Alliance Medical Limited

Southampton Alliance MRI Unit

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Inadequate
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this service went down. We rated it as requires improvement because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. The service mostly controlled infection risk well
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- They did not always manage medicines well. There were out of date emergency medicines. Medicines that needed to be stored between 2°c and 8°c were not managed effectively. This was a repeated instance of failing to ensure the proper and safe management of medicines.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Requires Improvement 	See overall summary for details.

Summary of findings

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Summary of this inspection

Background to Southampton Alliance MRI Unit

Southampton Alliance MRI Unit is operated by Alliance Medical Limited. The service opened in 2010. It is a private magnetic resonance imaging service. The unit has contracts with the local NHS trust and an also an independent provider located on the same site. The unit primarily serves the communities of Southampton. It also accepts patient referrals from outside this area.

The service registered with Care Quality Commission in 2010. They are registered to carry out the regulated activity; Diagnostic and screening procedures.

The service has a registered manager who has been in post since December 2018.

How we carried out this inspection

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We spoke with two patients, one patient's family member, and four staff. We reviewed patient records. We reviewed patient feedback from the previous 12 months.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Following this inspection, due to concerns we found, we told the registered manager they were failing to comply with the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice under Section 29 of the Health and Social Care Act 2008. The warning notice related to:

- Regulation 12 (1) Safe care and treatment. We told the service they must ensure that the systems and oversight processes work effectively to ensure medicines are safe for patients use. This includes emergency medicines, and medicines requiring refrigeration.

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure it has measures in place to meet communication needs of patients with learning disabilities and autism. Regulation 9 (1)
- The service should ensure that staff are supported to achieve compliance in all mandatory training. Such as medicines handling, moving and handling, and dementia awareness. Regulation 12 (1)

Summary of this inspection

- The service should consider how all audit outcomes are shared with staff, so that all staff can be involved in the understanding of their benefits.
- The service should consider how the complaints process is communicated to patients when they attend the service.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Inadequate	Inspected but not rated	Good	Good	Requires Improvement	Requires Improvement
Overall	Inadequate	Inspected but not rated	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Diagnostic imaging

Safe	Inadequate
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Diagnostic imaging safe?

Inadequate

Our rating of safe went down. We rated it as inadequate.

Mandatory training

The service provided mandatory training in some key skills to staff.

Clinical staff received mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training covered a range of subject and included infection prevention and control (IPC), complaints handling and immediate life support (ILS).

Staff had read the local rule's and employer's procedures for use of the MRI scanning room.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff received email reminders at 60 and 30 day intervals when learning modules were due.

The overall staff compliance of mandatory training was 96% against a provider target of 95%. However, there were areas below target.

Although the unit manager monitored mandatory training, the training in moving and handling had a completion rate of 77%. It was not clear why this training had not been completed by some staff.

Clinical staff completed training on recognising and responding to patients with mental health needs within safeguarding training. However compliance with dementia awareness training was 88% and therefore below the training target.

There was also no training for staff in supporting patients with learning disabilities and autism.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Clinical staff, such as radiographers, completed level 3 safeguarding of adults and children training and all other staff completed level 2 safeguarding of adults and children training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were able to give examples of safeguarding concerns such as visible injuries or coercive behaviours from family members.

Staff knew who to inform if they had any concerns. Staff told us the referral pathway for safeguarding concerns would vary depending on the source of the patient referral. For example, if the patient had been referred from the NHS trust then staff would contact the safeguarding team for the trust. If the patient was privately referred there were clear safeguarding leads for these that staff would contact.

We heard of a safeguarding referral made by the service following an incident where a patient had expressed a desire to self-harm when leaving the premises. This prompted staff to contact the local police service who completed a welfare check on the patient.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. The past four IPC environmental audits were recorded as 100% compliant. There was a provider level IPC policy that staff could access and follow to ensure that the risk of infection to patients, colleagues and others was reduced to as low as reasonably practical.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. There was a daily cleaning record on display and this had been completed for the month prior to inspection. The cleaning checklist identified key areas and equipment to be cleaned daily and grouped them by the area of the unit they were located. Managers told us there was also a quarterly deep clean of the unit.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff followed IPC policy and wore appropriate PPE including gloves and face masks. Staff provided face coverings for all patients on entry to the unit.

