognised incidents and reported them for investigations. Learning from incidents was shared well within the team and across the organisation to improve the service.
- Equipment was regularly serviced, cleaned and staff conducted daily quality assurance checks.
- The service had effective systems for identifying and managing risks.
- Staff understood their responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked capacity to make decisions and their care. Consent was recorded in line with national guidance.
- Policies and procedures were up to date and reflected best practice and national guidance.
- Patients received care from all appropriate professionals and provided care in a timely way.
- Staff involved patients and those close to them in decisions about their care. Feedback from patients was consistently positive and any negative feedback was reviewed and disseminated and improvements made.
- Patients could access the service when they needed it. Appointments were flexible to meet the needs of patients who were working or had other responsibilities, there were no waiting lists.
- Senior leaders and staff strived for continuous learning, service improvement and innovation.

However, some areas needed further improvement:

- Medicines were not always checked and replaced.
- We were not assured that staff understood 'Gillick' competencies for patients under the age of 18.

Are diagnostic imaging services safe?

Good

We had not previously rated safe. We rated it as **good**.

Mandatory training

- **The service provided mandatory training in key skils to all staff.**
- All staff we spoke with had completed mandatory training. Staff told us their mandatory training was easily accessible and staff could track their own mandatory training compliance through an electronic mandatory training system.
- The service manager received email communication on a regular basis to highlight areas requiring training updates.
- Courses included, but were not limited to, moving and handling patients, basic life support, infection prevention and control, IV cannulation, asepsis, managing conflict, data security awareness, fire safety and evacuation, customer care and complaints. In addition to the statutory courses, staff also received modality specific training in magnetic resonance (MR) safety led by an MR safety expert and MRI clinical lead.
- Data submitted to us showed a 79% compliance with the mandatory training curriculum both face to face and e-learning. During our inspection we observed up-to-date data which demonstrated a training completion rate of 85% against a provider target of 100%.
- The service ensured staff administering radiation were appropriately trained to do so, we saw records which confirmed this. This ensured staff could safely perform examinations involving radiation to keep patients safe. We also saw evidence to indicate all staff had confirmed they had read the local rules. The local rules summarise the key working instructions intended to restrict exposure in radiation areas, including radiological hazards. There was also evidence of staff prompted to complete their competiencies via the daily team brief, which was reiterated during staff meetings.

Safeguarding

Good

Diagnostic imaging

- **Staff understood how to potect people from abuse and the service worked well with other agencies to do so.**
- The director of clinical quality was the service lead for children and adults safeguarding. Safeguarding vulnerable adults and safeguarding children were core elements of the mandatory training programme. The courses focussed on preventing people suffering from all forms of abuse and avoidable harm within the service.
- Data showed all staff had received training in safeguarding children and young people level two. This met intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2019). Guidance states all non-clinical and clinical staff who have any contact with children, young people and/or parents/carers should be trained to level two.
- During the inspection we saw the service manager had received training in safeguarding children and young people level three; we were told the senior radiographer had been booked to undertake level three safeguarding children and young people training also. All other staff had received training at level two.
- An adult safeguarding and child safeguarding policy was current and readily available. The safeguarding policy outlined the process should a member of staff have concerns about a child's or adult's safety and welfare. Referrals could be made to the local authority. Child sexual exploitation and female genital mutilation was covered within the safeguarding policy. All staff we spoke with were able to talk with confidence of how to recognise and report female genital mutilation.
- Staff we spoke with told us what constituted abuse and explained to us what actions they would take if they had any concerns. Staff told us of concerns which had been raised previously and learning from these incidents.
- We were told of the process of escalating suspected non-accidental injury or physical abuse when reporting images or witnessed during examinations.
- There were no safeguarding concerns reported to CQC in the last 12 months.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.**
- Infection prevention and control for the service was reinforced by policy, procedure, and audits. A member of staff was the infection control lead for the service. They worked with the infection control lead for the host hospital. A safety and hygiene, and infection control policy was current. Staff undertook infection control training.
- Data provided by the service for 2018 showed an infection control compliance rate of 97.5%. Areas of improvement were noted and shared with staff.
- Hand hygiene data provided by the service demonstrated regular audits with a compliance rate of above 95%. Staff demonstrated good infection control practices. All staff were bare below the elbow. The service completed monthly hand hygiene audits to measure compliance with the World Health Organisation (WHO) 'five moments for hand hygiene'.
- There were suitable handwashing facilities available within the clinic. All staff were observed to wash their hands as required and we observed staff were bare below the elbow. Hand sanitiser dispensers were available in all areas of the service, including at the entrance to the main service and reception desk. We saw staff using hand sanitiser in line with best practice. On the day of our inspection we saw staff washing their hands, for example, prior to a procedure for ultrasound guided injection.
- An infection control risk assessment and legionnaires risk assessment was completed for the clinic location, this was reviewed annually.
- Audits were undertaken with the manager of the housekeeping team for cleanliness and actions were put in place to address any issues. For example, a new cupboard was provided for the drinks machine in the waiting room.
- Personal protective equipment (PPE) such as disposable aprons and latex free gloves in a range of sizes were easily accessible for staff throughout the service.
- We observed sharps bins to be clearly labelled, dated and were not overflowing, ensuring safe use and traceability. Spill kits were in the sluice area to remove any waste. Staff followed guidance on waste provided by the host hospital as they managed all waste. Clinical waste was separated in colour coded bags from normal waste. Staff were also able to recycle some materials in designated boxes.

