Alliance Medical Limited Southampton Alliance MRI Unit

Quality Report

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

Ratings

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

Summary of findings

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Southampton Alliance MRI Unit is operated by Alliance Medical Limited. The service provides magnetic resonance imaging diagnostic scans on an outpatient basis. Facilities include a scanning room, a control area for the radiographers, two patient changing areas with privacy curtains and an open area for staff with a desk. The service also shared some facilities with the host hospital that included a patient waiting area and reception area.

The service provides diagnostic facilities to children and young people (17 to 18 years), and adults. We inspected this service using our comprehensive inspection methodology. We carried out this unannounced inspection on 29 January 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 the first time we rated this service. We rated it as **Good** overall.

We found the following areas of good practice:

- Positive patient identification took place when patients arrived for a scan appointment.
- Staffing was sufficient to keep people safe.
- The service used evidence based processes and best practice, this followed recognised protocols. They used technology to improve the service they provided.
- Staff demonstrated a kind and caring attitude to patients. This was evident from the interactions we witnessed on inspection and the feedback provided by patients.
- Patients' needs were met through the way services were organised and delivered.
- Staff reported they felt supported, respected and valued on a local and corporate level. Staff stated they felt empowered to make suggestions, make changes and improvements and this was actively encouraged.

However,

- There were shortfalls in medicines management, in relation to expiry dates and storage of medicines.
- Control of Substances Hazardous to Health (COSHH) risk assessments were overdue the review date on the risk assessment.
- Not all equipment was serviced according to manufacture instructions.
- Not all staff had signed to confirm they had read new practices and procedures. For example, some staff had not signed to show they had read the business continuity plans or safeguarding pathway.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice. Details are at the end of the report.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Overall summary

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	The Southampton MRI unit provides a magnetic resonance diagnostic imaging (MRI) service. The service is based in Southampton. We rated responsive, caring and well led as good, and safe as requires improvement. We do not currently collect sufficient evidence to enable us to rate the key question effective.

Summary of findings

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Good

Southampton Alliance MRI UNIT

Services we looked at
Diagnostic imaging

Summary of this inspection

Background to Alliance Medical Limited 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's main contract was with an independent provider co-located on the same NHS hospital site. The unit primarily serves the communities of Southampton. It also accepts patient referrals from outside this area.

At the time of the inspection, a new manager had recently been appointed and was registered with the CQC for this location on 21 December 2018. The registered manager had been working at another Alliance Medical Limited location for almost five years before transferring to Southampton. We last inspected this service in March 2013, when it was compliant with all standards of quality and safety it was inspected against.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Amanda Williams, Interim Head of Hospital Inspection.

Information about Alliance Medical Limited Southampton Alliance MRI Unit

The Southampton MRI unit is a modular static unit that provides a magnetic resonance diagnostic imaging (MRI) service which undertakes scans on patients to diagnose disease, disorder and injury. The unit is co-located with an NHS hospital in Southampton.

The unit also utilises office reception space within the NHS hospital, in an area operated by an independent healthcare provider. This enabled the service's main contracted patients to have access to a member of the administration team at the time of booking.

The unit is registered to provide the following regulated activities:

Diagnostic and screening procedures.

During the inspection, we visited the scanning room, control area, patient preparation area and waiting area. We spoke with six staff including two radiographers and an administrator. During our inspection, we reviewed two sets of electronic patient records.

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

Activity (November 2017 to October 2018)

- The service undertook 2,130 scans during the reporting period.
- 17 of these scans were on children and young people (aged 17-18 years)
- The service employed two radiographers, a registered manager, two clinical assistants and a receptionist.

Track record on safety

- No Never events
- Clinical incidents: eight low harm, one moderate harm, no severe harm or deaths
- No serious injuries
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA).
- No incidences of healthcare acquired Meticillin-sensitive staphylococcus aureus (MSSA).
- No incidences of healthcare acquired Clostridium difficile (c.diff).
- No incidences of healthcare acquired Escherichia coli (E-Coli).
- No complaints

Services accredited by a national body:

Summary of this inspection

- Accreditation with the United Kingdom Accreditation Service (UKAS) for the period July 2018 to July 2021. The scheme is a clinical service accreditation and peer review scheme endorsed by the Royal College of Radiologists and College of Radiographers.
- International Organisation for Standardisation – information security management systems, ISO 27002, October 2017 to October 2020.

- Investors in people, March 2017 to March 2020.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds maintenance
- Maintenance of medical equipment
- Resident medical officer (RMO) provision
- Use of hospital facilities
- Use and maintenance of premises
- Laundry

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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?

Requires improvement

We rated it as **Requires improvement** because:

- There were concerns about medicines management, in relation to expiry dates and storage.
- Servicing of equipment was not always managed effectively.
- The risk assessments for the control of substances hazardous to health (COSHH) regulations 2002 was due for review in October 2018, this had not been undertaken at the time of our unannounced inspection.

