InHealth Limited

InHealth MRI - Eastbourne District General Hospital

Inspection report

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

Ratings

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

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

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to InHealth MRI - Eastbourne District General Hospital

InHealth MRI - Eastbourne District General Hospital is operated by InHealth Limited. The service provides a wide range of magnetic resonance imaging (MRI) services predominantly to the host hospital, local GP services and receives a small number of private patients' referrals directly from InHealth.

The unit provides MRI services to inpatients and outpatients. The service offered standard, complex and contrast-based scans for musculoskeletal, urology, gynaecology, abdominal, neurological patients, for children from 0 to 16-year-old, young people and adults. Facilities include two MRI scanners and their associated control rooms, changing rooms, accessible facilities, a waiting room and a general anaesthetic bay.

The service operates seven days a week opening for a minimum of 12 hours per day.

The service has had a registered manager in post since January 2014.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 11 April 2022.

During the inspection visit, the inspection team:

- Spoke with the registered manager, administrative manager, four radiographers and a clinical assistant
- Spoke with four patients and a family member
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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.

Outstanding practice

We found the following outstanding practice:

- The service provided integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. The service was located in Eastbourne District Hospital and collaborated effectively with the local NHS trust to provide scans to another hospital within the trust. The service had a waiting time of four weeks and the other hospital 12 weeks. This service assisted in reducing the disparity in waiting times in the patients' best interest.

- The service developed new protocols for different type of scans and staff carried out research to facilitate this. For example, the service received a request to produce moving images for MRI of the temporomandibular joint. The appropriate research was undertaken by the unit's superintendent radiographer and the scan was carried out to a high standard. Other examples included patella tracking using a beach ball as well as pre and post exercise scans.

Summary of this inspection

- Technology was used to ensure there was timely access to the reports following the scan. The reports for NHS patients were completed by the host trust's radiologists and the service provided the images once the scans were completed. Although the service was not responsible for the reports, they completed regular audits on the host trust's radiologists report to ensure they were completed within the required timeframe. Records we checked showed the service consistently reviewed report turnaround times and informed the host trust if there were any delays.

- InHealth was focused on staff development as part of a strategy to maintain stability and loyalty amongst the team. The provider offered support for staff to complete postgraduate training such as a such as a postgraduate certificate in advanced MRI. The registered manager started with the organisation as a clinical assistant and was supported to develop leadership skills before assuming the role of unit manager. Similarly, the administrative manager started as an administrator before being promoted. The registered manager assisted other locations on an interim basis if an MRI unit did not have a manager.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	☆ Outstanding	Good	Good
Overall	Good	Inspected but not rated	Good	☆ Outstanding	Good	Good

Good

Diagnostic imaging

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

Are Diagnostic imaging 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.

All staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' sessions and e-learning. We reviewed the staff training matrix and saw 100% compliance.

The mandatory training was comprehensive and met the needs of patients and staff. It included basic life support, infection control, safeguarding children and adults level two, the Mental Capacity Act and Deprivation of Liberty Safeguards, health and safety, manual handling and complaints handling.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. There was one radiologist working under practising privileges, for private services, who completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy. Records provided by the service showed the radiologist was up-to-date with mandatory training.

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. Safeguarding children and adults formed part of the mandatory training programme for staff. All staff (100%) completed safeguarding children and adults training at level two. Staff had access to a level four trained, safeguarding lead and a deputy within InHealth, who were offsite but were contactable via email or telephone. Onsite, staff at the service had access to the host trust's adult and child safeguarding leads.

Good

Diagnostic imaging

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding children and adults policy, with flow charts for the escalation of concerns was available.

Patients we spoke with said they felt safe and were always treated respectfully by staff.

The organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check, occupational health clearance, references and qualification and professional registration checks.

The service had an up-to-date chaperone policy and all staff completed chaperone training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff accessed support from senior staff when they needed it. There were four safeguarding incidents in the previous-12 months. Records showed the incidents were investigated and reported in line with the safeguarding policy. The service reviewed all the safeguarding incidents to see if there were any key learning points and shared these with staff. For example, the service reinforced the need for staff to consider the patient's mental health.