Good

Diagnostic imaging

- The service had a procedure for managing infectious patients. Staff told us if an inpatient from the host hospital had an infection they were informed, and their investigation would take place at the end of the lists. This action was taken to prevent the spread of infections.
- The premises were kept clean to reduce the risk of infection, and cleaning schedules were used. During the inspection we saw daily cleans completed and cleaning schedules updated. Deep cleans were completed on a six monthly cycle.
- We observed the MRI scanner, CT scanner, x-ray room, and room for ultrasound and they appeared visibly clean, tidy and clutter free. Cleaning schedules for the premises and equipment were completed daily and located on the computer system. We observed staff cleaning equipment appropriately between patients using disinfectant wipes in line with the service's decontamination procedure.
- There were procedures to clean equipment used for certain investigations, for example, probes used for transvaginal scans. Sheaths were also used and disposed of after each use to prevent cross contamination.
- There had been no incidence of healthcare acquired infection in the last 12 months.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The service had one MRI scanner, a CT scanner, x-ray room, ultrasound machine and a mammogram machine. The MRI and CT scanners shared a control room. Patients waited in the waiting area where they would be called for their investigations.They also had equipment stored up in the theatre of the host hospital; we did not check this equipment.
- Key items of equipment were maintained according to the suppliers recommended schedule. We saw daily quality assurance tests on the MRI machines carried out and documented by the radiographers. The test assured the MRI equipment was in working order, safe to use and ensured that the MRI images were of good quality. We saw evidence of up to date records of servicing.
- Staff told us if they became aware of a fault with the equipment they contacted the manufacturer immediately who would provide advice. We were told all equipment engineers were quick to respond.
- The service was equipped with emergency resuscitation equipment. Staff were aware of where the equipment was located and had been trained to use it in the event of an emergency. Staff routinely checked the equipment daily or weekly as per their guidance. The emergency trolley was tamper evident. The records demonstrated staff had recorded dates of expiry and when equipment had been requested and/or changed. The trolley had a drawer containing appropriate equiptment for both for adults and paediatrics.
- All relevant MRI equipment was labelled in line with the Medicines and Healthcare products Regulatory Agency (MHRA) guidelines, which state equipment must be labelled MR safe, MR conditional or MR unsafe.
- Safety and warning notices were displayed in the controlled areas. Notices detailed contact information for the MRI safety expert, MRI safety officer and MR responsible person.
- The service had a MRI scanner which was housed in the main hospital building. The static scanner had a reception and waiting area where all patients were welcomed and consent could be obtained.
- The service managed access to restricted areas well. In the static scanner, access was gained by both an authorised swipe card and by entering a code into the access keypad. The code was kept on file and was available to all staff that needed to access the area. There was also keypad access to the ultrasound scan room. Keys to various rooms were kept in a secure place which was know to those with authorised access.
- Lead aprons were available for staff to wear, when using equipment, if required and these had recently been checked. The registered manager told us these were frequently checked for damage and replaced as needed. Thyroid protectors had recently been ordered. Staff wore film badges as per local risk assessment and we saw recent staff dose level testing.
- Emergency pull cords were available in areas where patients were left alone, such as toilets and changing areas. Call bells were available within the MRI scanner which patients could press if they wanted the scan to stop.
- Evacuation plans were available and evacuation routes were kept clear.
- All staff had undertaken fire safety training. All fire exits were clearly marked, and fire action notices displayed throughout the service stated the designated meeting points.

