

The Nottingham InHealth Specialist Imaging Centre

Quality Report

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

Ratings

| | | |
|----------------------------------|---------------------------------|---|
| Overall rating for this location | Good |  |
| Are services safe? | Good |  |
| Are services effective? | Not sufficient evidence to rate |  |
| Are services caring? | Good |  |
| Are services responsive? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

Letter from the Chief Inspector of Hospitals

The Nottingham InHealth Specialist Imaging Centre is operated by InHealth. The service provides MRI (Magnetic Resonance Imaging) diagnostic facilities for adults and children.

We inspected MRI diagnostic facilities for adults and children.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 22 October 2018.

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

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

The main service provided by this unit was MRI.

Services we rate

We rated this service as good.

We found good practice in relation to diagnostic imaging:

- There were effective systems in place to keep people protected from avoidable harm.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs.
- There was a programme of mandatory training in key safety areas, which all staff completed, and systems for checking staff competencies.
- Equipment was maintained and serviced appropriately and the environment was visibly clean.
- Staff were trained and understood what to do if a safeguarding issue was identified.
- Records were up to date and complete and kept protected from unauthorised access.
- Incidents were reported, investigated and learning was implemented.
- The service used evidence based processes and best practice, this followed recognised protocols. Scans were timely, effective and reported on in good time.
- Staff were competent in their field and kept up to date with their professional practice.
- The service worked well with internal and external colleagues and partnership working was strong.
- Staff demonstrated a kind and caring approach to their patients, supported their emotional needs and provided reassurance.
- Appointments were available during the evening and at short notice if required.
- The referral to scan times and scan to reporting times were appropriate and well within expected ranges.
- The service had few complaints but acted upon feedback from patients and staff.

Summary of findings

- The service had supportive, competent managers who led by example. Staff understood and were invested in the vision and values of the organisation. The culture was positive and staff demonstrated pride in the work and the service provided.
- Risks were identified, assessed and mitigated. Performance was monitored and data used to seek improvements for both staff and patients.
- Engagement with staff, stakeholders and partners was a strong feature of the service.

However, we also found the following issues that the service provider needs to improve:

- Personal protective equipment was not always used as per InHealth policy and best practice.
- InHealth uniform policy was not always followed as staff were wearing unauthorised jewellery.

Following this inspection, we told the provider that it should consider other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals (Central)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

Diagnostics was the only activity the service provided. We rated this service as good because it was safe, caring, responsive and well-led.

Summary of findings

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Good 

The Nottingham InHealth Specialist Imaging Centre

Services we looked at

Diagnostic imaging.

Summary of this inspection

Background to The Nottingham InHealth Specialist Imaging Centre

InHealth was established over 25 years ago with the aim of reducing waiting times, speeding up diagnoses, saving money and improving patient pathways. The original service in Nottingham began in 1994, scanning outpatients and inpatients in a local NHS trust. Over the years the service has increased along with demand. It became a seven-day service in 2010 and as the only scanner in the hospital until 2016 was very flexible to the needs of the trust. When the trust built its own scanner in 2016 a modular unit was placed in the hospital grounds. This houses a 1.5T magnet and a self-contained centre

with waiting area, disabled toilet, radiologist office and clinical area. The unit is open 12 hours a day, 7 days a week. During 2016 InHealth opened a 3T magnet within the imaging centre. This currently scans private patients including self-pay, insurance and medico-legal. InHealth also have a contract with a private physiotherapy company to scan NHS patients.

The service has had a registered manager in post since March 2016. We inspected this service on 22 October 2018. This was the first inspection since registration.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one CQC assistant inspector, and a specialist advisor with expertise in radiological services. The inspection team was overseen by Simon Brown, Inspection Manager.

Information about The Nottingham InHealth Specialist Imaging Centre

The MRI unit at The Nottingham InHealth Specialist Imaging Centre is a magnetic resonance diagnostic imaging service which undertakes scans on patients to diagnose disease, disorder and injury. The service has two fixed wide bore magnet scanners and is located within the grounds of a local NHS trust. All staff employed at the unit are employed by InHealth. The unit is operational seven days a week, 8am to 8pm. There is one cardiac list a week for cardiac specific scanning with a consultant cardiologist provided by the trust. No clinical emergency patients are scanned within the service.

The premises and the MRI scanner are owned and managed by InHealth. The service includes a modular unit (1.5T) connected to the hospital via a corridor to give inpatient access and an external door that leads to a small reception area for outpatients. A separate building houses the 3T magnet. Here there is a large waiting room

disabled toilets and through a key pad entrance is the controlled area two changing rooms a clinical area the control room and the magnet room. All areas are air conditioned for patient comfort.