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.

The service performed well for cleanliness. Staff cleaned equipment after patient contact. Radiographers were responsible for cleaning the MRI scanners. Items were visibly clean and dust-free, and we saw a daily cleaning check list. Staff used single use equipment where appropriate.

Staff followed infection control principles including the use of personal protective equipment (PPE). The centre provided staff with PPE such as gloves, aprons and face visors. We observed all staff wore PPE where necessary.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Hand-washing and sanitising facilities were available for staff and visitors in the centre.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed regular audits of COVID-19 infection control, hand hygiene, MRI daily cleaning checks and cleaning of the clinical area. Records showed the service performed consistently to a high standard (100%).

Imaging appointment times had been adjusted to reduce the number of patients waiting to be seen to help maintain social distancing.

Patients we spoke with said the environment was clean.

Environment and equipment

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

The service had suitable facilities to meet the needs of patients' families. The service had been completely renovated and staff started using the improved premises in July 2021. There were two MRI scanners, a new one being installed as a part of the refurbishment, and a joint control room-. There were two changing rooms and one was accessible for patients with mobility or complex needs. There was a general anaesthetic bay for children and adults who required general anaesthetic for their scan.

The design of the environment followed national guidance. The service managed access to restricted areas well. All patients, carers and visitors waited in the reception area until they were escorted into the MRI safe area. All the doors were controlled by a secure key fob entry system. Safety and warning notices were displayed in the controlled areas.

Resuscitation equipment was available for both children and adults on a purpose-built trolley which was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

All relevant MRI equipment was labelled in line with published guidance. Staff carried out daily quality assurance checks on the MRI scanners. Staff completed daily checklists and there was evidence of testing of all equipment used at the service.

The service had enough suitable equipment to help them to safely care for patients. There was an effective system to ensure that repairs to broken equipment were carried out quickly so that patients did not experience delays to treatment. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. We checked the service dates for all equipment and found them to be within their service date.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately.

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 completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The referrer and radiographers carried out risk assessments for each patient to determine if they met the criteria for an MRI scan. All patients, relatives and visitors entering the MRI safe area were asked to complete an MRI safety questionnaire. We observed the radiographers checking the information on the completed questionnaire with each patient prior to the scan. Additional checks were carried out on patients' renal function and for patients with pacemakers.

The service used a "pause and check" system. Pause and check consisted of a system of six-point checks to correctly identify the patient, as well as checking with the site or side of the patient's body that was to have images taken and the existence of any previous imaging the patient had received. We observed staff carrying out these checks for each patient.

Staff knew about and dealt with any specific risk issues and there was a protocol for unexpected scan findings. Radiographers told us how any unexpected or significant findings on images were escalated. Staff had access to the trust radiologists during core working hours and A&E doctors out of hours. The host hospital's radiologists were available to advise if additional imaging and contrast administration was required.

Good

Diagnostic imaging

Staff responded promptly to any sudden deterioration in a patient's health. There was a protocol for managing any sudden deterioration in a patient's health and staff knew how to access it. Staff told us they responded to two deteriorating patients in the previous 12 months. Records showed the staff followed the service's deteriorating patient policy which was to call the host trust's emergency system which incorporated both cardiac arrest and collapse teams depending on the situation. Staff said that although the correct procedures were followed each incident was reviewed and discussed and we saw evidence of this.

Staff received training on simulated emergency scenarios and practiced how to respond to a deteriorating patient. All staff received training in basic life support (BLS).

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. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had clinical and support staff to keep patients safe. The service had a unit manager, administrative manager, a superintendent radiographer, eight full time radiographers, three clinical assistant and five administrative staff. There was an apprentice radiographer who was working towards gaining qualifications as a radiographer.