- Fire alarms were tested weekly and we saw the last check prior to our inspection had been completed on 28 June 2019. We observed documentation of remedial action taken for faults, for example replacement nodes and re-testing of the fire system after the remedial action.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and made appropriate referrals.**
- Risk assessments were undertaken to address potential areas of risk and ensure any improvements identified were actioned.
- Children were looked after by appropriately trained staff. Training records showed all staff were basic life support trained. Two members of staff were not compliant on paediatric basic life support training due to the course being cancelled and were awaiting further training dates.
- The service used the Society and College of Radiographers 'Pause and Check' and we saw posters displayed in the control areas of each MRI scanner as a reminder for clinical staff. The Pause and Check is a six-point checklist the radiographer must carry out before an image is taken. We observed the radiographers using the checklist before each procedure, ensuring they had correctly identified the patient, checked the side or site to be imaged and that the correct imaging protocol had been selected for use.
- The radiographers carried out risk assessments to determine if the patient was fit for the planned MRI scan. We observed all patients, relatives and visitors entering the scanning room being asked to complete an MRI safety questionnaire. The radiographer reviewed the questionnaire and verbally checked the questions again with the patient or relative as an additional safety check. Questions included asking if they had a cardiac pacemaker and for females, of a childbearing age, whether they were pregnant.
- Staff told us patients' renal function was checked before the administration of contrast mediumto make sure patients were safe to have it. Contrast medium was needed to ensure effective and detailed scans.
- There was a clear and effective pathway to follow in the event of a medical emergency or an unexpected finding on a scan. If a medical emergency occurred staff told us they raised the alarm by dialling the host hospital's emergency system to request attendance by the resident medical officer. We were told of recent of examples of medical emergencies and actions taken.
- The service had a protocol for unexpected scan findings. The service had acess to an out of hours radiographer between 20:00 and 08:00, although there was not a designated out of hours on-call radiologist. We were told of a situation when an out of hours radiologist was not available and the actions taken.
- Local rules and IR(ME)R were available and up-to-date. InHealth had processes for regularly reviewing and updating guidelines and distributing new guidance across the organisation.
- We were told of regular meetings between the service manager and the allocated Radiation Protection Advisor (RPA). Staff told us they felt supported by their RPA and could contact them for advice.
- We saw the July 2019 bi-annual radiation protection supervisor's report prepared for the radiation protection advisor. This included equipment servicing and dates due, audits and quality assurance, dose level results including staff dose levels, lead coat audits and actions taken, faults and actions taken, incident reporting, competencies, x-ray markers and mammography clinical image quality.
- The service used a modified WHO safety checklist. This is a World Health Organisation (WHO) Safe Surgery Saves Lives Global Patient Safety Initiative. The goal of the Safe Surgery Saves Lives Initiative is to improve the safety of surgical/procedure care around the world by ensuring adherence to proven standards of care in all countries. The WHO checklist was part of the care pathway used by the service for procedures. We did not observe the WHO checklist being completed at the request of the radiologist leading the procedure. Therefore, we could not comment that this was completed correctly or safely. However, we did review the records post procedure, and all was filled as per their form.

Radiography 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.**

Good

Diagnostic imaging

- Staff consisted of one registered manager, one lead radiographer, seven senior radiographers, three radiology department assistants, one lead patient administer and two patient administrators. Staff were employed on full time and part-time contracts.
- All staff we spoke with told us that there were enough staff with the right skills to maintain patient safety.
- At the time of our inspection there was one vacancy for a full-time radiographer and full time patient adminstrator.
- All staff had completed a local induction. We reviewed a new member of staff's induction folder and saw they had been shown the location of the emergency trolley and use of the trust's phone system for patient emergencies, fire, and security issues, policies, e-learning and competency documents. New staff had three months to complete the requirements of the induction with the support of a mentor.
- Rotas considered skill mix, competencies, expected activities, patient complexity, and operational hours. The senior radiographer and the service manager routinely monitored the allocation of shifts to ensure all staff had adequate rest periods, whilst enabling the business needs to be met.
- Absence rates for the service were low.
- There was a lone working policy and risk assessment process to ensure safe service provision.
- The service reported no use of bank or agency staff in the 12 months prior to the inspection and any gaps in the rota were filled by permanent staff.

Medical staffing

- The service did not employ any medical staff, however, they had access to the host hospital's radiologists who were present on-site during core working hours and available to attend if required.

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 received requests for their services from a number of providers. We saw these were printed into paper format once received; during our inspection we did not see the triage process.
- During our inspection we reviewed four sets of patient records and found them to be fully completed, accurate and legible. Records included, patient identity details, consent forms and medical history.
- Patient records were easily accessible to those who needed them, for example radiographers and administrative staff. We observed the clinical radiology information system, picture archiving and communication system to be secure and password protected. Each staff member had their own personally identifiable password.
- Images were forwarded to the picture archiving and communication system (PACS) immediately following completion of the scan. The correct destination folder was identified using an accession number generated by the radiology information system which appeared as part of the patient record on the scanner worklist. The images were then reported by trust radiologists.

Medicines

- **The service had systems for prescribing, administering, recording and storing medicines.**
- InHealth's multi-disciplinary medicines management group had oversight of all aspects of medicines management and met on a quarterly basis. InHealth had an organisational pharmacist advisor who provided support and guidance.
- The service used patient group directions (PGDs). PGDs allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription. Medicines covered in the PGDs included contrast medium. Staff were assessed to ensure they were competent to administer these .
- We reviewed the PGD for the contrast medium and saw they were in date and in line with National Institute for Health Care Excellence guidance. These were reviewed and signed by senior staff for the service to include their consultant pharmacist.
- We saw allergies documented on referral forms and the care pathway used for specified investigations. Patients were asked about allergies as part of the safety questionnaire in line with best practice guidance, prior to contrast medium being administered.
- We observed radiologists prescribe and administer some medicines during specific procedures, for

example, ultrasound guided pain relief injections. Documentation was signed and dated, and batch numbers recorded for safety in case of a problem with the medication.
- We saw warning machines in the MRI and CT scanner rooms; in line with best practice. Staff told us they warmed the contrast medium before doing scans.
- The service did not use controlled drugs.
- InHealth had an Administration of Radioactive Substances Advisory Committee (ARSAC), which met the ionising radiation (medical exposure) regulations 2017. We were shown copies of the minutes from previous meetings. The registered manager was due to attend a meeting of this committee the day after our inspection.
- During our inspection we checked the medicines fridge and we saw records, which demonstrated staff checked the fridge temperatures daily. All temperatures recorded were within the expected ranges. Although the service had a regular audit programme to check the date and temperature of drugs, which demonstrated 100% compliancy, we found out of date rectal diazepam in the fridge; this was removed immediately.

