InHealth Limited

InHealth MRI - Wansbeck Hospital

Inspection report

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Date of inspection visit: 30 June 2022
Date of publication: 23/08/2022

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	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Outstanding

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good 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. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. 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 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:

- The service did not always managed safety well.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	Our rating of this service stayed the same. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to InHealth MRI - Wansbeck Hospital

The service is a magnetic resonance imaging service, magnetic resonance imaging (MRI) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body. MRI scanning does not use radiation. An MRI scanner is a large tube that contains powerful magnets. Both private and NHS patients are seen within the service that is located within an NHS host organisation.

Children from the age of four through to adults of any age were seen at the location however complex procedures involving contrast dye for children were carried out elsewhere.

The service has been registered to carry out diagnostic and screening procedures since it was registered in 2011.

The service was inspected last in December 2018. At that time the service was rated as good for safe, caring, responsive and well led aspects of its service. Effective is not rated for diagnostic and screening services.

How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected this service using our comprehensive inspection methodology. Two inspectors, with support from an offsite inspection manager, carried out the inspection on the 30th June 2022.

During the inspection we reviewed a range of documents related to running the service including, a staff members recruitment pack, an independent website browser platform, servicing records of equipment, policies and procedures and contracting service level agreements. We spoke with four members of staff including the registered manager and five patients who had used the service. We also reviewed 5 sets of patient records.

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

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 that cleaning materials are appropriately stored in line with national requirements. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 (2)(e)
- The service should consider that audits and checklists are completed accurately and appropriately such as the medical gas check.
- The service should consider its provisions for children accessing or attending the service with an adult. For example, baby change facilities and child specific distraction aids such as murals.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Outstanding	Good
Overall	Good	Inspected but not rated	Good	Good	Outstanding	Good

Good

Diagnostic and screening services

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Outstanding

Are Diagnostic and screening services safe?

Good

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. A training co-ordinator monitored mandatory training and alerted staff when they needed to update their training. At the time of inspection compliance levels out of 10 staff were 90%. One member of staff was newly recruited to the service and working through training.

The mandatory training was comprehensive and met the needs of patients and staff. Training modules included basic life support for both adults and children, fire safety, data management and mental capacity and deprivation of liberty training. This was in line with Skills for health core skills framework and meant that staff were trained in key areas to keep patients safe.

Managers at the service told us that mandatory training modules in dementia, autism and learning disabilities were in the process of being set up and understood about new statutory guidance to implement learning in these areas.

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. 90% of the 10 staff had completed their training, the remaining member of staff was new to the role and working through the training at the time of the inspection. All staff completed adult and children level two safeguarding modules which was in line with the Royal College of Paediatric and Child Health Intercollegiate guidance and adult safeguarding: Roles and competencies for healthcare staff (August 2018).

Good

Diagnostic and screening services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. For example, the service had worked with the local safeguarding team to update posters about children's safeguarding which were displayed throughout the service in both patient and staff areas and staff could give examples of when they would suspect harm.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. A designated safeguarding lead and deputy were available to staff 24 hours a day on an on-call basis. These leads had undertaken adult and child safeguarding level four training which was in line with statutory guidance and meant that staff had access to advice at all times.

A chaperoning policy and a safeguarding policy were in place for children and young people This was available to all staff electronically. A summary document of the safeguarding policy had been created was displayed in both staff and patient areas meaning staff could quickly refresh key information to keep people safe from harm. Staff were aware of and understood both policies.

There was a system in place to ensure that the correct information was shared and actions put in place for looked after children and children with safeguarding concerns. The host organisation safeguarding team updated their patient information system daily from information received from local authorities. Referral forms for the service contained information taken directly from this system to ensure that alerts were not missed. Appointment letters were sent to the general practitioner to ensure they were recorded and a Was Not Brought policy was in place. A recent example was given of a child that Was Not Brought. The referring consultant and general practitioner were informed, and the appointment rescheduled. This meant that key people involved in the patient's care had shared oversight.