During the inspection, we visited the MRI scanning rooms, MRI control rooms, MRI technical room, patient preparation areas, patient changing rooms and toilet and patient waiting area. We spoke with four staff including three radiographers and the imaging services manager. We spoke with four patients. During our inspection, we reviewed three electronic records

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

Activity (July 2017 to June 2018)

- The service undertook 12,515 scans during the year, this equates to 7754 patients.

Summary of this inspection

The service employed eight radiographers, one imaging Services Manager who was the registered manager and four patient administrators.

Track record on safety;

- Zero Never events
- Clinical incidents 7 insignificant harm, 7 minor harm, no moderate, no severe harm, no death
- No serious injuries
- No incidence of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA).
- No incidence of healthcare acquired Meticillin-sensitive staphylococcus aureus (MSSA).
- No incidence of healthcare acquired Clostridium difficile (c. difficile).
- No incidence of healthcare acquired Escherichia coli (E-Coli).
- Two complaints.

Services accredited by a national body:

- International Organization for Standardization - information security management systems - ISO 27001 2013 - August 2013 to December 2019
- ISO 9001: 2015 – December 2001 to December 2019
- Investors in People Gold award - December 2016 to December 2019.
- (IQIPS) - July 2016 to July 2021.
- Use and maintenance of premises
- Use of hospital facilities
- Grounds maintenance
- Clinical and or non-clinical waste removal
- Laundry
- Maintenance of non- MRI medical equipment
- Medical provision (in the event of emergency)

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as 'Good' because:

- There was an open incident reporting culture within the unit, and an embedded process for staff to learn from incidents.
- Staff were knowledgeable about safeguarding processes and what constitutes abuse.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs. They were supported by a programme of mandatory training in key safety areas.
- Equipment was serviced and visibly clean and processes were in place to ensure all items were well maintained.
- The environment was fit for purpose.

However;

- Personal protective equipment was not always used as per InHealth policy and best practice.
- InHealth uniform policy was not always followed as staff were wearing unauthorised jewellery.

Good



Are services effective?

Not sufficient evidence to rate

- Policies, procedures and guidelines were up to date and based on National Institute for Health and Care Excellence (NICE) guidelines, relevant regulations and legislation.
- Staff worked collaboratively as part of a multi-professional team to meet patients' needs.
- There were systems to show whether staff were competent to undertake their jobs and to develop their skills or to manage under-performance.
- There was effective multidisciplinary team working throughout the unit and with other providers.
- Staff had regular development meetings with their unit manager, and were encouraged to develop their roles further.
- Information provided by the unit showed 100% of staff had been appraised.
- Staff demonstrated an effective knowledge of the consent process and we observed staff gaining consent in accordance with local policy and professional standards.

Not sufficient evidence to rate



Are services caring?

We rated caring as 'Good' because:

Good



Summary of this inspection

- Patients were always treated with dignity, respect and compassion. This was reflected in the feedback received from patients who told us staff were very helpful.
- Patients received information in a way which they understood and felt involved in their care. Patients were always given the opportunity to ask staff questions, and patients felt comfortable doing so.
- Staff provided patients and those close to them with emotional support; all staff were sympathetic to anxious or distressed patients

Are services responsive?

We rated responsive as 'Good' because:

- The service was planned with the needs of service users and partner organisations in mind.
- There was a proactive approach to meeting the individual needs of patients.
- Staff were encouraged to resolve complaints and concerns locally, which was reflected in the low numbers of formal complaints made against the service.
- Patient complaints and concerns were managed according to the hospital policy. Complainants were kept informed of the progress.
- Complaints were investigated thoroughly. We saw learning identified and shared to improve service quality.
- The unit ensured a quick turnaround on the reporting of procedures. Time taken for reporting was usually between two and three days.
- Services were planned and delivered in a way that met the needs of the local population. On the day appointments could be provided for patients with the required referral paperwork, as well as a range of appointment times for those who worked during the week.
- Patients could access services easily; appointments were flexible and waiting times short. Appointments and procedures occurred on time and patients were kept informed of next steps throughout the care pathway.

Good



Are services well-led?

We rated well-led as 'Good' because:

- The unit had a clear vision and values which were realistic and reflected through team and individual staff member objectives.