Incidents

- **The service managed patient safety incidents well.**
- There had been one IR(ME)R/ IRR reportable incident in the last 12 months prior to our inspection date. A patient had been given a fluoroscopy guided injection instead of an ultrasound guided hip injection. We reviewed this incident during our inspection and were told of learning shared after the event and the associated action plan.
- There had been no serious incidents reported in the last 12 months prior to our inspection date.
- Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provider reasonable support to that person. One duty of candour notification was required to be made in the last 12 months prior to our inspection date. We saw evidence of the duty of candour notification, both to the referrer and patient.
- Managers were aware of the requirements for reporting incidents and submitting notifications to the Care Quality Commission.
- There was a positive reporting culture. The service reported 44 clinical incidents in the reporting period. Of these, 43 were classified as no / low harm, one moderate harm and no severe harm. There we no serious injuries and no deaths.
- Incidents were reviewed weekly at the clinical governance complaints, litigation, incidents and compliments (CLIC) meeting. The team reviewed incidents, identified themes and shared learning to prevent the reoccurrence at a local and organisational level.

Are diagnostic imaging services effective?

We do no rate effective for this core service.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice.**
- Staff had access to policies and guidelines. We observed the relevant guidance online. All guidelines we reviewed were up to date. We also reviewed local protocols online and these were in line with national guidance, up to date and easily accessible to staff.
- InHealth had processes for regularly reviewing and updating guidelines and distributing updates and new guidance across the organisation. Staff said updates were shared via email and through the weekly newsletter. The service manager was responsible for ensuring all staff had read these. All current protocols had a signature sheet to confirm that staff had read and signed the latest guidance. We were told of a system of gaining signatures at a weekly meeting where regular prompts were given to staff regarding new guidance.
- There was an audit programme to assure the compliance of the clinic and the employees, with safety and quality of the service provided. This included an annual audit completed by InHealth, and a monthly audit completed locally by the service manager. We saw evidence of improvements from regular auditing, for example improved compliance rates in WHO checklist completion.
- The service followed guidance and policies developed in line with the Health and Care Professions Council

(HCPC), National Institute for Health and Care Excellence (NICE) guidelines for diagnostic procedures and Medicines and Healthcare products Regulatory Agency (MHRA).

Nutrition and hydration

- **The service gave patients advice and guidance about food and drink to meet the requirements of certain investigations.**
- Patients were provided with instructions about fasting before certain investigations.
- Specific instructions were given to diabetic patients before certain investigations. Staff told us they monitored patients during their investigation to make sure they maintained a normal blood glucose level.
- There was a hot drinks machine and a water dispenser in the main waiting room for patients and visitors to use

Pain relief

- **The service did not provide pain relief to patients.**
- Staff told us they encouraged patients to take their own medication before the procedure so they were as comfortable as possible.
- For certain procedures, for example ultrasound guided pain relief injections, local anaesthetic was given prior to the injection.

Patient outcomes

- **Staff monitored the effectiveness of care and treatment and used the findings to improve them.**
- The service was a scan only service and did not conduct peer reviews. However, any concerns with the image quality were reported to the service manager, who addressed these with the radiographers.
- Capacity and demand were monitored monthly by the service manager to ensure safety and quality were not compromised by increased activity or staffing shortages.
- An external company undertook monthly image quality audits for the service. Any issues were fed back to the service and to individual radiographers for learning and improvement.
- The radiologists were responsible for timely radiology reporting.

Competent staff

- **The service made sure staff were competent for their roles.**
- The service had a formal appraisal system. We saw data which showed 83% appraisal rate for all staff including the manager.
- InHealth had developed a comprehensive internal training programme for MRI aimed at developing MRI specific competence following qualification as a radiographer. This was led InHealth's MRI clinical lead and supported by external experts in physics and patient experience.
- Assurance of staff competence to perform their role was assessed as part of the recruitment process, at induction, through probation, and then ongoing as part of staff performance management and the appraisal and personal development processes. Other key attributes to ensure staff suitability were assessed as part of the interview process which was based on predetermined questioning aligned with InHealth's core values.
- All radiographers were registered with Health and Care Professional Council (HCPC). They were required to complete continuous professional development (CPD) to meet the professional body requirements and meet the standards to ensure delivery of safe and effective services to patients.
- There was regular communication and training with staff. There was an induction for all staff (clinical and non clinical) and scheduled mandatory training, online training courses and regular refresher training and observations carried out by senior staff.
- Staff told us they had obtained additional skills in cannulation for patients who required contrast medium as part of their scans. Their competencies were checked and verified on a regular basis.
- We saw evidence of staff prompted to complete their competiencies via the daily team brief, which was reiterated during staff meetings.
- In the event of any aspect of competency falling short of the required standard, the practitioner's line manager was responsible for providing necessary support and guidance required to attain the relevant standard.
- There was a culture of encouraging development of staff. A staff member told us of their progression in the service. The service provided placements to university students and encouraged apprenticeships.