Staff followed safe procedures for children visiting the department. Children were not left alone and only the child and parent or carer waited in the waiting room at any one time. There was a secure buzzer controlled front door meaning that other people could not wander into the waiting room and a security band between the waiting area and corridor to the treatment area meant that children could not wander into controlled areas unaccompanied such as the MRI scanner.

An onboarding team managed the recruitment and pre-employment checks of all people applying for positions within the service. This meant that important pre-employment checks including data barring checks designed to protect vulnerable people were undertaken in line with national legislation.

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 visibly clean and had suitable furnishings which were clean and well-maintained.

Staff followed infection control principles including the use of personal protective equipment (PPE) and the five moments of hand hygiene. An aseptic non touch technique audit was in place and recently the service had collaborated with a vascular access nurse from the host organisation to ensure accurate training for intramuscular administration of medication and to ensure patients receiving intravenous and intramuscular injections such as contrast dye could be managed safely and effectively.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. A cleaning schedule was in place and was monitored by the registered manager for the service.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

At the time of the inspection a cleaning fluid in use was left unattended in a patient area. This fluid should have been labelled with the date of opening and by who. however this information had not been recorded. This was a concern because the cleaning fluid should have been managed in line with the control of substances hazardous to health (COSHH) as a hazardous chemical which if mishandled could cause harm. As such it should be kept securely. This was rectified by the service immediately.

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.

Patients were given buzzers when inside the magnetic resonance scanner so that staff could respond quickly when called. We saw an example of the buzzer being pressed during the inspection and staff reacted quickly.

The design of the environment followed national guidance. This included clear signage of the risks of the magnet, this was displayed widely around the service and on the main door in five different languages, MRI equipment labelling in line with MHRA recommendations.

The equipment was serviced and maintained by the manufacturer and the scanner was replaced in 2016.

The service had access to the national image exchange portal (IEP) although reports were interpreted by radiologists from the host organisation.

The unit was a compact unit comprising of one toilet suitable for disabled services however without baby change facilities. There was a changing room where patients could change into hospital gowns. A small pre procedure waiting area on the corridor consisting of two chairs and a rapid treatment area which had a trolley, emergency drugs and oxygen. This area has a curtain to provide privacy for patients however it was easy to overhear conversations which took place with patients in the waiting area.

A image designed to be calming was displayed on one of the walls in the scanning room although there was no child specific murals, pictures or posters including on the ceiling.

Staff carried out daily safety checks of specialist equipment including on the defibrillator battery, emergency grab bag and resuscitation equipment. A review of the weekly check of the management of medical gases demonstrated that out of the last five weeks a check had been completed three times, in addition the checks had been pre-populated with ticks but not signed for the forthcoming week.

Clinical waste was disposed of by the host organisation. Staff disposed of clinical waste safely.

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.

Staff responded promptly to any sudden deterioration in a patient's health. Staff were aware of how to call for help from the host organisation and were all trained in basic life support until the crash team with more in-depth training attended.

A resuscitation policy was in place, this was in date and contained information about what staff should do in the event of a patient collapsing. All staff had access to this policy electronically and a written copy was kept in the nearby office. This information was also given to agency staff as part of the local induction. Emergency telephone numbers used to call the crash team within the host organisation were displayed in several areas around the service so that staff could quickly get help if they needed it and staff completed cardiac arrest scenarios on a six monthly basis.

An anaphylaxis kit was in the emergency grab bag for patients experiencing life threatening allergic reactions to the contrast solution used for some MRI scans. Anaphylaxis guidelines were up to date. Any allergic reactions which occurred within the service were reported via the yellow card scheme in line with the Medicines and Healthcare products Regulatory Agency. If the allergic reaction was less severe patients were monitored for a longer period of time and provided with an information leaflet explaining what had happened, what to look out for and how to seek help if needed.

Staff completed a patient safety risk assessment for each patient on arrival which including a specific question about the possibility of pregnancy. This was a safety checklist to ensure that patients were suitable to enter the magnet. All visitors also completed this checklist.