Staff cleaned equipment after patient contact. Following each scan, staff cleaned the scanner bed and touch points. The patient changing area had a disposable curtain dated December 2021, we were told this was changed 6 monthly or sooner if required.

The past four handwashing audits were recorded as 100% compliant. Clinical staff wore a uniform which meant they were bare below the elbow.

Requires Improvement

Diagnostic imaging

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. There was a clear MRI safety signage on the door of the unit. Access to the unit was restricted by security card access and video intercom. Patients attended the waiting area of the hospital on the same site and staff collected them for their appointment.

Staff carried out daily safety checks of specialist equipment. Safety check of equipment was completed in the morning before patients attended.

The MRI scanner was serviced quarterly by an engineer and we saw records demonstrating when this has last been performed. In addition, the contrast administration pumps had annual servicing performed and we saw records demonstrating this was last completed in February 2022.

The service had enough suitable equipment to help them to safely care for patients. Patient appointments were scheduled so that there was only one person attending the service at any time.

Staff disposed of clinical waste safely. There were domestic and clinical waste bins and we saw that these contained appropriate items in line with policy. These bins were emptied into larger bins owned by the private service on the same site. All sharps bins were dated and appropriately closed when not in use.

Patients had access to a locker for their personal belongings. Staff told patients to place the key just inside the scan room, this meant so they could be confident their property was safe. Patient feedback regarding security of belongings showed patients were overwhelmingly very satisfied,

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

The service had local rules for the MRI scanning room and equipment which described safe operating procedures in line with national guidance. The service had an appointed MR responsible person and their contact details were clearly displayed. The service displayed safety information on the door to the MRI room of who to contact for problems with the scanner out of hours.

Staff completed risk assessments for each patient on arrival. All patients completed MRI safety questionnaires. In control areas there were ‘PAUSE and check’ posters that prompted staff to verify information before

Staff knew about and dealt with any specific risk issues. This included identifying any risk factors specific to MRI such as metal fragments within eyes or body piercings. Staff reviewed renal function and completed a hypersensitivity assessment for any patients who needed intravenous contrast as part of their scan. This assessment considered medications, patient medical history, and any allergies. All contrast scan requested were also vetted by a radiologist to ensure it was appropriate.

Staff did not complete psychosocial assessments as patients attending were only briefly at the location.

Requires Improvement

Diagnostic imaging

There was an agreement with the independent hospital on the same site to contact their rapid response team if there were signs of patient deterioration. The service had their own bag of emergency medicines and equipment for initial response to an emergency. There was also an automated external defibrillator (AED), these are used to help people experiencing sudden cardiac arrest.

The service had an MRI safe trolley in the scanning room for use if there were any emergent needs to remove the patient quickly from the room. Staff told us they practiced resuscitation scenarios once a year.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough radiographers and clinical assistants to keep patients safe. The number of staff matched the planned numbers as it usually operated with one radiographer supported by clinical assistants. The service had a vacancy rate of 2.5 radiographers. Managers accurately calculated staff needed for each shift in accordance with national guidance.

The service had no turnover of staff in the 12 months prior to inspection. The service had low sickness rates.

The service had low rates of bank and agency staff. In the two months prior to inspection, agency staff had covered four shifts.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service. We heard how there were named agency and bank staff that the manager requested.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely on the service's electronic record system. This system was accessed by individual staff log in. We saw there was a clear pathway for uploading images, this was tailored to the service that requested the imaging. Additionally, for NHS patients, staff ensured records were also available on the hospital's electronic record system. When patients transferred to a new team, there were no delays in staff accessing their records.

Staff documented patient data, including risk assessments in the internal record system. Radiographers screened referrals and double checked to make sure patients did not have repeat scans. We observed radiographers made sure scanned images were available on the picture archiving and communication system (PACS).

Medicines

The service did not follow systems and processes to safely store medicines.