Multidisciplinary working

Good

Diagnostic imaging

- **Staff from different professions worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.**
- We saw good teamwork between various professionals within the service. Staff said they worked closely with the host hospital and felt supported when they needed additional advice from various teams such as the radiologists, safeguarding leads and infection and prevention and control team.
- We saw interactions with the host hospital and discussion for patient treatment.
- We were told, and saw minutes of multidisciplinary meetings held weekly with the host hospital and actions arising from those meetings.
- Staff told us they received support from on-site radiologists.

Seven-day services

- **Key services were available seven days a week to support timely patient care.**
- The service was open Monday to Friday 7:30am to 8pm and provided a service on Saturday. Out of these hours there was an on-call service to cover MRI and CT scans and x-rays.
- We observed details of the opening hours clearly displayed in the waiting area.
- A walk-in service was available for patients referred from outpatients' departments. We observed patients arriving for x-rays during our inspection.

Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act 2005.**
- Staff demonstrated an understanding of consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All staff had completed Mental Capacity Act training as part of the mandatory training programme.
- Staff reported issues relating to lack of capacity were usually highlighted on the referral form and identified upon booking. Administrative staff escalated this to the radiographer to ensure the relevant forms were completed to avoid unnecessary delays. Staff told us they knew where to go for support when they wanted additional assistance regarding capacity.
- Staff understood their responsibility to gain consent from patients before continuing with a scan. They recognised and respected patients' choice, if they chose not to have the scan. The service used the MRI safety questionnaire form to record patient's consent. We observed radiographers explaining the imaging procedure to the patients and obtaining verbal consent before proceeding with the scan.
- We saw completed consent forms scanned onto the electronic system.
- Staff followed the service's policy and procedures when a patient could not give consent. However, we were not assured that staff understood 'Gillick' competencies for patients under the age of 18. To be Gillick competent, a young person (aged 16 or 17) can consent to their own treatments if they are believed to have enough intelligence, competence and understanding to fully appreciate what is involved in their procedure.

Are diagnostic imaging services caring?

Good

Are diagnostic imaging services caring?

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

We had not previously rated caring. We rated caring as**good.**

Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them with kindness.**
- We spoke with four patients and two relatives during our inspection and the feedback was positive. One patient told us "I had anxieties about having an MRI, but staff were very helpful and reassuring…I felt looked after". We were told the staff were compassionate and understanding and "they put me completely at ease and made me feel valued".
- Following a scan, patients were invited to complete a paper-based feedback questionnaire. The questionnaire

had a quick response (QR) code and weblink for patients who chose to complete it digitally on a personal device. The Friends and Family Test (FFT) results which were collated by an external provider showed 100% of patients would recommend the service. We saw 30 feedback forms for a two-week period in June, comments included "excellent service" "all staff involved me from start to finish, really lovely" "everything was clearly explained" and "every member of staff went over and above their remit to help me".

- However, the response rate for the FFT was low and the service manager could not give an exact figure of the number of responses. The service manager told us they were aware of this, understood the challenging apsects to obtaining responses and was working with staff to improve this.
- Information about chaperones was displayed throughout the unit and in the waiting rooms for patients to see. Patients were informed that they could have a chaperone present for their scan. A chaperone is a person who serves as a witness for both patient and clinical staff as a safeguard for both parties during a medical examination or procedure. All staff understood their responsibilities and had completed chaperone training in the last 12 months. There was an in date chaperone policy.
- During our inspection we observed staff explaining, in detail, the investigation. In the MRI scanner they gave regular updates on the timing of the scan and how long they had left.
- We saw, at all times, dignity and privacy respected. Staff were discreet when discussing personal details. There were changing rooms located next to the scanning room away from waiting areas; patients were not seen by others when accessing scanning rooms. One patient told us "they value me and keep my details private". We observed staff speaking to patients with dignity and respect.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- The service addressed all patient queries and concerns during the booking stage and throughout their appointment. We saw patients' anxieties addressed and time taken to explain the procedure in terms which the patient understood.
- Staff offered patients earplugs and ear defenders to protect their ears from the noise of the MRI scanner. Patients were encouraged to bring their own music to listen to during the MRI scan, which helped minimise distress.
- Staff gave the patient a call bell to ring when they felt anxious during the scan. Staff communicated with the patient in the the scanning room by speaker to reassure the patient and kept the patient informed of how long was left of each scan sequence. One patient told us they thought it was a very relaxing environment and was happy with the speed of the procedure.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions and their care and treatment.**
- Patients were given clear information verbally and in writing before the appointment. There were various leaflets covering a range of topics including scan related anxiety and what to expect from an MRI scan. Further information was available to patients and relatives on the InHealth website including a short video of the MRI patient journey.
- We observed that staff communicated with patients and their relatives in a way they understood. Patients were given enough time to ask questions and staff took time to explain the procedure and answer all questions in a calm, friendly and respectful manner. A staff member told us "I love my job as there is time to chat to the patients and establish a good relationship".