The manager could adjust staffing levels daily according to the needs of patients. A senior radiographer planned staffing levels and skill mix needed for each day. Rotas were done in advance with short notice changes as required in accordance with staff.

The service had low turnover rates. There were no vacancies at the time of inspection and the service did not use agency or bank staff.

Medical staffing

The service had access to the host hospital's radiologists who were present on-site during core working hours and available to attend if required.

For private MRI scans the service had enough medical staff to keep patients safe. The service had a radiologist who reported on private MRI scans when required. If the radiologist was unavailable staff had access to a pool of radiologists who provided reporting services to InHealth.

The radiologist provided reporting services as a self-employed consultant under practising privileges. We saw evidence that the service checked to ensure the radiologist had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

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. Staff used secure electronic patient records to record patient's diagnostic needs. We reviewed five sets of patient records and found them to be fully completed, accurate and legible.

Good

Diagnostic imaging

Records were stored securely. All patient's data, medical records and scan results were documented in the secure patient electronic record systems. Patient data was entered to the trust clinical radiological information system (CRIS) and onto InHealth radiological information system (IRIS). Images were forwarded to the trust picture archiving and communication system (PACS) immediately following completion of the scan.

The service received patient referrals through a secure system and the referrals were vetted by a host trust's radiologist. Private referrals were received through a secure email and reported on by the InHealth radiologist with practising privileges.

There were no delays in staff accessing patient records.

Medicines

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

Contrast media are chemical substances used in magnetic resonance imaging (MRI) scans. The contrast medium is injected intravenously (into a vein) as part of an MRI scan.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff stored and managed medicines in line with the service's policy. The medicines cupboards we inspected were locked, secure and all stock was within expiry dates. Staff from the host trust were responsible for checking the medicines fridge daily and all temperatures recorded were within the expected ranges. The service did not keep or administer controlled medicines.

Contrast media was safely stored. In rare cases contrast media can cause kidney damage. We saw records which showed there was a contrast checklist to assess a patient's risk in using the contrast agents.

Radiographers were authorised to work under Patient Group Direction (PGDs) to administer contrast media and other medicines required during the MRI scans. A PGD is a previously written instruction for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PGDs showed the name of the radiographers and the medicines they were competent to use.

The host trust was responsible for the prescribing, administering, recording and storing of the general anaesthetic used within the service. Staff within the service did not administer general anaesthetic. No controlled medicines were stored and/or administered as part of the services provided in this unit.

Allergies were clearly documented on referral forms and on the electronic patient records. Allergies were verbally checked during the diagnostic imaging safety checklist.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Managers reviewed the safety alerts and relevant information was cascaded to staff.

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.

Good

Diagnostic imaging

Staff knew what incidents to report and how to report them. The service used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the staff induction programme, which all staff completed when they commenced their employment at the service.

Staff said there was a good reporting culture and that they were encouraged to report 'near miss' situations.

Staff raised concerns and reported incidents and near misses in line with the service's policy. We checked the incidents log and found incidents were reported in line with the service's policy. There were 53 incidents in the previous 12 months all of which were no harm or low harm. Incidents were categorised into clinical, safety, report related, image related, booking, infection prevention and control and breach of confidentiality. Records showed each incident was investigated in line with the service's procedure. Staff recorded the learning outcome from incidents where appropriate.

Managers shared learning from incidents to improve patient care. For example, it was reinforced that radiographers should check the images immediately after they were uploaded to PACS to ensure there were no delays to radiologists accessing them.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff could give an example of an incident where the duty of candour requirements applied.

Are Diagnostic imaging effective?

Inspected but not rated

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff delivered care and treatment in line with legislation, national standards and evidence-based guidance, including from the National Institute for Health and Care Excellence (NICE), the Royal College of Radiologists, and the College of Radiographers.

Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines. Staff had electronic access to policies and guidelines which were regularly reviewed and updated. InHealth had processes for regularly reviewing and updating guidelines and distributing updates and new guidance across the organisation. Staff said updates were shared by email and through the weekly newsletters.