If staff were concerned about the emotional or mental health of a patient they were able to contact the referrer to arrange support.

The service had processes in place to escalate unexpected or significant findings this including direct contact with the radiologist reporting on the images, flagging the scan as for urgent review and also monitoring the reporting on urgent requests. In addition, there was an emergency transfer policy in place for patients requiring immediate assessment and interventions and in this eventuality images would be loaded on to the PACS system immediately so that the images could be quickly reviewed.

The service had a process in place for the risk assessment and prevention of contrast-induced nephropathy (kidney damage caused by the contrast dye used in MR imaging). All patients over the age of 75 and any patient who had a risk factor were required to have a specific blood test to show how well the kidneys were working, if the results were below a certain level the service would contact a consultant radiologist or cardiologist to assess the risk versus the benefit prior to proceeding to administer contrast to the patient. This was in line with the National Institute for Health and Care Excellence acute kidney injury guidelines and the Royal College of Radiologists standards for intravascular contrast agent administration.

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 support staff to keep patients safe. Appointments were based around staffing levels which could be flexed to meet demand and altered in cases of reduced staffing.

The service worked hard to retain staff and ensure that staff had the right qualifications, skills, training and experience. For example, staff had been recruited from overseas, an apprentice training course was in place and a post graduate training programme offered to qualified radiographers wanting to specialise in MR imaging. The post graduate role was 18 months of speciality training. One radiographer we spoke to had started in the service on this programme and had progressed to senior radiographer. The apprentiship role began with health care duties in the first year, routine scanning

in year two and complex scanning in the third year. In order to offer as broad an experience as possible the service worked closely with its host organisation to support the shadowing of other modality diagnostics such as X-Ray throughout this programme. At the end of the programme the apprentice qualified and could register with the professional standards regulator.

Managers limited their use of bank and agency staff and requested staff familiar with the service. There was a local induction for agency and bank staff who were able to access all systems including incident reporting and safeguarding.

The service had access to a registered children's nurses from the host organisation children's ward and a children's outpatient clinic that was held daily in office hours. Meaning they could access advice at all times. Immediate help and support for unwell children within the unit was accessed by calling the emergency telephone number meaning that a dedicated team would attend in a timely way. These telephone numbers were readily available throughout the service and next to all telephones. This was in line with the National Quality Board A guide to nursing, midwifery and care staffing capacity and capability and meant that the right people with the right skills were available when required.

Radiologists in hours were from the host organisation. Out of hours the service used a consortium of radiologists who operated under practising privileges. There were ten such arrangements in place. Annual appraisals, medical register checks and indemnity insurance were monitored by a central team. A monthly email was sent from this team to the registered manager with details of compliance. Any member operating under practising privileges who had not submitted the information required within the time scale set out would be suspended from operating for the service.

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 within the service; all records were electronic and access was password protected. We reviewed five electronic records and found them all to be clear, including relevant information and also signed appropriately meaning that people could easily see who had recorded information and when.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to administer medicines safely. Patient group directions were in place for staff administering contrast dye to patients within the service. These directions were in date, signed and had an authorising signature. Staff understood them and could access them easily.

Staff completed medicines records accurately and kept them up-to-date including height and weight of the patient.

Staff stored and managed all medicines and prescribing documents safely.

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.

Good

Diagnostic and screening services

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events or serious incidents within the last 12 months.

Managers understood the duty of candour. Staff were open and transparent and knew how to give patients and families a full explanation if and when things went wrong. Training on duty of candour was part of induction training and there was a prompt on the electronic incident reporting system. Information about duty of candour had been cascaded to all staff following discussion at a recent team meeting. No duty of candour had been required at this service between June 2021 and June 2022.

Staff met to discuss the feedback and look at improvements to patient care and there was evidence that changes had been made as a result of feedback. An example of this was an issue that had been detected in inserting needles into patients so that contrast dye could be administered. This had been raised and investigated.