Good



Summary of this inspection

- There was a clear governance structure, which all members of staff were aware of. There was evidence of information escalated from local level governance meetings and information cascaded from top-level governance meetings.
- Staff were extremely positive about their local leaders and felt they were supported and appreciated.
- The unit had its own risk register and managers had clear visibility of their own risks and were knowledgeable about the mitigating actions taken.
- Up to date policies and procedures were in place to support staff in the delivery of safe and effective care.
- There was a culture of openness and honesty supported by a whistle blowing policy and freedom to speak up guardian.
- Managers were open to innovative ideas. Plans were in place to increase patient numbers and ensure sustainability.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--------------------|------|-----------|--------|------------|----------|---------|
| Diagnostic imaging | Good | Not rated | Good | Good | Good | Good |
| Overall | Good | Not rated | Good | Good | Good | Good |

Diagnostic imaging

| | |
|------------|---|
| Safe | Good  |
| Effective | Not sufficient evidence to rate  |
| Caring | Good  |
| Responsive | Good  |
| Well-led | Good  |

Are diagnostic imaging services safe?

Good 

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Annual mandatory training courses were delivered as part of refresher training and development and included 'face to face' and 'e-learning' modules. Staff training files included a contemporaneous training record. This included details of training undertaken including; fire safety and evacuation, health and safety for healthcare, equality and diversity, infection prevention and control, moving and handling objects and people/patients, safeguarding adults, safeguarding children level two, customer care and complaints, basic life support (BLS) and data security awareness.
- At the time of this inspection, all staff had completed or had training in progress.

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.
- The lead for safeguarding was the nominated individual who was trained to level four.

- Staff were trained to recognise adults at risk and were supported with an effective safeguarding adults' policy in place. Staff we spoke with demonstrated they understood their responsibilities and adhered to safeguarding policies and procedures.
- At the time of this inspection all staff had received safeguarding adults training.
- The unit occasionally treated patients who were under the age of 18 (seven under 16-year olds and 39 16-18year olds June 2017-July 2018). All staff had received training in safeguarding children and young people level two. This met intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014). The care was planned and assessed by the consultant with responsibility for the care who was trained to level three.
- We saw contact numbers for all local adult and child safeguarding referrals were in the MRI observation room.

Cleanliness, infection control and hygiene

- The service mostly controlled infection risk. Staff kept themselves, equipment and the premises clean. However, they did not always use control measures to prevent the spread of infection.
- InHealth had infection prevention and control (IPC) policies and procedures in place which provided staff with guidance on appropriate IPC practice in for example, communicable diseases and isolation.
- During this inspection we observed all areas of the service to be visibly clean. The unit team cleaned the

Diagnostic imaging

scanning room at the end of each day to ensure magnet safety was observed. We saw this was recorded on a daily check sheet which was reviewed by the unit superintendent each week.

- Staff cleaned medical devices, including MRI coils between each patient and at the end of each day. These followed manufacturer's and IPC guidance for routine disinfection. We observed staff cleaning equipment and machines during this inspection. We reviewed all machines in use during this inspection, and saw where appropriate disinfection of the machines had taken place. However, we noted that an intravenous pump was stored in a sluice room. This meant we could not be assured it was clean and ready for use. We discussed this with the imaging services manager (ISM) and a new storage area was found.
- All the patients we spoke with were positive about the cleanliness of the unit and the actions of the staff with regards to infection prevention and control. Patients told us, "staff are always washing their hands", "the department is very clean". We observed all staff washing their hands and using hand gel when appropriate.
- Between July 2017 and June 2018 there were no incidences of health care acquired infection in the unit.
- Hand hygiene audits were undertaken to measure compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients. Results for the reporting period July 2017 to June 2018 showed a compliance rate of 100%. Hand hygiene results were communicated to staff through their staff meetings and through email.
- There was access to hand washing facilities and a supply of personal protective equipment (PPE), which included gloves and aprons. During this inspection we observed all staff to be using gloves appropriately. However, aprons were not worn during patient contact, cannula insertion or injection of intravenous

saline. We were told "we just don't wear aprons we never have". We reviewed InHealth policy which stated the use of aprons was required during clinical patient activity.