There were established patient pathways such as urgent scans, checking patient suitability for scans, pacemakers, returning referrals and paediatric general anaesthetic.

Nutrition and hydration

Staff made sure patients did not fast for too long before diagnostic procedures.

Good

Diagnostic imaging

Staff provided patients with instructions about fasting before the scan. Diabetic patients were asked to contact the service prior to the scan so staff could provide them with appropriate advice. There were two water dispensers available.

Pain relief

Diagnostic imaging patients did not routinely require pain relief. However, staff described how they would offer support to patients by advising them to bring their own medication. Ward staff were advised to provide inpatients with their medication before the scan. Staff assisted patients into comfortable positions for scans.

Patient outcomes

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

The service participated in relevant national clinical audits. Outcomes for patients were positive, consistent and met expectations, such as national standards. The service completed audits of image quality, cannulation and radiofrequency coils. Records showed the service performed consistently to a high standard.

Managers shared and made sure staff understood information from the audits. Staff said if there were any discrepancies these were discussed with the individual radiographers and at staff meetings.

The host trust's radiologists were responsible for timely radiology reporting.

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. All health care staff were registered with their appropriate professional bodies. Staff received a local and corporate induction and underwent an initial competency assessment.

Staff said they had received full induction tailored to their role and felt well-supported. There was evidence of completed induction. Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff training files.

The service ensured it received evidence annually from the radiologist about appraisals and registrations as part of their practising privileges.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for this service were 100%. Staff said they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. For example, staff had completed more advanced training in parallel imaging and advanced multi-parametric prostates, breast and liver scans.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

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

Good

Diagnostic imaging

The radiology staff worked closely with referrers to enable patients to have a prompt diagnosis and seamless treatment pathway. If they identified concerns from scans, they escalated them to the referrer.

Staff we spoke with told us they had good working relationships with the radiologists, safeguarding leads and infection prevention and control team at the host trust. This ensured that staff could share necessary information about the patients and provide holistic care.

The superintendent radiographer cascaded information to staff. Any urgent concerns were addressed by speaking directly to staff. We heard positive feedback from staff of all grades about the excellent teamwork.

Seven-day services

Key services were available to support timely patient care.

The centre opened Monday to Friday from 7am – 9pm and Saturday to Sunday 8am – 8pm.

Referrals were prioritised by clinical urgency, including appointments at short notice. Staff said if an urgent referral was made the centre would assess appointments and prioritise patients according to their clinical needs and requirements of the referring consultant.

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 made sure patients consented to treatment based on all the information available. Staff explained how they gained consent for a scan. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Staff clearly recorded consent in the patients' records. Records also contained signed consent forms. Staff understood the patients right to withdraw consent and showed us an example where a patient declined the scan.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We observed staff gaining patient consent for scans. The service completed monthly consent audits to ensure both the patient and radiographer signed the consent forms. Records showed the service performed consistently to a high standard (100%).

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff said a lack of capacity was recorded on the referral form, so this was highlighted when the appointment was booked. Staff explained the lack of capacity MRI safety screening form had to be signed by a doctor authorising them to proceed with the scan.

All clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access the policy on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood 'Gillick' competence for patients under the age of 18.

Are Diagnostic imaging caring?

Good

Diagnostic imaging

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. Patients said the unit was professional and efficient and staff were kind and caring. The environment ensured patient's privacy and dignity was maintained. Patients had privacy for discussions before the scans in separate cubicles. We spoke with four patients and a family member. Patients comments about the service were "very pleasant experience", "treated with respect by scanning staff" and "very prompt."

Patients had a positive experience at the unit and 98% said they would recommend the service to family and friends.

Patients said staff treated them well and with kindness. Staff were very helpful, calming and reassuring. We reviewed a sample of compliments sent to the service where patients thanked staff for providing a caring service.

The service displayed information about chaperones and all staff completed chaperone training.