Are diagnostic imaging services responsive?

Good

Responsive services are organised so that they meet your needs.

We rated responsive 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.**
- Service delivery was a collaboration between InHealth, the host hospital and a local NHS trust. This allowed

local people to have timely access to their services. The service offered a wide range of scans to meet patient needs. Scans were predominately provided for adults, but also offered MRI scans for children aged 12 years onwards.

- The service provided a range of appointments from early morning 7:30am until 8pm in the evening, Monday to Friday, to meet patients' needs. A walk in x-ray service was provided for patients referred from the host hospital's outpatient's department.
- The service was located close to bus stops with good transport links. There was a visitor's car park at the location for patients travelling by car, with ample parking spaces.
- There was no separate waiting area for children, Staff told us when a child had attended for a procedure they were always accompanied by their parent or carer.
- Patients were greeted at the host hospital's reception and directed to the service in the basement area. Stairs and a lift were provided to help patients access this location. Once in the department patients and their relatives/friends were met by reception staff and directed to the seating area. Patients told us it was easy to find the department.
- Toilets were provided and for patients who needed adapted facilities.
- The facilities and premises were appropriate for the services that were delivered. There was a seating area for patients and their relatives/friends to sit whilst waiting to be called. A hot drinks machine was provided along with a water dispenser. Magazines were also available for reading.
- Patient information leaflets were on display for patients to read about some of the services they offered, and any special instructions required.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- All staff had completed the equality and diversity course as part of their mandatory training. Staff understood the cultural, social and religious needs of the patient and demonstrated this in their work.
- Patients' needs were identified at the booking stage, or at the time of the scan. Staff told us reasonable adjustments could be made where necessary. For example, staff told us relatives could stay with patients, who had disabilities, in the MRI scanning room.
- The service made attempts to make sure they was accessible to all. The MRI scanner was wide bore (which meant it had a bigger diameter hole for the patient to pass through) and could be used for bariatric patients. Staff told us the local NHS trust had, in the past, referred bariatric patients to them.
- Patients whose first language was not English had access to an interpretation service. The service had a language line with over 20 languages available. One member of staff told us they had used this recently with a patient to explain to them about their investigation. Staff told us they also used facial and hand gestures to make sure patients were happy to continue, whilst scanning.
- The service provided information leaflets to patients about certain investigations. For example, CT scans of the colon where patients needed to take bowel preparation and make changes to their diet before the scan. Information about when to stop medication was also provided.

Access and flow

- **People could access the service when they needed it. Waiting times from referral to investigation were in line with good practice.**
- The service had contractual key performance indicators (KPI) agreed with the host hospital. Staff told us they booked investigations within 48 hours of referral. The service also had a contract with a local NHS trust which was based on block lists on certain days for MRI scans
- The MRI service was available from 7:30am to 8pm Monday to Friday. These times helped to accommodate patients with commitments, for example work commitments. There was an out of hours service available.
- A walk-in service for patients who required x-rays was offered to the host hospital for their outpatients. We observed patients arriving for x-rays.
- The service actively monitored 'did not attend' (DNA) rates. Staff told us the most frequent DNAs were for NHS patients on the MRI scanner list. The service reported back to the NHS trust any patients who did not attend. Staff told us the NHS trust had plans to introduce a text reminder service to help remind patients of their appointments. DNA rates were low for private patients.

Good

Diagnostic imaging

- The service monitored the number of cancelled procedures. From March 2018 to March 2019, there were 126 procedures cancelled; non-clinical reasons included machine breakdown.
- Delays were also monitored for the same period and of the 56 delays, 28 were due to machinery problems.
- We observed MRI waiting time audits. For January to March 2019 the average waiting days for an MRI was 2.7 days.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- The service used the InHealth complaints policy. The complaints policy was displayed in the waiting rooms for patients and visitors to see. There were information leaflets for patients and visitors on how to contact the InHealth's customer services team if they wished to make a complaint.
- Complaints were acknowledged within three working days of receiving them and a response was sent to the complainant within 20 days of the complaint in line with InHealth's complaints policy.
- Staff were encouraged to deal with complaints, with support from the service manager, as and when they happened. All staff had completed customer care and complaints training as part of their mandatory training. If a patient wished to make a formal complaint or escalate a complaint, staff provided all the necessary support and information to do so.
- We saw evidence of feedback to staff from patients. For example a complaint about privacy at the reception area resulted in the area being reviewed and adjustments made.
- Complaints that could not be resolved by staff were reviewed by the internal director. If patients or their family members were not satisfied with the outcome of a complaint, they were able to ask for the complaint to be referred to company's chief executive officer for review.
- The service also referred complaints to external independent reviewers. NHS patients could complain to the Parliamentary and Health Service Ombudsman (PHSO) and self-funding patients could complain to Independent Sector Complaints Advisory Service (ISCAS).
- Patients we spoke to knew how to make a complaint. We reviewed four complaints in their entirety. We saw that responses were provided in a timely way, were clear and thorough and duty of candour applied where appropriate.
- From March 2018 to March 2019 the unit received four complaints, all of which were upheld. Three complaints were regarding dissatisfaction with the service received and one complaint was regarding administration processes. We saw minutes of meetings where complaints were discussed. Any learning identified from a complaint was shared with staff. Staff told us of changes in practice that resulted from complaints. For example, a patient had complained about the lack of privacy at the reception area. Following this complaint, the chairs were removed from the reception area and if a patient wished for a more private area to discuss confidential information they were offered a more private environment.