However

- Positive patient identification took place when patients arrived for a scan appointment.
- Incidents were reported, investigated well and learning was implemented.
- Staffing was sufficient to keep people safe.
- Risks to patients were identified and assessed effectively, this was supported by effective safety processes.
- Staff were compliant with infection prevention and control practices.
- Staff received safeguarding training and understood what to do if they identified a safeguarding concern.
- The serviced had good levels of compliance with mandatory training.
- Records were up to date and complete and kept safe from unauthorised access.

Are services effective?

We do not rate effective, but we found the following:

- The service used evidence based processes and best practice, this followed recognised protocols. They used technology to improve the service they provided.
- The service paid due care to patients' pain.
- Scans were timely, effective and reported on in good time.
- Staff were skilled and competent and kept up to date with their professional practice.
- The service worked well with internal and external colleagues.
- Staff understood their responsibilities regarding patient consent and the Mental Capacity Act (2005).

However

Summary of this inspection

- A system was in place for staff to sign and confirm they had read new practice guidance and procedures. Not all staff had completed this process.

Are services caring?

Good

We rated it as **Good** because:

- Staff demonstrated a kind and caring approach to their patients.
- Interactions were professional, respectful and courteous.
- Staff supported the emotional needs of patients and provided reassurance.
- Staff communicated well with patients, parents and carers and ensured their questions were answered.

Are services responsive?

Good

Are services responsive?

We rated it as **Good** because:

- The delivery of the service met the needs of people who accessed the service.
- Individual needs of people were taken into account.
- The facilities and environment were suitable for use by patients.
- The service had not received any complaints but acted upon informal feedback from patients, staff and incidents.

Are services well-led?

Good

Are services well-led?

We rated it as **Good** because:

- The service had a supportive, competent and experienced manager.
- Staff understood and were invested in the vision and values of the organisation.
- The culture was positive and staff demonstrated pride in their work and the service provided.
- Risks were identified, assessed and mitigated. Performance was monitored and data used to seek improvements.
- Information was utilised and managed well. Data was kept secure and was organised well to assist with performance.
- Engagement with staff, stakeholders and partners was a strong feature of the service.

However

Summary of this inspection

- The governance arrangements did not always ensure clear oversight, in relation to medicines management, equipment servicing and risk assessment review.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Start here...

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

Safe	Requires improvement
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Requires improvement

Mandatory training

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

- The service had a corporate mandatory training policy. This was based on a training needs analysis undertaken in September 2018 which determined which training staff had to undertake based on their roles and responsibilities. They were required to undertake a range of general and role specific mandatory training modules in line with the policy and the mandatory training schedule. This also set out the frequency that each module was to be repeated. The majority of these were online training.
- Subjects included immediate life support, safeguarding children and vulnerable adults, infection prevention and control, magnetic resonance imaging (MRI) safety, equality and diversity and moving and positioning people.
- Compliance with mandatory training was good, most permanent staff had completed all the required training. Staff were also made aware of the need to update their training 60 days before their mandatory training expired. Both radiographers had some mandatory training that needed to be completed within the next two months.
- Mandatory training completion was linked to annual increments and was monitored closely at corporate level.
- Bank staff were also monitored for their mandatory training compliance and if they were not compliant they were not booked for assignments. We saw evidence to support this. Locum, agency and bank staff also had to undertake some essential familiarisation of Alliance Medical Limited policies and procedures, which included the completion of the MRI safety screening form.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

- Safeguarding vulnerable adults and safeguarding children and young people was included in the service mandatory training programme.
- Percentages of staff trained in safeguarding
  - Level 1 (children and young people) 100%
  - Level 2 (children and young people) 100%
  - Level 3 (children and young people) 75%
  - Level 1 (adults) 100%
  - Level 2 (adults) 50%.
- Staff had access to a level three and level four trained staff member at Alliance Medical Limited, who was off site but available for advice via the telephone or email.
- There was a safeguarding policy for vulnerable adults and for safeguarding children and young people which were accessible to staff. These policies were due for review in October 2020. Staff we spoke with could explain what they would do if they had a concern about a patient or their family member and they understood the correct process to follow.

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.