- We witnessed staff mostly adhering to NICE QS61 Statement 5, (People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal). Staff were trained in cannulation and explained to us the need to monitor cannula sites for extravasation. We witnessed staff explain the procedure to the patient and removed the cannula promptly post scan and disposed of it correctly in a contaminated sharps container. However, as aprons were not worn for this procedure we were not assured the guideline was adhered to completely.
- It was also noted that some members of staff were also wearing jewellery which was not in line with InHealth policy.
- We received a post inspection action plan from InHealth which indicated that all staff had received the InHealth PPE and Uniform policy and audits of uniform and use of aprons would now take place.
- Waste was handled and disposed of in a way that kept people protected from avoidable harm. Staff used the correct system to handle and sort different types of waste and these were labelled appropriately.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- The layout of the units was compatible with health and building notification (HBN06) guidance. Access was good, parking was pay and display with a secure entry point to the unit. A small reception area, outside of the scanning area, was available providing magazines, refreshments and toilet facilities for patients and relatives. A scanning observation area allowed visibility of all patients during scanning and fringe fields were displayed (The fringe field is the peripheral magnetic field outside of the magnet core. Depending on the design of the magnet and the room a moderately large fringe field may extend for several meters around, above, and below an MR scanner). We

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observed there was sufficient space around the scanner for staff to move and for scans to be carried out safely. During scanning all patients had access to an emergency call buzzer, ear plugs and defenders. Music could be played and a microphone allowed contact between the radiographer and the patient at all times.

- As recommended in HBN06-13.64 The room was equipped with an oxygen monitor to ensure that any helium gas leaking (quench) from the cryogenic Dewar (this is a specialised type of vacuum flask used for storing cryogenics such as liquid nitrogen or liquid helium), is not moving into the examination room, thus displacing the oxygen and compromising patient safety. In addition, the room was fitted with an emergency quench switch which was protected against accidental use. The magnet was also fitted with emergency “off” switches, which suspend scanning and switch off power to the magnet sub-system, but will not quench the magnet. Staff we spoke with were fully aware of the emergency nature of a quench situation.
- MRI intravenous giving sets were single use and CE marked (this demonstrates legal conformity to European standards).
- There was a system in place to ensure that repairs to equipment were carried out if machines and other equipment broke down and that repairs were completed 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. During our inspection we checked the service dates for all equipment, all equipment was within their service date. The generators were also tested monthly on a planned schedule to ensure patient scanning was not affected.
- One scanner was in a building housed by InHealth PET/CT service and one was in a static unit next to the NHS trust building. A service level agreement was in place with the hospital for the day to day maintenance of non-MRI equipment and the environment. Failures in equipment and medical devices were reported through the hospital technical support team. Staff told

us there were usually no problems or delays in getting repairs completed. All equipment conformed to the relevant safety standards and was regularly serviced. All electrical equipment was electrically tested.

- The scanners were fitted with a sequence to enable motion correction of images. This ensured that should a patient inadvertently move potentially the scan would not have to be repeated.
- We saw service records for the scanner which included downtime and handover time.
- Patient weigh scales were available in the unit and we saw where they had been appropriately service tested. Staff told us, in the event the weigh scales developed a fault or were unfit for use, a replacement set was available and the fault would be reported.
- We checked the resuscitation equipment for the MRI unit. The resuscitation equipment appeared visibly clean. Single-use items were sealed and in date and emergency equipment had been serviced. Records indicated resuscitation equipment had been checked daily by staff and was safe and ready for use in an emergency.
- The service had access to the emergency resuscitation team based in the host hospital who would attend in the event of an emergency. The service could telephone an emergency number and this would facilitate emergency bleep holders in the hospital to respond immediately.
- Emergency pull cords were available in areas where patients were left alone, such as toilets and changing areas. Call bells were available within the MRI scanner which patients could press if they wanted the scan to stop.
- Resuscitation equipment was available outside of the scan room. The staff we spoke with explained the procedure for removal of a patient from the scanner into the observation area or a private assessment area. The arrest team had access to this room and would be able to resuscitate a patient safely away from the scanner.
- There were procedures in place for removal of a collapsed patient and we reviewed evidence of

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evacuation practices performed twice yearly. This was also recorded in the InHealth healthcare quality audit. The MRI trolley was removable for ease of patient transfer.

- All registered staff within the unit held the immediate life support certificate (ILS). We saw that at all times there were two ILS trained members of staff on duty. The emergency defibrillator was equipped for pacing in the event of any concerns during a cardiac MRI.
- All relevant MRI equipment was labelled in line with the Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations e.g. MR Safe, MR Conditional, MR Unsafe. For example, in the assessment area all equipment was labelled MR unsafe.
- Signs were available on all doors in five languages explaining the magnet strength and safety rules.