Are diagnostic imaging services well-led?

Good

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

We rated well led as **good.**

Leadership

- **Managers in the service had the right skills and abilities to run a service providing high quality sustainable care.**
- The service had a management structure consisting of one service manager, supported by a lead radiographer, five senior radiographers and a lead administrator. A regional operations manager and the director of clinical quality from InHealth supported the local management team.
- There were clear lines of management responsibility and accountability within the service and organisation.

Staff had a good awareness of who their line managers were which included their individual roles and responsibilities. Staff told us they all worked well together as a team.

- The manager was knowledgeable about the service, the patient's needs, as well as staff needs. Staff told us leadership was good and the manager was approachable, supportive and took an interest in their welfare.
- Senior staff encouraged learning, skills progression and a culture of openness and transparency. They were aware of the different leadership styles needed to support staff. Senior staff understood the need to be flexible in their approach to the needs of the team.
- Staff were committed to making improvements for patients and felt they could influence change and were encouraged to do so by their local manager and regional manager. The manager regularly met with the regional manager for guidance and support.
- Staff felt they could influence change and were encouraged to do so by their local manager and regional manager. We saw examples of projects undertaken by staff, encouraged by the manager, to develop processes and increase understanding of the service they provided. For example, we saw the daily team brief used to improve patient engagement; "Be proactive…please ensure you ring a patient back following a conversation if you say you will….patients are waiting for your call as their health is a priority for them and us". Daily team briefs were used as a tool for staff meetings, to reinforce values.
- Staff felt able to openly discuss concerns and seek advice with senior staff and their managers. Staff told us they felt listened to and, if necessary, actions were taken when needed. The senior management communicated with staff by email and face to face. Staff were experienced and had a strong commitment to provide the best possible service to the patients. They were visible and available to support the staff.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action.**
- Staff understood the service's vision, values and mission to improve patient healthcare: "Trust, Passion, Care and Fresh Thinking". The organisation's core objective, ''To make healthcare and diagnostics better for patients'' inspired the values.
- Staff understood the values of respecting everyone, embracing change, recognising success and working together.
- We saw the values and core objective displayed throughout the service and all staff we spoke with could tell us what these were. Staff also told us they reflected the organisation's values in their work.
- The appraisal process was aligned to the InHealth values and development objectives discussed at appraisal, were linked to the organisation's objectives.

Culture

- **A positive culture was promoted that supported and valued staff, creating a sense of common purpose based on shared values.**
- Staff we spoke with during the inspection said they were positive about working for the service. They were passionate about the care they provided and improving patient healthcare. There was a positive culture of putting the patient first.
- During our inspection we observed collaborative working between all staff, including clinical, administrative and the local trust staff.
- Staff told us they felt valued and were comfortable in raising concerns directly with the service manager and senior leaders within InHealth. They were encouraged to be open and honest and raise any issues as soon as possible.
- All independent healthcare organisations with NHS contracts that met a certain threshold, were contractually obliged to take part in the Workforce Race Equality Standard (WRES). Organisations must collect, report, monitor and publish their WRES data and act where needed to improve their workforce race equality. InHealth began reporting this data in October 2017, therefore there was limited data against some requirements before this date.
- InHealth's most recent WRES report, produced in October 2018 was available to review online and included data from September 2017 to September 2018. There was clear ownership of the report within the organisation and we observed an action plan, for the period of 2017-2018, to be reported to the board. The action plan included findings on ethnicity self-reporting (58%) and actions to increase self-reporting, including bi-annual reminders. Results from the most recent WRES report reported a 17.1% increase of self-reporting on the previous year.

- The service was unable to report on the relative likelihood of staff being appointed from short listing across all posts due to the current application tracking methods not collecting data on shortlisted candidates. There was an action plan to implent a new management system in 2019 to capture this information.
- It was reported that 77.18% of staff believe InHealth provided equal opportunities for career progression and promotion.
- The InHealth board membership had 14% Black and Minority Ethnic (BME) representation, which had not changed since the previous year. The service had an action plan to increase underrepresented groups by developing leadership development programmes and advanced leadership development.
- We observed posters displaying freedom to speak up information for staff; "Be Bold, Be Brave, Speak Out. Staff told us they had access to an employee wellbeing assistance programme to support them during times of crisis or ill-health.