Good

Diagnostic imaging

- During our inspection we observed that the location appeared visibly clean, tidy and free from clutter. We saw evidence that cleaning regimes were completed and that these were audited monthly. The corporate benchmark for the yearly infection prevention control audit for 2018/2019 was 90%. The unit was visited in March 2018 and achieved a score of 92%. An action plan was developed where improvement could be achieved, to be monitored by the registered manager.
- We saw staff followed infection prevention and control practices and cleaned their hands appropriately between every episode of direct patient care. We saw the clinical assistants cleaned equipment in between each patient use. The unit had a certificate to evidence the last deep clean took place on 12 January 2019.
- There was an infection control policy which staff were aware of. Staff also received mandatory training in this subject.
- The yearly infection control report dated October 2018 noted that an insertion of peripheral vascular device audit was carried out monthly. No areas of concern had been identified.
- There was a process for managing infectious patients. Those patients were asked to attend at the end of an imaging list, in order that staff could appropriately clean equipment and clinical areas following their scans.
- A legionella risk assessment had been undertaken by the servicing department in November 2018, and a satisfactory report received. The legionella risk assessment defined the ongoing control scheme (temperatures checks, tank inspections, outlet flushing, water sampling), and any remedial actions that may be necessary to control the risk from legionella exposure. We were also shown evidence that the taps were run weekly for one minute. This was in line with Health and Safety Executive legislation.

Environment and equipment

The service had suitable premises. There were some gaps in the management of equipment.

- There was a lack of assurance that equipment was regularly maintained. The injector pump for the contrast medium in the scan room was last serviced in 2016. After the inspection, the registered manager (RM) told us staff had not used the pump and injected the contrast medium by hand, and the provider told us the injector pump was part of a yearly service contract. The RM later informed us a service had been booked for the injector pump on 13 February 2019, and they had placed a note on the injector pump to state do not use. The RM confirmed on 21 February 2019 the injector pump had been serviced, and put back into clinical use.
- At the inspection, staff were unable to provide a record to show when the wheelchair and trolley had been last serviced. Following the inspection, the RM requested service dates from the contractor and confirmed this equipment had passed an annual service on 10 August 2018.
- The service had a 'grab bag' and some emergency and resuscitation equipment. This was stored in the control room of the unit and was checked as recommended by the provider. However, the paediatric high concentration mask and tubing use by date expired in December 2018. We pointed this out to the RM, and following our inspection this equipment was replaced by the provider on 5 February 2019.
- The risk assessments for the Control of Substances Hazardous to Health (COSHH) Regulations 2002 were due for review in October 2018, this had not been undertaken at the time of our inspection.
- The service had a first aid kit, which was last recorded as being checked on 22 November 2017. We were told the first aid kit had been checked monthly, but staff had not recorded the checks. When we checked the contents of the first aid kit, all the items were in date.
- Equipment in the MRI unit was labelled in line with guidance. For example, the MR trolley used in the scan room was marked as MR conditional and the defibrillator stored in the control area MR unsafe. MR conditional wasan item that has been demonstrated to pose no known hazards in a specified MRI environment with specified conditions of use. The trolley was used for emergencies to take patients out of the scanning room to the control room.
- The design and layout of the facilities was sufficient to keep people safe. There was a key code access into the magnetic resonance imaging (MRI) facility and the door to the MRI room was kept locked to prevent unauthorised access.
- There were appropriate warning notices to advise about the risks of the MRI scanner.

- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort different types of waste and sharps and these were labelled appropriately.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

- Radiographers screened the referrals, and if they had concerns they referred them to the corporate team's radiologists for review before offering an appointment. The RM explained this would usually be for scans in the abdominal area, rather than areas such as the knee. This was to ensure they could achieve images of good diagnostic quality.
- We observed staff following the provider's guidance to obtain positive patient identification when patients arrived for their scan appointments. Patients were asked to tell staff their name and other personal details and what they were having scanned, rather than details read to them and just confirmed by patients.
- A standard operating process guiding safe MRI was displayed in the control area and had been signed by staff.
- There were always two staff on duty who were Immediate Life Support (ILS) trained. The service also had access to an emergency resuscitation team who would attend in the event of an emergency. The team worked for an independent provider based in the hospital.
- The service had practiced an emergency resuscitation situation in June 2018; an external company came in a set up an unannounced scenario which staff participated in. Feedback was given and an improvement were suggested by the training provider. The was to ensure a team leader was clearly identified in an emergency resuscitation situation.
- Call bells were available within the MRI scanner which patients could press if they wanted the scan to stop.
- Risk assessments were carried out by the referring individual to determine if the patient was fit for the planned MRI scan. They also determined the risk of administration of contrast, against the potential benefits of the scan. A further risk assessment was conducted by the radiographer when the patient arrived for the scan. They carried out a comprehensive screening process to ensure the patient was safe to enter the scan and understood the safety precautions. This included a question to check for pregnancy. During our inspection we saw that screening procedures were effective and screening questionnaires were scrutinised appropriately by radiographers.
- Emergency protocols were in place if a scan revealed something requiring urgent medical intervention.
- Patients' renal function was checked before the prescription of contrast medium, where contrast medium was needed to ensure effective scans.
- A fire risk assessment was in place. The RM showed us that porters and security staff at the adjacent NHS hospital had detailed information, including staff contact numbers, to use in the event of a fire at the unit.
- Alliance Medical Limited had a medical physics expert, if technical advice was required.