Staff did not store and manage medicines safely. During inspection we found that adrenaline stored within the service' emergency grab bag, had expired the month prior to inspection. We saw this had not been identified in the May 2022 stock checklist which had the incorrect expiry date recorded. The stock checklist for April 2022 had the correct expiry

date for these items but we saw no evidence that replacements had been ordered. This was not in line with the policy to reorder items when they were within two months of their expiry date. The need to reorder expiring medical products was also discussed in the January 2022 staff meeting. This meant the service had continued to fail to ensure there were sufficient quantities of emergency medicines for the safety of service users at all times.

We also found the medicines that should be stored at controlled temperatures were not being managed properly. The location had a medicines fridge, the log for monitoring the temperature showed a temperature below 1°c for the month prior to inspection. This was below the manufacturer recommended temperature for all products within the fridge, this meant they may not be as effective. The policy for the service stated a temperate range of 2°c - 8°c. However, the daily temperature check record stated this should be below 4°c and did not state a lower threshold temperature. This meant the service had continued to fail to ensure medicines that needed to be stored between 2°c and 8°c were managed effectively.

Medicines handling training formed a part of mandatory training; however, this training had only been completed by 66% of staff with 2 members of staff recorded as not starting the training.

The service administered patient contrast for some MRI scans. We saw that contrast was stored in a locked medicines cupboard to restrict access. All contrast administration was signed off by a radiologist. Radiographers were trained to administer contrast through an accredited course.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incident using the electronic reporting system and in line with the service's policy. The service had not had any serious incidents reported in the 12 months prior to our inspection. The service had no “never events”.

Staff had training in duty of candour as part of their mandatory learning. Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. All staff received regular emails that gave details of incidents within the provider group. We reviewed these and saw they contained learning outcomes and changes in practice.

Managers shared learning with their staff about never events that happened elsewhere. We heard how there were learning updates sent to managers in the first instance. Staff met to discuss the feedback and look at improvements to patient care. These were discussed in staff meetings and we saw evidence of this.

There was evidence that changes had been made as a result of feedback. We saw learning that had been shared following a patient incident in the service and how changes had been implemented.

Requires Improvement

Diagnostic imaging

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Following a patient concern, we saw action taken by the registered manager to investigate the incident. We saw responses to the patient families following concerns raised and that they were in line with policy.

Are Diagnostic imaging effective?

Inspected but not rated

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date provider level policies to plan and deliver high quality care according to best practice and national guidance. We reviewed some procedures, policies, and guidelines produced by the service. These were based on current legislation, national guidance and best practice, these included policies and guidance from professional organisations, such as the Society of Radiographers (SoR) and the Royal College of Radiologists.

The local rules for the service were up to date and reflected the equipment, staff and practices at the centre. The local rules document safe working arrangements and administrative controls in a controlled imaging area, and other persons who may be affected.

The registered manager received emails from the provider level clinical governance committee when there were changes to practice and policies. The unit manager highlighted these changes by email and in monthly team meetings and we saw this was an agenda item in the meeting minutes.

Staff protected the rights of patients subject to the Mental Health Act 1983 and followed the Code of Practice.

Nutrition and hydration

Staff gave patients drinks when needed.

Due to the nature of the service provided, food was not routinely offered to patients. Patients had access to water while waiting in the unit.

Pain relief

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

The service did not provide prescribed pain relief to patients who attended for imaging appointments. Staff assessed patients' pain both before and during imaging procedures. Staff assisted patients into comfortable positions for imaging whenever possible. Patients attending from home were advised to bring any medication with them they might require during their attendance.

Requires Improvement

Diagnostic imaging

Patient outcomes

Staff monitored the effectiveness of care and treatment. They achieved good outcomes for patients.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service had an audit programme which monitored patients' outcomes and the effectiveness of the scanning.

The service undertook audits every two months in image quality for spine and knee MRI scanning. Images were assessed in line with guidance from the Royal College of Radiologists (RCR) for their diagnostic quality on a scale of one to five, with five being the highest quality. We reviewed the most recent outcomes from these audits and they showed positive outcomes. Records showed that between January 2022 to May 2022, all scans audited were graded either a four or five.