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- The service had clear and effective systems of governance and management. The governance framework outlined the structure, accountabilities and processes by which clinical governance was achieved. This supported a clear understanding of the quality governance objectives and delivery mechanisms.
- We saw minutes from both daily, monthly and annual meetings; locally and nationally. Local daily meetings were minuted and agenda items included unit key performance indicators (KPIs), incidents and any other updates or concerns. Actions from these meetings were taken forward to monthly staff meetings to reinforce areas requiring further attention. Monthly multidisciplinary meetings were in-depth and agenda items included equipment, education and training, finance and business development, incidents and complaints. The minutes of these meetings were available for all staff to read.
- Clincial governance meetings took place monthly. We saw minutes with agenda items including audits and risks, workforce, evidence-based practice, infection prevention, patient pathways and feedback, patient safety events and safety alerts, internal quality assurance review and detailed action plans. As an example from these minutes, we reviewed the infection prevention and control annual programme 2019, which included the plan for implementing NICE guidelines.
- There were service level agreements (SLAs) with the host hospital. We reviewed the agreement which stated that the local trust was to produce, provide or supply the service with all the unit's reasonable needs and requirements. Requirements included clinical and domestic disposal, confidential waste removal, IT services, pharmacy provisions, security and medical cover amongst other requirements. The service manager reviewed SLAs on an ongoing basis and discussed with the host trust imaging team as and when issues arose.

Managing risks, issues and performance

- **The service had good systems to identify risks, plans to eliminate or reduce them, and cope with both the expected and unexpected.**
- The manager was aware of the current risks and mitigation actions. Risks were categorised; finance, health and safety, legal, operations, performance and quality. Risks were reviewed monthly or quarterly depending on the severity and each risk had mitigating actions.
- Performance was monitored at local and corporate level. Monthly performance reports were produced which enabled comparison and benchmarking against other services.
- We saw information on 'did not attend' rates, patient engagement, incidents, complaints and mandatory training were amongst other subjects charted.
- There was a business continuity policy approved in March 2019 and due for review in March 2021. The plan detailed how the business would continue to operate in the event of any unexpected disaster, incident or major occurrence which had the potential to de-stabilise the business and severely impact on the short, medium to long term running of the business.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**

- Staff at the service had access to the InHealth intranet and IT system for both this service and those relevant to the host trust. There were enough computers to enable staff to access the computer systems when they needed to. All staff had individual login details to access the service's IT system.
- All staff we spoke to had undertaken data security and awareness as part of the mandatory training programme. Staff understood their responsibilities around information governance and risk management.
- InHealth was accredited with ISO 27001:2013 and ISO 9001:2015 and were audited regularly against the standard on a rolling programme. ISO 27001:2013 and ISO 9001:2015 are international standards for an information security management system and quality management systems. This demonstrated that the organisation was following information security best practice and provided an independent verification that information security and quality management was managed in line with international standards.

Engagement

- **The service engaged well with patients and staff to plan and manage appropriate services and collaborated with partner organisations effectively.**
- The service acted on patient feedback. For example, previous patient feedback stated they did not feel completely at ease during a scan because the radiographers did not appear to notice them. We were told this led to an increased commitment to take time to put patients at ease before and during the scan, including increasing verbal reassurance and greater eye contact.
- InHealth undertook annual staff satisfaction surveys. However, the data was not site specific as it included responses from InHealth staff from across the south region. Results were shared openly with staff and action plans developed. We saw results from the December 2018 survey. Results from this survey found that 93% of staff at InHealth Radiology Department stated that patient safety was a priority and 71% of staff were proud to work for InHealth. 89% of staff stated that InHealth acted positively to address equality and diversity.
- We were told of the service's "The Deal" which promoted the way people and managers engaged with each other, including the expectations and commitments made to staff and those expected of staff.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, and promoting training and support.**
- Staff were encouraged to participate in such projects to drive change within the service and across the organisation. For example, we were shown a project developed by a radiographer to explain how safe x-rays were in a more engaging way than the current patient information leaflet. The radiographer had sought feedback from clinical and non-clinical staff, patients and members of the public before amending and then submitting to the Radiation Protection Advisers for approval.
- InHealth conducted an internal study that showed 14% of MRI scans were not completed due to claustrophobia and other scan related anxieties. This prompted InHealth Radiology Department to undertake a "Scanxiety" project, led by the radiographers. At the time of our inspection, we were shown posters informing patients how the service would assist them when they felt anxious about their scan.
- InHealth were working towards gaining accreditation with the Quality Standard for Imaging. The director of clinical quality was leading the work to prepare the service for the inspection, with the aim to be accredited by 2020.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- Follow manufacturers recommended expiry dates on medicines.
- Work on improving staff understanding of 'Gillick' competencies for patients under the age of 18.