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.

- There were sufficient radiographers on duty to maintain patient safety. Staffing followed Alliance Medical Limited's staffing requirements for the safe scanning pathway procedure.
- There was one staffing vacancy for a radiographer at the time of our inspection but this was supplemented by the regular use of a bank radiographer.
- The radiographers were supported by two clinical assistants. The clinical assistants supported patients with the completion of the safety questionnaire and consent form. Administrative support was available to support patients through the booking process.
- The service did not employ any medical staff, however they had access to medical support from an independent provider based within the same NHS hospital site, in the event of a medical emergency.

Records

Staff kept detailed records of patients care and treatment.

- Referrals were received either when staff walked over to the unit and passed a form across, email or fax and all were entered on to the Alliance Medical Limited radiological information system (RIS).
- Patients personal data and information was kept secure and only staff had access to that information. Staff received training on information governance and records management as part of their mandatory training programme.
- Staff completing the scan updated the electronic records and submitted the scan images for reporting by the relevant organisation. They had two systems which they could switch between depending on the referral organisation.
- During our inspection we viewed a sample of records and they were completed in accordance with the providers policy and professional best practice guidance.

Medicines

The service followed best practice with prescribing, giving and recording medicines. However, there were concerns with checking if emergency medicines were fit for use and the storage of medicines that required refrigeration.

- We checked the emergency medicines in the emergency grab bag. There were two auto-injectors for adrenaline, the 500mcg adrenaline had expired in July 2018 and the 300mcg adrenaline in November 2018. The Department of Health and Social Care issued two supply disruption alerts in relation to adrenaline auto-injectors including the 300mcg dose in September and October 2018. The service did not know if the adrenaline 300mcg held by them was included in the specific batch numbers which the medicines and healthcare products regulatory agency (MHRA) had advised could be used four months past their expiry date.
- The RM informed us on 5 February 2019 they had replaced the auto-injector adrenaline 500mcg and 300mcg with new stock. The RM informed us the service should have had spare auto-injectors of both strengths, and they had also requested these.
- The service had point of care testing strips and testing liquid for another service stored in the fridge with food. It had not set up a system to monitor fridge temperatures. The RM, following the inspection, informed us that a small fridge and thermometer had been delivered to the location on 5 February 2019 to store the point of care testing items.
- The service had a first aid kit with eye wash solution included. The eye wash solution had expired in June 2018. The RM informed us on 5 February 2019 that new eye wash solution had now been received.
- Medicines were stored in a locked cupboard. The room temperatures were not checked and recorded to ensure medicines stored according to manufacturer's instructions. This meant the provider could not be assured that medicines were stored appropriately and remained fit to use.
- Contrast was administered to patients by way of a patient group direction. A patient group direction (PGD) is a written instruction for the supply or administration of a licensed medicine in an identified clinical situation, where the patient may, or may not, be individually identified before presenting for treatment. This version of the patient group direction policy had been issued in July 2018, and was due for review in July 2021. Radiographers assumed responsibility for preparing contrast solutions which had been identified for use for a range of MRI scans.
- An up to date medicines management policy was in place which was accessible to staff.
- Specialist pharmacy support was available through a service level agreement with an external partner. This advisor supported staff and ensured compliance with national recommendations on medicines.

Incidents

The service managed safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

- There was a standard operating procedure (SoP) in place for the reporting and management of all adverse events and serious incidents. The SoP was in date and had a review date.
- Staff understood duty of candour (DoC) 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 provide reasonable support to that person. The service had a duty of candour policy and staff were familiar with this.

- The service had an electronic system for the recording of incidents and their management. A review of the adverse incidents from November 2017 to October 2018 indicated eight low harm and one moderate harm incident. All the incidents had been fully investigated and closed.
- The moderate harm incident was when the images from a scan were of concern. The unit sought immediate help, and the patient was referred for specialist advice. Other incidents ranged from information governance to concerns with MRI safety and metal objects. Following these incidents lessons were learned, these included the need to maintain robust checks with the patient regarding MRI safety. During our inspection, we observed staff checking with patients several times whether they had any metal on them before going in for their scan.

Are diagnostic imaging services effective?

We do not currently collect sufficient evidence to enable us to rate this key question.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness. The service manager did not always have assurance that staff were up to date.