However, staff meeting records did not show discussion of audit or their outcomes. Sharing of audits outcomes mean made sure staff understand information from the audits.

The service also monitored compliance with scanning protocols for MRI images of the shoulder. We reviewed the most recent outcomes from these audits and they showed full compliance with the protocol.

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 development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The process for employing staff was robust and included several stages of assurance before interviews were given, including Disclosure and Barring Service (DBS) checks. All radiographers were registered with the relevant professional body, Health and Care Professions Council (HCPC), which helped ensure staff met standards of proficiency and the standards relevant to their scope of practice to continue to stay registered as a radiographer. Within the service 50% of staff had undertaken post graduate training in MRI.

There was also a member of staff completing training at the service to become an assistant practitioner. Assistant practitioners (APs) are not registered practitioners but they have a high level of skill through their experience and training and will work to a specific scope of practice. As part of the career pathway, assistant practitioner can be a route to registered radiographer.

Managers gave all new staff a full induction tailored to their role. We heard how there was a provider level induction programme. Staff also completed competency records to perform patient procedures

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff in the service had undergone an appraisal in the past 12 months. The unit manager met with staff for a six-month catch up to review progress against objectives. Staff found appraisals constructive and spoke positively of the support given through appraisals.

Managers made sure staff received any specialist training for their role. Staff within the service had completed accredited training to undertake intravenous cannulation and where appropriate contrast administration.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We reviewed these meeting notes and found they followed a consistent format and gave detailed information about the issues discussed.

Multidisciplinary working

Radiographers and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Due to the nature of the service, there was little opportunity for multidisciplinary working. If needed, radiographers could access a radiologist to discuss urgent findings and discuss action for the patient.

Staff worked with the diagnostic imaging department of the independent hospital and the NHS trust to communicate findings.

Seven-day services

Key services were available to support timely patient care.

The service was open 8am to 6.30pm Monday - Friday. The service provided some services on Bank Holidays. There were also some appointments on Saturday if required, but this was not routine. The provider supported the independent and NHS hospital trust to ensure local and timely access to scans.

For any urgent issues, staff could call for support from radiologists and safeguarding support.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Due to the nature of the service, there was little opportunity for promoting healthy lifestyles or support in patient areas.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff were able to give examples of when they may need to assess capacity in a patient. Clinical staff received and kept up to date with training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as part of the mandatory training programme. Staff could access the consent policy which contained detail on the MCA and DoLS. Staff told us they would not proceed with imaging if patients were unable to consent, this would be in their best interest. Patients unable to consent would be referred back to the service who had made the referral.

Staff gained written consent from patients for their care and treatment in line with legislation and guidance. The service did not scan patients under 16, but patients aged 16-17 who attended, did so with a parent who countersigned consent. There was a provider level consent policy that's staff used to gain consent. We saw that the policy referenced appropriate national guidance such as SOR and the Department of Health (DoH). Staff clearly recorded consent in the patients' records.

Requires Improvement

Diagnostic imaging

Staff made sure patients consented to treatment based on all the information available, patients were sent information in advance of a scan outlining the procedure. Staff checked with them again that they understood and were happy to proceed when they attended.

Are Diagnostic imaging caring?

Good

Our rating of caring stayed the same. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw staff speaking to patients in a way that was empathetic and caring. Staff were professional and ensure the patient was supported.

We saw how radiographers spoke through an intercom to patients during imaging to ensure they were still ok. When patients moved during scanning, radiographers took time to remind them of the importance of remaining still.

Patients said staff treated them well and with kindness. We spoke with patients who were positive about the service and their staff. They told us they felt it was a positive patient experience. One patient told us how the service had worked with him to rearrange imaging when it could not be completed, and that staff had taken time to communicate things and the patient appreciated this. Feedback from April 2022 stated that 100% of patients were satisfied with the way staff cared for them.