Are Diagnostic and screening services effective?

Inspected but not rated

We do not rate effective in diagnostic and screening services.

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 policies to plan and deliver high quality care according to best practice and national guidance. A clinical quality team monitored evidence based practice such as the National Institute for Health and Care Excellence guidelines and the Royal College of Radiographers meaning that any changes to recommended practice could be identified and appropriately shared. The superintendent radiographer for the service attended a quarterly meeting where updates were discussed however, if something more urgent notification such as a Medicines and Healthcare Products Regulatory Agency (MHRA) alert was received then both the registered manager and superintendent radiographer were alerted and then information could be shared with staff electronically with a read and sign function so that the service understood who had seen and who still needed to be informed about the change. We saw an example of an urgent notification relating to a piece of suction equipment in February 2022 and an urgent field safety notification by the manufacturer of the magnetic resonance imaging machine sent in April 2022. These had been shared appropriately with staff meaning that care was delivered in line with the most up to date legislation and guidelines.

Nutrition and hydration

Staff gave patients food and drink when needed it.

Staff made sure patients had enough to eat and drink. Patients undergoing contrast dye procedures were offered hot drinks and biscuits and a water machine was located in the reception area.

Good

Diagnostic and screening services

Pain relief

Pain relief was not administered within the service.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Local audits were in place to monitor the implementation and compliance of national guidance including hand hygiene, medicine management, intravenous aseptic non touch technique and clinical documentation audits. These ranged between monthly and quarterly audits. Any areas of audit falling below the expected standard were subject to an action plan and monitoring. Staff that we spoke to understood audits which were completed and knew where to get information relating to them. The superintendent radiographer worked clinically with all members of staff and so was able to feedback information on a one to one basis as well as via emails, team meetings and literature in the staff room and on walls. Any outliers for audits were fed back to the registered manager of the service as part of the governance process.

Consent audits were carried out three times a year within the service.

The service was taking part in three national trials on behalf of the host organisation's cardiology department. At the time of our inspection two of these trials were ongoing and the third was due to be presented to the senior management team in the coming weeks.

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. Managers monitored professional registration checks by undertaking an annual registration audit in February of each year. This audit had been completed in February 2022. A regulator of health and care professions in the UK (HCPC) sets out minimum professional standards required to practice certain roles such as radiography within the UK. By registering on the mandatory register the professional is agreeing to meet the minimum standards of practice they are held to account by this means the service was clear that staff performing MRI examinations were appropriately trained and licenced to practice.

Repeated disclosure and barring checks were co-ordinated by a central human resource team on a three yearly basis.

Managers gave all new staff a full induction tailored to their role. This included a six week supernumerary period which could be extended if required.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisals ran between January and December. At the time of our inspection in June, 100% of staff had an in date appraisal carried out within the last twelve months.

Managers supported staff to develop through regular, constructive clinical supervision of their work. A monthly one to one meeting took place with team leaders and the superintendent radiographer worked alongside staff to support and supervise. If any issues were identified they could be supportively addressed.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Quarterly team briefs took place within the service. Face to face meetings had recently replaced teleconferencing meetings and minutes were shared with staff via an electronic group file and also via email to ensure that staff unable to attend could be kept up to date with important information and changes.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us about opportunities for progression within the service. We heard examples of staff members starting in junior roles and progressing to leaders within the service. Staff were able to focus on areas of particular interest and used this to share good practice. An example of this was a newly appointed role of infection control link practitioner. This role ran alongside the staff members full time position however they had been provided with eight sessions of specialist training and regularly attended infection control meetings so that information could be disseminated amongst the wider team and staff had a point of contact for advice and guidance. In addition to this a health and safety champion was in place and a dementia champion was in the process of being appointed within the service.

Managers made sure staff received any specialist training for their role. Webinars about cardiology procedures and dementia had been completed, and an intravenous cannulation webinar was being created at the time of our inspection.

Managers identified poor staff performance promptly and supported staff to improve. The service operated a performance improvement plan for staff with areas requiring formal support.