- National Institute for Health and Care Excellence (NICE) and evidence based practice guidance was taken into account. Radiographers followed evidence based protocols for scanning of individual areas or parts of the body. Radiologists were able to advise as needed with protocols.
- A corporately developed audit schedule was in place. This included image quality, reporting of images, information governance, infection control and patient satisfaction surveys.
- A system was in place for staff to sign and confirm they had read new practices and procedures. There were some gaps in the signing off. For example, some staff had not signed to confirm they had read the business continuity plans or safeguarding pathway. This meant the registered manager did not have assurance that all staff were up to date with new practices and procedures.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

- Patients had access to drinks machines, water fountains and snacks in the waiting areas which were provided by the host hospital.
- The service requested patients with diabetes to contact the unit before their scan, so as staff at the unit aware and could advise patients as needed.

Pain relief

Staff assessed and monitored patients regularly to see it they were in pain.

- Staff were alert to any pain experienced by patients. They tried to make patients as comfortable as possible during their time in the unit.
- Patients were advised that most scans took about 30 minutes, but some could take up to two hours, depending on the area/s being scanned. Patients were advised to contact the service if they had any questions, concerns or suggestions prior to their scan appointment.
- If patients were uncomfortable or in pain during their scans, they were advised to alert the radiographer. If necessary their scan could be abandoned or postponed if they were unable to continue.

Patient outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve them.

- The provider, Alliance Medical Limited, had achieved accreditation with the United Kingdom Accreditation Service for the period July 2018 to July 2021. The scheme is a clinical service accreditation and peer review scheme, endorsed by the Royal College of Radiologists and College of Radiographers, that provides independent assurance that certain standards are being met.
- Audits of the quality of the images were undertaken at a corporate level. During 2017 corporately over 10,00

cases were audited. The image quality results demonstrated that 98% were of good diagnostic values. Cases where there were severe and un-interpretable images were further reviewed, and appropriate additional information provided to the referring clinicians.

Competent staff

The service made sure staff were competent for their roles. A system was in place for appraisal of staff work performance.

- There was an induction plan for new staff which included a health and safety induction, modality safety rules and key policies. The two clinical assistants had started in the unit in November 2018, and senior staff showed us the progress they had made with their six month induction and completion of mandatory training.
- There was a corporate induction and competency checklist for ensuring temporary staff were safely inducted to the service.
- Clinical staff had the right skills and training to undertake MRI scans. This included the insertion of intravenous devices, when contrast medium was required. Staff who inserted intravenous access devices to patients had received training on the specific procedures necessary for the safe insertion and maintenance of the device and its removal. There was an intravenous access policy that staff were aware of. Compliance with staff skills and training was monitored at a corporate level and by the registered manager.
- The radiographers we spoke with told us that they had regular appraisals, which they found helpful.
- The administration member of staff could not recall when they had last an appraisal. The RM planned to put in place an appraisal for this member of staff in the next few months.

Multidisciplinary working

The service worked well with independent and NHS partners to benefit patients.

- The team worked well with independent and NHS partners. This enabled any concerns to be addressed promptly.
- The registered manager had a conference call early in January 2019 with their NHS partner to improve the transfer of patients' scan images. There had been some delays due to an issue with patient identification numbers in use by Alliance Medical Limited and the NHS. They had a follow up meeting planned to review progress.

Seven-day services

The service was not established to offer a seven-day or emergency service

- The service was open Monday to Saturday 8.30 am to 6.30pm.
- Appointments were flexible to meet the needs of patients, and they were often available at short notice.

Consent and Mental Capacity Act

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

- The staff we spoke with were aware of the need for consent and gave patients the option of withdrawing their consent and stopping the scan at any time.
- The service used a MRI safety consent form to record the patients' consent which also contained their answers to safety screening. Patients completed the MRI safety consent checklist form which staff later scanned onto the electronic system within the patients' electronic records.
- Staff had received training on mental capacity, although they stated they would not be likely to see patients with mental capacity issues in their service. They were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions.

Are diagnostic imaging services caring?

Good

We rated caring as **good.**

Compassionate care

Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Good

Diagnostic imaging

- Staff demonstrated a kind and caring attitude to patients. This was evident from the interactions we witnessed on inspection and the feedback provided by patients.
- Staff introduced themselves and utilised the 'Hello My Name Is' ideology. They explained their role and went on to fully describe what would happen next.
- Staff ensured that patients' privacy and dignity was maintained during their time in the facility and MRI scanner.
- The unit participated in the friends and family test. The question asked was 'How likely are you to recommend our services to friends and family if they needed similar care or treatment?'. The unit displayed the data for December 2018 which showed over 90% had indicated 'likely'.

Emotional support

Staff provided emotional support to patients to minimise their distress.

- Staff supported people through their scans, ensuring they were well informed and knew what to expect.
- Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calming and reassuring demeanour so as not to increase anxiety in nervous patients. Staff told us they would also offer to slow the scan process, if patients felt that would help. Patients were offered the opportunity to bring a CD of their choice with them.
- We observed that the staff provided ongoing reassurance throughout the scan, they updated the patient on how long they had been in the scanner and how long was left.