Staff followed policy to keep patient care and treatment confidential. There was a small patient changing area that could be used by patients to change. Due to the size of the location it was not practical to have more than one patient attending at any time. This ensured that all imaging conversation remained confidential.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients said staff were kind, listened to them and this reassured them. Staff supported patients during scanning to ensure they stayed still. Due to the enclosed environment of an MRI scanner, patient could sometimes become claustrophobic. Staff understood this and took time to make sure patients understood they could pause the scan or stop if needed.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff were aware that patients would be having imaging due to conditions that may affect their health and wellbeing. For example, patients who had not had a scan before and know what to expect. Staff made sure they took time to explain all steps of the appointment. They also updated patients on how long each part of the scan would take.

Requires Improvement

Diagnostic imaging

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Prior to their scan, the radiographer asked patients what scan they were having and if they understood why they were having it. This was in line with 'PAUSE and check' guidance from the SoR. This step means patients understand their procedure and also that Radiographers have the correct referral information. Staff invited patients to bring a family member or carer with them to their scan for support.

We saw how family members or carers attend; they stay with the patient during the pre-scanning questionnaire but leave the unit during the scan. Clinical staff took contact numbers for them so they could be contacted when the scan was complete and also if there was an emergency.

Staff talked with patients, families and carers in a way they could understand. Staff checked the information was understood and gave room for questions to be asked.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff requested patients' permission to email a feedback survey.

Patients gave positive feedback about the service. We reviewed patient feedback and found that it was positive in nature. Patients commented on the supportive staff and how they put them at ease. Feedback from April 2022 showed that over 80% of patients would recommend the service to friends and family.

Are Diagnostic imaging responsive?

Good

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service displayed waiting times in the entrance and patient could view these. The waiting time for patient referral booking to referral was below 14 days for the period between November 2021 to May 2022.

Managers worked to keep the number of cancelled appointments to a minimum. Routine servicing of equipment was always planned in advance to avoid disruption.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. When there was equipment failure, patients were rebooked at the soonest opportunity. The service was also able to direct some patients to an alternative provider location if there was significant disruption to the service.

Feedback from April 2022 stated that over 80% of patients were satisfied with their choice of appointment time and date.

Requires Improvement

Diagnostic imaging

The service used external teleradiology services for reporting on some private imaging. There were documents the demonstrated which teleradiology service was used to report on images depending on the procedure. When imaging indicated an urgent clinical response, the service had a pathway to communicate this and avoid delayed treatment.

Managers monitored the reporting time for scans when undertaken for patients from the independent sector. average time it takes from the scan being completed to the referring clinician receiving the report. The service had target of one-week reporting time for private patients. We saw that between October 2021 to April 2022 report time was below 3 days. Diagnostic imaging scans completed for the NHS trust were reported on by NHS radiologists and therefore there was no need for the service to monitor these reporting times.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them. Staff completed training on complaints handling as part of their mandatory learning, 100% of staff had completed this training. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. We saw responses to patient complaints and saw that they were acknowledge and responded to. For example, complaints identified a theme about ear protection. The noise during MRI scanning can be extremely loud for the patient, the exposure to loud noise and continual vibrations during a scan can result in hearing loss and tinnitus. Managers shared feedback from complaints with staff and learning was used to improve the service. These complaints resulted in staff training to reinforce the need for patients to wear ear protection and for two members of staff to verbally verify that the patient had followed this.

Staff could give some examples of how they used patient feedback to improve daily practice. For example, if patients were cold, blankets were provided.

Staff told us that information on how to provide feedback, including how to make complaints within patient information. However, the service did not clearly display information about how to raise a concern in patient areas. There was no visible information on how to make a complaint and patient information leaflets had been removed from display in line with COVID-19 guidance.

Are Diagnostic imaging well-led?

Requires Improvement

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Requires Improvement

Diagnostic imaging

The registered manager had responsibility for overall management of the clinic. There was a clear provider developed management structure that demonstrated clear lines of responsibility and accountability. Staff told us the unit manager was visible, and supportive. Staff felt the manager was available when needed and that they took an active interest in supporting the staff.

Staff told us the unit manager was aware of the priorities and issues of the service. The unit manager demonstrated a clear understanding of how the service helped to improve capacity of MRI scans and patient outcomes across the local health economy. The unit manager led the monthly staff meeting and staff were able to raise and discuss any issues with them.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Staff understood the values, knew how to apply them and monitor progress.