Emotional support

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

Staff understood the impact that patients' care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs. We observed staff caring for patients with sensitivity and staff monitored patients with care and compassion.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Patients said staff helped them to feel calm and relaxed by showing them the scanner room prior to the scan. This reduced patient's anxiety, fear and made them feel calm. The patient said the radiographer's patience and kindness helped them to cope with a difficult examination.

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 understood the anxiety or distress associated with the procedure and supported patients as much as possible. Staff offered patients earplugs and ear defenders to protect their ears from the noise of the MRI scanner. Patients could bring their own music or listen to the radio.

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.

Good

Diagnostic imaging

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients said staff checked their identity, explained the procedure and checked that they understood how the scan would be performed. We observed staff explaining the procedure in a way patients understood and they were given enough time to ask questions.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form online following their appointment. Comments and survey results were discussed at team and management meetings with the aim of improving the patients experience.

Patients gave positive feedback about the service. In the patient satisfaction survey from April 2021 to March 2022 98% of patients said they would recommend the service to friends and family.

Are Diagnostic imaging responsive?

Outstanding ☆

Our rating of responsive improved. We rated it as outstanding.

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.

Managers planned and organised services, so they met the changing needs of the people who use the service. The service was open seven days per week and appointments were flexible to meet the needs of patients. Patients had timely access to MRI scanning services. The service offered a wide range of standard, complex and contrast-based scans for musculoskeletal, urology, gynaecology, abdominal, neurological patients for children, young people and adults.

There was an established inclusion and exclusion criteria which was agreed with the local host trust. The service provided integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. The service was located in Eastbourne District Hospital and collaborated effectively with the local NHS trust to provide scans to another hospital within the trust. The service had a waiting time of four weeks and the other hospital 12 weeks. This service assisted in reducing the disparity in waiting times in the patient's best interest. The manager explained this increased the waiting time for some scans within the service, but it was invaluable for patients who were waiting to have their scans at the other hospital. The manager said the patients' needs were more important than the strict adherence to key performance indicators and helped to prevent delays to patient pathways.

The service collaborated with the other hospital to develop scanning protocols and provide training to their staff.

The service developed new protocols for different type of scans and staff carried out research to facilitate this. For example, the service received a request to produce moving images for MRI of the temporomandibular joint. The appropriate research was undertaken by the unit's superintendent radiographer and the scan was carried out to a high standard. Other examples included patella tracking using a beach ball as well as pre and post exercise scans.

Historically patients who presented with a cord compression injury on a weekend would be sent to a hospital an hour away from the host hospital to have an MRI scan. The service worked closely with the host trust to develop a new pathway and provide a weekend cord compression service. One appointment slot was reserved on Saturday and Sunday mornings to scan patients with a suspected cord compression with an urgent report being provided by the trust radiologist. If the appointment slot were not required, it would be filled with an outpatient.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments. The outcome of each contact was recorded. In the previous 12 months missed appointments were 2% and patient cancellations were 3%. To reduce the number of missed appointments patients were telephoned 48 hours prior to the appointment. Staff also checked if patients understood all the information they received in the booking confirmation.

During the renovation the service investigated how the GA pathway could be improved to provide a better workflow for staff and a seamless experience for patients. Prior to the renovation the patient went to three different departments in various parts of the hospital and travelling some distance to have a scan under GA. The service improved the GA pathway, so patients were pre-assessed, given the anaesthetic and scan within the MRI suite and then they recovered in the day surgery which was directly behind the MRI suite.

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.

There was a comfortable seating area, cold water fountain and toilet facilities for patients and visitors. There were accessible toilets and changing facilities and the scanners were accessible with enough space to manoeuvre a wheelchair. There were bariatric chairs in the reception and waiting area.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. The contact information for signers and interpreters was readily available. The service had information leaflets available in languages spoken by the patients and local community. Information was available in other languages to support patients in the local community whose first language was not English.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patient's wearing a hearing aid.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Patients with autism, limited mobility, learning disabilities or living with dementia were identified at the time of booking their initial appointment so that staff could determine how to modify investigations if necessary and assist with planning for the patient's appointment. Records showed staff gave longer appointments to patients who needed it.