Multidisciplinary working

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

Staff held weekly multidisciplinary operational meetings to discuss patients and improve their care.

The service took part in cancer escalation multidisciplinary teams meetings within the host organisation and daily spreadsheets were shared between services to co-ordinate the timely care and treatment of patients with cancer. This was in line with NHS England and NHS Improvement Streamlining Multi-Disciplinary Team Meeting meetings document and The Royal College of Radiographers Cancer multidisciplinary team meetings standards and meant that cancer patients or those waiting for a diagnosis were supported in decision making about their care and treatment.

Staff worked closely with porters from the host organisation which supported the flexibility of appointments and timeliness of in patient scans.

Seven-day services

Key services were available to support timely patient care.

The service was open daily between 8am and 8pm. This was in line with the Royal College of Radiologists Standards for providing a seven-day acute care diagnostic radiology service.

Staff could call for support from doctors and other disciplines and radiological scans could be reported on 24 hours a day depending upon urgency. This meant that patients care and treatment was not delayed whilst scans were reported upon.

Good

Diagnostic and screening services

Health promotion

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

The service had relevant information to support patients after scans where contract dye was used. Leaflets were given to patients telling them what to expect and what symptoms to look out for. There were details of where to get help and advice if they needed it. This meant patients were reassured and knew when and how to seek further support.

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. Training was included as part of staff inductions and also every 36 months as part of mandatory training. Learning disability and autism training was in the process of being procured by the service at the time of the inspection. This was in line with the new Skills for Health national requirement.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. A consent policy was in place within the service this included detail on Gillick competence (assessing the maturity of a young person to be able to consent), forms of consent and how consent should be obtained. We reviewed five patient records at the time of the inspection and found that consent had been appropriately recorded in all five.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. A proxy consent form was in place for patients unable to consent to treatment and then the service considered whether the treatment should be undertaken or not. This was recorded as a best interest decision. Work was underway with a local care of the elderly mental health provider ensure that appropriate referrals were made to the service.

Are Diagnostic and screening services 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, and took account of their individual needs.

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. For example asking the patient what they preferred to be called and checking they were comfortable before undertaking the scan.

Patients said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential.

Good

Diagnostic and screening services

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

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. For example, during the inspection we saw staff care for a patient who was anxious and distressed. Staff were kind and sensitive to the patient's feelings they did not rush or make judgements but sat and talked to the patient and helped to answer any questions and concerns they had. Staff did this discreetly. It was clear that 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 supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. An example we saw was supporting a patient to change into a gown. They did this in a discreet and private way.

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. This included explaining how long the procedure would take.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were given feedback forms and the service participated in the friends and family survey. Returned forms were collated and a monthly report generated. Returned survey results from April, May and June 2022 showed that patient feedback was positive.

Are Diagnostic and screening services responsive?

Good

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. Services were planned both inside and outside of office hours meaning that staff with various needs such as childcare and shift work could still access the service.

Good

Diagnostic and screening services

Managers monitored and took action to minimise missed appointments. Text messaging services were in place so that patients were reminded of their appointment time and what to bring. This was to reduce unnecessary trips, missed appointments and to support the timely assessment of patients.

Facilities and premises were appropriate for the services being delivered. Cross site arrangements were in development with a nearby service to meet the need of those with difficulties in getting to the location. Assessible parking was available at the site which was also supported by transport links including a bus route. The car park, route to and inside the service were all wheelchair accessible.

The service had systems to help care for patients in need of additional support or specialist intervention. This included bariatric care and people with mobility issues needing support from specialist hoist equipment.

Managers ensured that patients who did not attend appointments were contacted. An automatic email was generated and sent back to the referrer. Another appointment would be booked for the patient at the earliest opportunity if requested by the referrer.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The MRI department was designed to meet the needs of patients living with dementia. Lighting could be lowered, and a calming landscape scene was on the wall in the MRI scanning room.