Assessing and responding to patient risk

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff assessed patient risk and developed risk management plans in line with national guidance. For example, we saw evidence of a magnetic resonance imaging patient safety questionnaire. Risks were managed positively and updated appropriately where a change in the patient's condition had arisen for example managing the claustrophobic patient.
- Patients had the choice of wearing their own clothes or changing into a gown prior to the scan. All patients underwent the risk assessment and signed to accept they had understood regardless of the choice of clothing.
- There were clear pathways and processes for staff to assess people using services in radiology departments who are clinically unwell and need hospital admission. For example, the Inhealth routine MRI guidance policy was available to guide staff in referring patients to an emergency department for conditions related to the brain and spine. Patients that became unwell in the unit would be initially reviewed on site if necessary by the hospital medical staff then referred to their GP. Staff told us that if the patient required more urgent treatment they would call 999.
- The service ensured that the 'requesting' of an MRI was only made by staff in accordance with the MHRA guidance (Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use) (2015). All referrals were made using dedicated MRI referral forms which were specific to the contract with the commissioning group. All referrals would be either received from the trusts or InHealth referral desk for private scans.
- All referral forms included patient identification, contact details, clinical history and examination requested, and details of the referring clinician/practitioner.
- Signs were located throughout the unit in both words and pictures highlighting the contraindications to MRI including pacemakers. Signs also informed patients and visitors of the magnet size and that it was always on.
- All patients referred for MRI had kidney function blood tests prior to scanning to reduce the risk of contrast-induced nephropathy. This was in keeping with NICE Acute kidney injury guidelines and the Royal College of Radiologists standards for intravascular contrast agent administration.
- Staff we spoke with explained the processes to escalate unexpected or significant findings both at the examination and upon reporting. These were in line with Inhealth routine MRI guidance policy. For example, urgent scan findings and/or neurological condition when the patient needs urgent report and attending A&E.
- We were told about and shown the pathway for unexpected urgent clinical findings. In the case of NHS patients, an urgent report request was sent to the reporting provider. Once the report was received (within 24 hours), an email was sent to the agreed staff within the referring trust to highlight an urgent report. In addition to this, InHealth's picture archiving and communications system (PACS) team also contacted the referrer by phone to inform them an urgent report had been sent and the person who was spoken to within the Trust was recorded on the database. They were asked to verbally acknowledge that an email with the report had been received. If the patient was a private patient, the reporting radiologist was contacted by a member of staff to advise them of the urgent report to

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ensure it received prompt attention. If at time of scan, the radiographers thought the patient needed urgent medical attention, the patient was advised to attend accident and emergency (A&E). All images would be sent to the Trust urgently via the image exchange portal to assist in patient management.

- There were processes to ensure the right person got the right radiological scan at the right time.
- We saw the Society of Radiographers (SoR) poster within the unit reminding staff to carry out these checks.
- We also witnessed the staff using The Society of Radiographers (SoR) "Paused and Checked" system. Referrer error was identified as one of the main causes of incidents in diagnostic radiology, attributed to 24.2% of the incidents reported to the CQC in 2014. The six-point check had been recommended to help combat these errors. Pause and Check consisted of the three-point demographic checks to correctly identify the patient, as well as checking with the patient the site/side to be imaged, the existence of previous imaging and for the operator to ensure that the correct imaging modality is used.

Radiography staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- An InHealth staffing policy was in place, this enabled the unit to effectively maintain safe staffing levels and ensured there were sufficient numbers of suitably qualified, skilled staff to carry out daily tasks. The policy and procedure outlined how the headcount (actual number of staff on duty) and full time equivalent (FTE) numbers were to be calculated and managed at unit level.
- Whole time equivalent staff in the unit consisted of one Imaging services manager, one superintendent radiographer, 5.1 senior radiographers, one graduate radiographer, one patient administration manager, one senior patient administrator and one patient administrator.
- The unit superintendent was trained in rostering and used the headcount guidance tool to support with

maintaining safe numbers. Business continuity plans were in place to guide the superintendent when responding to changing circumstances. For example, sickness, absenteeism and workforce changes. No agency staff were used in the reporting period July 2017 to June 2018.

- All staff we spoke with felt that staffing was managed appropriately. At all times there were at least two staff in the unit. This included one radiographer.
- Radiographers told us they could contact a radiologist at the referring site for advice at any time. They gave examples of contacting a radiologist to discuss contrast imaging in a patient.
- Intravascular contrast administration was carried out at this site we saw protocols were in place and staff were trained to recognise and treat severe contrast reactions, including anaphylaxis. However, this had never been necessary in the unit.