The registered manager and leaders of the service had a vision for the service to provide additional capacity of MRI scanning to the independent hospital on the same site and to the local NHS Trust. At the time of our inspection, the service was in the process of renewing their contract with the independent service.

The provider level values were on display within the service, the aim was to drive service delivery and guide staff at work. The provider level values were

- Openness
- Excellence
- Efficiency
- Learning
- Collaboration.

Most staff were able to name the values for the service. All staff were focused on providing excellent patient care and positive outcomes.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

All staff we spoke to enjoyed working in the service. Staff had excellent working relationships and enjoyed the company of their co-workers. We saw how the team worked closely to support patients and put them at ease.

Staff working at the service had been there for a period of time. They were familiar with the service and understood it well. Other staff had also returned to the service after moving jobs.

We heard how bank staff were always be available to cover shifts with the service as they enjoyed working with the team.

Staff said they could raise concerns without fear and the service manager worked to support them. Staff were open and honest with patients if things went wrong and apologised. Staff could access wellbeing and counselling services through the corporate provider, Alliance Medical Limited.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The unit manager oversaw the service's governance processes. There were provider level processes and policies for ensuring consistency in care and standards. At a provider level, there were quarterly meetings for the clinical governance committee, health and safety committee, and information governance committee.

Information from committee meetings was sent to the registered manager who would feedback information to staff. The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. Staff were clear about their roles and responsibilities. The unit manager told us learning was circulated to staff. All staff members had a work email account and managers ensured updates were sent to staff via email.

However, some areas of the service did not have adequate managerial oversight. For example, the ongoing breach of the monitoring and management of medicines that require refrigeration. As well as the ongoing breach for the management of emergency medicines that we found had expired. This showed lack of improvement in the service following our previous inspection.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

The service had risk assessments in place for a wide range of hazards, this included needlestick injuries and pregnant staff working in the service. All risk assessments contained details of controls in place and were RAG (Red-Amber-Green) rated. RAG rating is the process using colour ratings to indicate the level of risk are where green denotes a 'favourable' value, red an 'unfavourable' value and amber a 'neutral' value.

There was a corporate risk register and a local risk register. The local risk register was reviewed on a six monthly basis or as needed. None of the local risks were identified to be high enough risk to be included on the corporate risk register.

Risks on a local level reflected risks identified on inspection, such as risk of machine failure or anaphylaxis caused by contrast administration. Staff told us that contrast was only administered when 2 radiographers were present and this was detailed on the risk register as a mitigating action.

The service had business continuity plans in place. These ensured that the service could operate in the event of an unexpected disruption to the service. We saw there were continuity plans for a range of incidents, these included loss of power and staff shortages. The business continuity plans included clear details of who held overall responsibility, impact and actions to be taken.

Requires Improvement

Diagnostic imaging

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

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Managers proactively monitored demand, activity and capacity and made decisions with the host to meet key performance indicators. There was a monthly regional service managers meeting. These meetings were used to monitor performance and identify improvement. We reviewed the minutes from these meetings and saw how they covered a range of issues including regional incidents including those reportable to the CQC.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff were encouraged to participate in the annual staff survey. The most recent outcome from this was based on responses from November 2019 with 76% response across the entire company. The provider has implemented an action plan in place to address any issues raised. The provider said they had implemented focus groups to further discuss issues raised but saw no evidence from these.

The most recent staff survey was completed in 2021, however we saw no outcome from this survey or discussion of outcome within staff meetings.

The service emailed patient satisfaction surveys to patients after their scans. The service was working to help improve uptake of feedback by asking for patients' emails prior to their scan. Patient experience and complaints were also discussed at the monthly regional managers meetings.

Leaders of the service collaborated with the local NHS trust to help improve services for patients. We heard how the service met with the NHS to discuss capacity requirements and actively communicated any additional capacity they were able to offer.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service was supporting a clinical assistant to undertake training to become an assistant practitioner through a two-year programme with a university. Radiographic staff were able to access support and training to support continued professional development. All staff we spoke with were committed to continued professional development.