Understanding and involvement of patients and those close to them

- The service allowed for a family member or carer to remain with the patient for their scan if this was necessary or requested.
- The details of the scan, the precautions and what would happen was fully explained to patients and their relatives. They were encouraged to ask questions and we observed patients were given time to have these answered by staff.

Are diagnostic imaging services responsive?

Good

We rated responsive as **good.**

Service delivery to meet the needs of local people

The unit provided a service in a way that met the needs of local people accessing the service.

- The unit was a static modular unit based within an NHS hospital site. The unit offered a wide range of standard, complex and contrast based scans for muscular skeletal, urology, gynaecology, abdominal, neurological and ear, nose and throat patients. The unit offered a service for patients over 16 years of age.
- Since January 2016, the unit had offered a walk-in service for a private provider. Prior to an MRI scan being booked for patients, the referral would be checked following a local procedure. This included ensuring patient identification details were included. Also, the examination and modality requested by the referrer needed to be clearly indicated, and the clinical information supplied had to be sufficient to justify the examination, following national and local guidelines. On the day of our inspection, a patient attended for a scan who had walked in that day. The service had additional contracts with an NHS trust and private providers.
- To offer an increased choice for patients and referrers, the unit offered a six-day service from Monday to Saturday. On a Saturday, the service was provided for patients who did not require contrast. Patients that required contrast scans were booked in Monday to Friday. The unit was open from 8.30am to 6.30pm.
- Patients reported to a reception in a welcoming waiting area located close to the unit, where refreshments and toilets were available. Patients were then escorted to the unit by a member of imaging staff. The main door to the scan unit was unlocked via an electronic key pad.
- The unit was compact, and the patient area small. The two areas for patients had a chair each and privacy curtains. Due to the size, staff aimed not to have two patients in the unit at the same time. During our

inspection, we observed this practice was being followed by staff. Toilet and waiting facilities were shared with the local hospital and were close to the unit.

Meeting people's individual needs

The service took account of patients' individual needs.

- The unit had a small ramp up to it, and so was wheelchair accessible. The radiographers and clinical assistants had moving and positioning people face to face training upon employment and then every three years. An MRI compatible wheelchair was available and staff transferred patients to this wheelchair from their own in the control room. This was to prevent taking patients own equipment (non MRI compatible) into the MRI environment.
- Staff had received training in equality and diversity and were expected to demonstrate these values throughout their work.
- We observed staff supporting a patient who had arrived for a scan following a challenging journey. The patient required support to prepare for the scan due to a medical condition. Staff demonstrated a kind and professional approach in supporting the patient.
- Staff provided a translation service to patients who used English as an additional language. Staff would use a face to face interpreter for scans requiring contrast. If a non-contrast scan was being performed or no support was required face to face, the staff arranged a telephone interpretation service.
- For patients who required additional support due to a sensory impairment, staff liaised with the patient or supporting individual and referring team to establish the best form of support and services to assist. A hearing loop was available in the reception area.
- If patients were claustrophobic staff offered them the option of a larger bore scanner at a nearby NHS trust or access to an open MRI scanner at an Alliance Medical Limited location in London.
- Patients had access to a locker for their valuables and any metal objects. If patients needed to remove any clothing, this could also be placed in the lockers. Patients could place the key to the lockers just inside the scan room, so they could be confident their property was safe whilst they were having their scans.

Access and flow

People could access the service when they needed it. Arrangements for patients having MR were in line with good practice.

- Referrals for scans were received in five ways. The majority were from a large independent contract with the provider. The referrers' names were checked during the referral process to check they were authorised to refer for a particular examination.
- All referrals received were entered on the provider's radiological imaging system (RIS). The radiographers and radiologists checked and justified the procedure request.
- Once referrals had been justified, each patient was contacted by telephone to book an appointment within the required turnaround time and priority status. Staff booked appointments by telephone if possible to reduce 'did not attend' rates. All call logs and information was entered on RIS. If the unit was unable to contact the patient within the set time frame, staff sent an appointment letter or a request for the patient to telephone the unit.
- Once patients' appointments had been booked, depending on the date of the appointment, a confirmation pack was sent via post or by email. The pack included the appointment letter, map, scan information leaflet and safety questionnaire.
- Staff checked each day's referrals to ensure all relevant information required was available and a day list was printed for the reception and scanning teams.
- The service recorded the times taken between referral to them for a scan and a scan being booked. They also recorded the time from the scan to when the scan was reported.
- The unit had undertaken an audit of receipt to referral to scan for MRI patients from April to June 2018. The unit aimed to have patients booked within seven days. The audit showed that 85% of patients were booked by the unit within seven working days, and 59% of this total were booked within three working days. The booking times were influenced by the examination needed and if a radiologist needed to complete a protocol and patient choice surrounding blood tests. MRI protocols are a

combination of various MRI sequences, designed to optimally assess a particular region of the body and or/ pathological process. The unit planned to repeat this audit in six months or sooner if the contract changes.