The service had a general anaesthetic (GA) list every fortnight to cater for children who were unable to keep still for the duration of the scan. The manager said the new MRI scanner was designed to make patients feel less claustrophobic and had child friendly features such as colour changing lights and pictures on the wall. One family member told us they

received a full information pack including a children's booklet explaining what to expect at the appointment. Initially, the child would be offered an appointment to attempt a scan without GA following discussions with the parent or guardian, depending on the child's age and if no learning difficulties were noted. If this attempt was unsuccessful the scan was performed under GA.

All staff completed training on equality and diversity. Staff ensured a fair and accessible service was provided to all patients.

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.

Patients could access the service when they needed it and they were offered the first available appointment. Appointments were available on the same day depending on the urgency of the request and investigation. The service sets aside two slots for urgent scans each day in addition to seven hours for cancer patients. Some of these urgent slots were also made available to the other hospital in the trust's network. Once patients were screened, they were booked into the next available slot.

The national waiting time targets are to scan patients within six weeks and the service scanned patients within five weeks. The service previously had a waiting time of four weeks and this was extended to assist another hospital within the trust that had a 12 week wait time. The service operated seven days per week and in the evening, which assisted the other hospital in lowering its wait time, and reduced disparity in wait times.

From October 2021 to March 2022 patients on a two-week pathway received their scan within 4.5 days.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had contractual key performance indicators (KPI) agreed with the host trust. There were regular capacity and demand meetings which allowed staff to review KPI, attendance rates and demands on the service.

The unit monitored key performance indicators (KPI) and provided information to the host trust. Records showed that the service monitored and discussed meeting KPI for two weeks wait, urgent and routine scans. The service monitored the number of patients seen and the numbers of scans completed each day.

Technology was used to ensure there was timely access to the reports following the scan. The reports for NHS patients were completed by the host trust's radiologists and the service provided the images once the scans were completed. Although the service was not responsible for the reports, they completed regular audits on the host trust's radiologists report to ensure they were completed within the required timeframe. Records we checked showed the service consistently reviewed report turnaround times and informed the host trust if there were any delays.

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.

Good

Diagnostic imaging

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the unit. The complaint policy stated complaints would be acknowledged within three working days and fully investigated and responded to within 20 working days. The policy described the process for independent external adjudication to settle any unresolved issues.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers. Staff could give examples of how they used patient feedback to improve the service. For example, a leaflet titled 'referring for MRI' went out to GPs, consultants and nurse specialists explaining their responsibility to check that the patient is suitable for the scan and all risks and benefits should be explained at the time of referral.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service received two complaints in the previous 12 months. Records showed they were resolved in line with the complaint's procedure.

Are Diagnostic imaging well-led?

Good

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.

The provider had a corporate management structure which included a chief executive officer, chief operating officer and a director of operations. The service was supported by the head of operations for the imaging centres. The service was overseen day-to-day by the registered manager who was supported by a superintendent radiographer and an administration manager.

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. They understood the service, patient and staff needs. Staff understood the lines of management responsibility and accountability within service and organisation.

Managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

There was evidence staff had postgraduate training and opportunities for promotion. Staff said the leadership team supported them in their career progression. The registered manager and administrative manager both started in more junior roles within the organisation before being promoted.

Good

Diagnostic imaging

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them.

The service was focused on providing a high-quality diagnostic imaging service for patients. The vision and mission were to make healthcare better, to be the most valued and preferred provider for patients and to increase the number of appointments available to patients each year. All staff were introduced to the vision and mission when first employed during the corporate induction. We observed the vision was displayed on the staff noticeboard at the service.

The service had a clear vision and there was a clearly formulated strategy to deliver this vision. There were plans to develop a sustainable staffing model, operational efficiency and high clinical quality. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

The service had a statement of purpose which outlined to patients the standards of care and support services the unit would provide.