Staff wore my name is badges so that patients could clearly identify who they were talking to. Children were given colouring activity sheets and crayons to draw with and a certificate after their scan. Complex scanning of children such as those requiring contrast dye were seen at a separate location.

There was a young person's policy within the service which was in date and easily accessible to all staff members and we heard examples of the play specialist attached to the inpatient ward arranging orientation visits for children who were anxious or afraid.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Staff supported patients suffering from anxiety by providing the opportunity to visit the facility, enabling relatives and carers to accompany patients if necessary and also providing them buzzers. This was in line with the National Institute for Health and Care Excellence quality standard 15 statement for individualised care and meant that patients felt more in control of what was happening to them.

The service had information leaflets available to download in languages spoken by the patients and local community.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Did not attend rates were monitored by the service. Between April 2022 and June 2022 the DNA rate was 3%. An automatic text message was sent to patients the day before their appointment. If a mobile phone number was not

available then a member of the admin team telephoned the patient. A did not attend policy was in place and contained information relating to local arranged that an automatic letter was generated and sent back to the referrer so that the patient was not lost in the system. Appointment were re-booked for patients when they were available if requested by the referrer.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service received a daily email from the host organisation showing any outstanding events that had not been reported.

This allowed for managers to monitor reporting dates and urgent scanning compliance. Flexibility had been built into the schedule of appointments so that urgent scanning requirements could be met. For example, Saturdays and Wednesday were reserved for urgent scans such as pre biopsy prostrate scans and where unavoidable, routine patient appointments could be moved to allow for the urgent two week cancer wait scans to be completed. Routine patient whose scan was cancelled were able to rebook the appointment at a convenient time for them and offered the option of attending a different site if an appointment was available sooner. This meant that the service was supporting the NHS England and NHS Improvement cancer waiting times standards whilst also working to ensure that people could access routine appointment at a time that is suitable for themselves.

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, the service clearly displayed information about how to raise a concern in patient areas.

Staff could give examples of how they used patient feedback to improve daily practice. For example, patients were asked to bring suitable leg coverings in advance of their appointments to prevent skin reactions. This information was included in the text reminder message sent to patients the day before their appointment.

Staff knew how to acknowledge complaints and managers investigated incidents thoroughly and shared feedback from complaints with staff and learning was used to improve the service. For example, a patient had left the service appearing dissatisfied. Staff had escalated this to managers who then made contact with the patient. In doing this they established why the patient had appeared dissatisfied and were able to resolve the issue. Managers then shared learning with staff members.

Are Diagnostic and screening services well-led?

Outstanding ☆

Our rating of well-led stayed the same. We rated it as good.

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.

Good

Diagnostic and screening services

Leaders had priorities for ensuring compassionate, inclusive and effective leadership. Staff told us leaders were visible and approachable and encouraged staff to be open and honest.

Leaders understood the various components to sustainability and aspired to improve efficiency and quality. Green champions had been appointed within the service to look at ways to reduce its carbon footprint and environmental impact.

The service had a freedom to speak up policy in place as well as a number of freedom to speak up champions and leaders had completed training modules on open and transparent cultures.

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. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a vision and a plan for how it was going to achieve it. We saw that expansion of other services was planned to support the demand at this location. Specialist cardiac pacemaker scanning was to be centred at the location due to the specialist facilities within the host organisation and also the demand at the location. Financial sustainability featured as part of its strategy along with environmental sustainability. Community Diagnostic Centres were being provided by the service to support the recovery of the NHS were also featured.

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.

Staff were proud to work for the service and felt the culture was positive, open and supportive. People felt valued and respected and the culture was centred on the needs and experience of people who used the service. For example, staff recognised the patient who had felt dissatisfied and took action quickly, Staff managed patients expectations and supported them when they were anxious or frightened and changes to improve patient care were introduced such as additional training on intravenous cannulation meant that the service strived for the benefit of the patients.

The service supported staff both personally and professionally where it could. For example, supporting colleagues relocating from overseas to connect with community resources which meant that one new member of staff who had travelled without family was able to spend Eid in company rather than alone.