- The unit had also undertaken an audit of turnaround times for MRI patients referred through their largest contract. The agreed turnaround time was five days from the point of the scan to the report being published. For patients that had MRI scans, 99% were reported on within five days.
- An audit of private referrals was undertaken from June to December 2018. The referral to scan time was within five days, and the scan to publish time was within two days.
- No scans or procedures had been cancelled at short notice for non-clinical reasons during the report period 1 November 2017 to 31 October 2018.
- No scans had been delayed for non-clinical reasons from 1 November 2017 to 31 October 2018.

Learning from complaints and concerns

The provider was committed to improving services by learning from when things went well and when they went wrong.

- The provider had a management of concerns and complaints policy and procedure. There were 'compliments, concerns and complaints' leaflets available within the unit and reception area. Concerns could be raised verbally with staff in the unit or through the customer care team.
- During our inspection a patient who had reported for a scan raised a concern. Staff dealt with the situation kindly and professionally. The patient thanked them for their support.
- Patients could participate in a patient satisfaction survey post scan, where they could mention any concerns or feedback. However, the provider informed us this was via an email link, which not all patients may be able to access. The patient satisfaction survey comments were reviewed monthly by the registered manager and provider leadership team.
- The unit had not received any formal complaints in the reporting period from 1 November 2017 to 31 October 2017.
- Concerns, complaints and lessons learned were featured in the 'risk bulletin' publication that was shared with all staff. We saw two examples in the 'risky business' bulletin for August 2018. One lesson learned raised awareness of the importance of radiographer communicating with patients during their scan. The other about explaining to patients if using a mobile telephone rather than a landline for business purposes. There had been some complaints about patients believing staff to have made or received personal calls using their own mobile telephones when with patients.

Are diagnostic imaging services well-led?

Good

We rated it as **good.**

Leadership

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

- The unit was part of Alliance Medical Limited which was led by a managing director, with several staff reporting to them that included a medical director, human resources director and a commercial and operations director. The registered manager (RM) at the unit reported to the commercial and operations director.
- The registered manager was an experienced registered manager and a radiographer by background. They appeared capable and knowledgeable in leading the service. They were enthusiastic in leading the service and were keen to improve the quality and service provided. They stated they were supported and empowered by Alliance Medical Limited to take forward initiatives and make adjustments to the service.
- The RM had started at the location on 21 December 2018, having worked for almost five years at another Alliance Medical Limited location. Staff we spoke with found their new manager to be supportive, inclusive and effective in their role. They spoke positively about the management of the service.
- The RM also had a national role within the business which they enjoyed. The role supported them with having close working relationships within the Alliance Medical Limited corporate and quality governance structure.

Vision and strategy

The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and keys partners with whom they worked.

- The service was aligned to the Alliance Medical Limited strategy. The unit's vision was to make improvements in productivity, scan take up and provide good customer service.
- Staff in the service were invested in and were committed to this vision. They understood the part they played in achieving the aims of the service and how their actions impacted on achieving the vision.
- The service had core values in place which staff were familiar with and able to quote. The appraisal process for staff was aligned to these values and staff had to provide examples of how they demonstrated the organisational values.

Culture

There was a positive culture at the unit that supported and valued staff, creating a sense of common purpose based on shared values.

- The staff we spoke with were positive and happy in their role and stated the service was a good place to work.
- Staff reported they felt supported, respected and valued on a local and corporate level. Staff stated they felt empowered to make suggestions, make changes and improvements and this was actively encouraged.
- Staff demonstrated pride and positivity in their work and the service they delivered to patients and their service partners. Staff were happy with the amount of time they had to support patients which was one of the things they enjoyed about their role.
- There was a positive approach to reporting incidents and changes being implemented in response to incidents. Staff described a 'no blame' culture.
- There was good communication in the service both from a local managers perspective and at corporate level. Staff stated they were kept informed by various means, such as newsletters, team meetings and emails.
- They stated teamwork was excellent both within the MRI unit and with the services they provided contracted work for.
- Equality and diversity was promoted within the service, with training provided. Staff were aware of the need to ensure people with a disability or sensory loss were given information in a way they could understand.

Governance

The governance arrangements at the unit did not always work effectively.