Staff we spoke with understood the goals and values of the unit and how it had set out to achieve them.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Managers supported an open and honest culture by leading by example and promoting the service's values. The manager said this was promoted by interacting with staff daily and having an open-door policy. Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the Covid-19 pandemic.

Staff were proud of the work that they carried out. They enjoyed working at the unit; they were enthusiastic about the care and services they provided for patients. They described the unit as a good place to work.

Staff said they felt supported by the head of operations. Staff said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong.

Patients told us they were happy with the unit's services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

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.

There was an effective clinical governance structure which included a range of meetings that were held regularly including a shared services meeting, operations meetings, staff meetings and an employee relations clinic which provided management support.

Staff discussed recruitment, mandatory training, appraisals and staff feedback at the monthly staff meetings. Incidents and complaints were reviewed weekly at the Complaints, Litigation, Incidents & Compliments (CLIC) meeting. The CLIC team analysed incidents and complaints to identify shared learning to prevent reoccurrence at a local and organisational level.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

The manager said learning was cascaded to staff. There were monthly staff meetings and all staff members had a work email account and updates were sent to staff via email.

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.

Performance was monitored on a local and corporate level. Progress in delivering services was monitored through key performance indicators (KPI). Performance dashboards and reports were produced which enabled comparisons and benchmarking against other InHealth services.

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

The service had a risk management strategy, setting out a system for continuous risk management. The manager oversaw patient safety and risk management activities.

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them. Risks such as illness due to Covid-19 for both staff and patients and self-isolation requirements had been reviewed and mitigated . Risks were discussed at regular operational and staff meetings.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

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.

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.

Clinical records were electronic. Referrers could review information remotely to give timely advice and interpreted results to determine appropriate patient care.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

Good

Diagnostic imaging

The service used data such as key performance indicators and audits to continuously monitor and understand performance and make decisions and improvements.

We observed the unit had close circuit television (CCTV) surveillance in the reception area. The unit did not have a CCTV policy. Following our inspection, the service sent us a CCTV policy.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.

The service had monthly meetings with the trust and shared information on significant events, incidents, complaints and compliments.

The unit completed annual patient satisfaction surveys and reported. They collated patient satisfaction surveys and used the results to inform service development. In the patient satisfaction survey from April 2021 to March 2022 98% of patients said they would recommend the service to friends and family.

In the 2021 annual staff survey 89% of staff said InHealth did a good job maintaining services and supporting patients and 92% said equality and diversity was valued within the service. The service made changes based on feedback from staff for example, recruiting additional radiographers.

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 developed new protocols for different type of scans and staff carried out research to facilitate this. For example, the service received a request to produce moving images for MRI of the temporomandibular joint. The appropriate research was undertaken by the unit's superintendent radiographer and the scan was carried out to a high standard. Other examples included patella tracking using a beach ball as well as pre and post exercise scans.

The service was working is with the trust radiologists to develop a new scanning protocol to enable both MRI prostate and MRI breast biopsies to be undertaken. The service aspired to provide cardiac MRI which are detailed scans of the heart.

InHealth was focused on staff development as part of a strategy to maintain stability and loyalty amongst the team. The provider offered support for staff to complete postgraduate training such as a such as a postgraduate certificate in advanced MRI. The registered manager started with the organisation as a clinical assistant and was supported to develop leadership skills before assuming the role of unit manager. Similarly, the administrative manager started as an administrator before being promoted. The registered manager assisted other locations on an interim basis if an MRI unit did not have a manager.

The service was participating in a research study of the national deep learning for identification of abnormalities of head MRI. There is a national shortage of radiologists and the study aims to address reporting delays by developing an artificial intelligence computer system that would be able to read a brain scan and accurately report on any abnormalities.

Good

Diagnostic imaging

The service is participating in a second research project called the Barcode 1 Study: The Use of Genetic Profiling to Guide Prostate Cancer Targeted Screening, led by the Institute of Cancer Research UK and is designed to investigate the role of genetic profiling for targeting population prostate cancer screening.