The annual staff survey featured a section on equality, diversity and inclusion and the equality group within the

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.

Good

Diagnostic and screening services

The service had a structure for reviewing contract arrangements such as service level agreements. Service level agreements were detailed and contained important information about responsibilities for patient care and treatment. Indemnity cover was in place within the service which was in line with the Health Care and Associated Professions (Indemnity Arrangements) Order 2014 which states that indemnity arrangements must be in place.

Monthly clinical governance meetings were in place within the service. These meetings included standing agenda items and was cascaded down to staff via fortnightly team meetings, and quarterly team briefs. Additional feedback mechanisms including email, newsletters, electronic meeting channels and private social media groups were also used to share information with staff.

Management meetings with the host organisation were held quarterly so that they were informed about key issues and occurrences. Senior Managers across the service attended Shared Services meetings weekly and superintendents attend quarterly MRI safety meetings to discuss clinical incidents and key issues. People Managers across the service meet fortnightly to discuss issues and developments.

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.

The service had assurance systems in place to monitor and escalate risk and performance issues. For example, there was a risk registered which was checked monthly. Risks meeting the criteria for escalation were placed upon the a central risk register which was located within a folder easily accessible by staff meaning they could look at the risk when they choose to. In addition to this an action log was in place within the service so that actions could be monitored. An example of this was radiographer staffing. Risks were given a scoring based on the level of risk. Any score of eight or above was reviewed by the executive team. Any member of staff could identify a new staff by completing an incident report form.

A risk management policy was in place, in date and had been ratified. This policy gave staff information about the definition of a risk, individual roles and responsibilities as well as the risk management approach and meant that the service had

robust arrangements for identifying, recording and managing risks, issues and mitigating actions.

The service ran a monthly compliance report to ensure that gaps in completion of training were addressed. Incident were reviewed weekly at an incident review meeting and daily reports were generated to ensure there were no backlog of patients waiting either for appointments or for scan reports. This meant the service effectively managed its risks and reduced their impact where possible.

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.

Information management systems were in use within the service and linked to those used by the host organisation meaning that information could effectively be shared and information like past medical history or scanning history could easily be found.

Staff could access policies and procedures on the electronic systems within the service. These were password protected and had self-locking screen savers if not used within a designated period.

The service was in the process of installing a robotic system which automatically generated text messages appointment reminders to patients meaning that valuable administration time could be focused elsewhere and that monitoring of the compliance such as through dashboards were automatically generated.

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.

People's views and experiences were gathered and acted on to help shape and improve the services and culture.

Equality, Diversity and Inclusion featured as part of the overall staff engagement programme and an equality diversity and inclusion forum had been set up. Discussions took place at the forum on key topics for example the use of pronouns within the service. A recent incident regarding pronoun misuse was under discussion at the forum but no guidance had been disseminated at the time of inspection.

The service had a menopause policy in place to support staff experiencing menopause symptoms and a yearly staff survey was undertaken to capture opinions and feelings of staff.

Managers had completed one to one meeting sessions with each member of staff to discuss challenges faced by patients and staff**.** From this an action plan had been created so that improvements and ideas from staff feedback could be made. At the time of inspection 75% of the of these ideas and suggestions had been implemented. This action plan was discussed at the fortnightly team leader meetings and quarterly team briefs. This meant that staff were actively engagement in improving and shaping services for patients and improvements were focused upon by each team members.

Action plans from patient feedback were in place and included training for staff on how to adjust the headphone volume that patients wore during the magnetic resonance scan, although a small change this was an important distraction technique used in supporting patient's wellbeing. In addition, the service had created a process for patients with mobility issues to report to the urgent care centre at weekends and out of office hours, this was in the process of being formally agreed at the time of inspection. This was because there was always someone there to arrange porters to help the patient in getting to their scan.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The service was planning to expand its operations at a separate location from three to seven days in order to balance waiting lists, support demand and assist with the delivery of services.