- The arrangements for governance did not always work effectively, with regards to equipment, medicines management and risk assessment. Staff did not seem to be clear about their role and accountability in relation to the adrenaline 500mcg that had expired in July 2018, the need to replace equipment past the manufacturer's use by date or record the checking of the first aid equipment.
- Local team meetings had been held at the unit. We were sent the minutes of the meetings held in November 2017 and October 2018. The October meeting recorded 'discussed risky business' and 'any stock issues – CUK and Dotarem' but did not include detail of what was discussed. There was an action plan developed but from the notes, it was not possible to tell if all the issues needed to be monitored had been. The RM, who had been in post since 21 December 2018, planned to have their first local team meeting on 31 January 2019.
- Corporate clinical governance meetings were held every three months, and an integrated governance and risk board meeting every six months. There was evidence of discussions regarding incidents, complaints, policies, performance and updates from sub committees with actions allocated to individuals with appropriate timescales included. Staff recorded minutes from these meetings. The meeting dates and minutes for these meetings were on the Alliance Medical Limited intranet site for all staff to be able to access. The RM kept a note of the dates of these meetings in their calendar, and told us they accessed these minutes as they were published for information.
- The RM explained the unit did not have formal contract meetings with the services they provided scans for, but met if there were issues or concerns. In January 2019, the RM had met with one of the services to plan follow up appointments differently to support referral to treatment times of 18 weeks. The RM had also had a discussion with another service during January 2019 with whom there was less work due to the nature of the

service, and scans slots had been unused. Changes were agreed to reduce the number of available daily slots for this service. The RM and the referrer for this service agreed they would monitor this arrangement and review how this agreement worked.
- A corporate bulletin called 'Risky Business' was circulated monthly to all staff by email. This described incident and complaints that had occurred across the business, and key learning points for staff.

Managing risks, issues and performance

The unit had an effective system in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

- The service had their own risk register. The identified risks were then coded into four groups, MRI, general, fire and violence and aggression. The service took action as needed to gain assurance that risks were managed. For example, all patients who needed contrast medium had their renal function checked to mitigate the risk of a reaction to the contrast medium.
- There were individual risk assessments for any local issues which were monitored by the RM. Several risk assessments had been undertaken that included slips, trips and falls, MR and ferrous objects and manual handling. The risk assessments had all been reviewed either in May or June 2018.
- Performance was monitored on a local and corporate level. Performance dashboards and reports were produced which enabled comparisons and benchmarking against other services. Information on turnaround times, 'did not attend rates', patient engagement scores, incidents, complaints, mandatory training levels amongst others were charted.
- The provider had a business continuity policy in place. When we checked to see if staff had signed to say they had read the policy, there were some gaps. However, staff we spoke with were aware of who to contact if they had issues effecting the running of the unit.

Managing information

The unit collected. analysed, managed and used information well to support their activity, using secure electronic systems and security safeguards.

- The service had access to the Alliance Medical Limited computer systems. They could access policies and resource material from both organisations.
- There were two computers in the unit and the manager had a laptop computer. This was usually sufficient to enable staff to access the system when they needed to.
- The manager demonstrated they could locate and access relevant and key performance records very easily and this enabled him to readily measure and monitor performance of the unit and individual staff performance.
- Electronic patient records were kept secure to prevent unauthorised access to data, by a password being required to access them.
- Information from scans could be reviewed remotely by refers to give timely advice and interpretation of results in order to determine appropriate patient care.
- The provider had achieved accreditation with the International Organisation for Standardisation – information security management systems, ISO 27002, October 2017 to October 2020.

Engagement

The unit engaged well with patients, staff and the public to plan and manage the service, and collaborated with partner organisations effectively.

- Patient satisfaction surveys were sent via email to all those who had been scanned in the department to gain feedback on the service received. This feedback was positive, however the information we received did not detail the response rate.
- Staff surveys were conducted on a corporate level. This assessed employees' experience of work satisfaction and wellbeing. Results were analysed and fed back to staff as a presentation outlining each aspect of the survey. The corporate staff engagement score for the 2018 survey, had a 72% response rate and met the target benchmark. Three 'next steps' had been planned, that included managers to take a collaborative approach in focusing on the areas for improvements, in line with the key drivers for engagement that had been identified.
- The service engaged informally with their partners to understand the service they required and how services could be improved.

Learning, continuous improvement and innovation

Good

Diagnostic imaging

The unit was committed to improving the service by learning from when things went well and when they went wrong.

- In November 2018, the service had decided to employ two rather than one clinical assistant, to be able to support changes in work flow.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- Ensure systems in place work effectively to ensure medicines and equipment are safe for patients use.

Action the provider SHOULD take to improve

- Ensure that the arrangements for governance work effectively.
- Ensure the Control of Substances Hazardous to Health (COSHH) Regulations 2002 risk assessments are undertaken by the review rate on the risk assessment.
- Ensure all staff have regular appraisal of their work performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. Medicines needed for an emergency were not managed effectively. Medicines that needed to be stored between 2 and 8 degrees centigrade were not managed effectively. The injector pump for the contrast medium in the scan room was last serviced in 2016. The provider told us the injector pump was part of an annual service contract. The paediatric high concentration mask and tubing use by date was December 2018.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.