Medical staffing

- The service did not employ any medical staff, however they had access to the medical staff from the adjoining hospital who were present on site and available to attend if required in the event of an emergency or deterioration in patient condition.

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff kept and updated individual patient care records in a way that protected patients from avoidable harm. Records were electronic and available for access by staff.
- Patients completed a MRI safety consent checklist form which recorded the patients' consent and answers to the safety screening questions. This was later scanned onto the electronic system and kept with the patients' electronic records.
- Patients personal data and information were kept secure and only staff had access to that information. Staff received training on information governance and records management as part of their mandatory training programme.

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- Staff completing the scan updated the electronic records and submitted the scan images for reporting by the relevant organisation. They had two systems which they could switch between depending on the referral organisation.
- The quality of images was peer reviewed locally and quality assured on a corporate level. Any deficiencies in images were highlighted to the member of staff for their learning. However, this was very rare and the services re-scanning rate was negligible.
- We reviewed six patient care records during this inspection and saw records were accurate, complete, legible and up to date. Paper records were shredded as per policy once the information was uploaded.
- The service provided electronic access to diagnostic results to the referring hospital and could share information electronically if referring to an A and E for emergency review.
- We saw the Radiology Information System and Picture Archiving and Communication System was secure and password protected. Each staff member had their own personally identifiable password.

Medicines

- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Medicines, including intravenous fluids, were stored securely. No controlled drugs were stored and/or administered as part of the services provided in this unit. Medicines requiring storage within a designated room were stored at the correct temperatures, in line with the manufacturers' recommendations, to ensure they would be fit for use. Room temperatures were recorded as part of the daily MRI checks. We reviewed room temperature records on the online daily check sheet and saw temperatures had been checked and were within the required range. We spoke with staff who told us that where temperatures were not within the required range the scanner would not work and this would be escalated to the unit manager and the service company automatically by the MRI scanner.
- Staff were trained on the safe administration of contrast medium including intravenous contrast. We

reviewed staff competency files and saw all staff had received this training. We observed three patients during our inspection, all patient allergies were documented and checked on arrival in the unit.

- Patients were given a patient information card post scan which documented which medications they had been given. This included contrast media, bowel preparations and anti-spasmodics. The card directed patients to seek advice from their GP or A/E if feeling unwell after leaving the unit and explained they should show the information regarding what they had received.
- Emergency medicines were available in the event of an anaphylactic reaction.
- Patient group directions (PGDs) were used for administration of contrast media, oxygen, antispasmodics and saline. PGDs allow some registered health professionals (such as radiographers) to give specified medicines to a predetermined group of patients without them seeing a doctor. We saw, in staff training files, where staff had been assessed as competent.
- An on-site pharmacist was available for assistance and advice locally if required. InHealth had a consultant pharmacist who issued guidance and support at a corporate level and worked collaboratively with the InHealth clinical quality team on all issues related to medicines management.
- Staff told us they would contact the onsite pharmacist initially if they had any concerns.
- We witnessed staff using The Society of Radiographers (SoR) recommended "Paused and Checked" system to check medications prior to administration.

Incidents

- The service managed patient safety incidents well. Staff recognised incidents 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.
- The service had an incident reporting policy and procedure in place to guide staff in the process of

Diagnostic imaging

reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses. Staff reported incidents using an electronic reporting system. Between July 2017 and June 2018, the unit reported 14 incidents through the incident reporting system. Examples of incidents raised included; a patient/relative had fallen in the carpark.

- During our inspection we saw where recent incidents had been reported appropriately. For example, on the day we visited three patients did not attend appointments. These were reported as per InHealth policy.
- Learning from incidents was shared with the unit staff through staff meetings and email and with the referring NHS trust through monthly performance reports and bi-monthly contract meetings.
- During the period July 2017 to June 2018 there had been no serious incident requiring investigation, as defined by the NHS England Serious Incident Framework 2015. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.
- There had been no incidence of a 'never event' in the last 12 months prior to this inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- Were an incident to occur that met the requirements of the duty of candour regulation, an organisational policy and procedure was available to staff providing guidance on the process to follow. All staff had been

trained and made aware of duty of candour and what steps to follow when requirements had been reached. The online incident reporting system generated an alert when a serious incident occurred in the unit to prompt staff to consider duty of candour.

- During this inspection we spoke with two staff specifically about duty of candour. Both staff demonstrated to us they understood the requirements of the duty of candour regulation.
- Relevant national patient safety alerts would be communicated by email to all staff. All staff had to accept emails with mandatory information in them this evidenced that they had been read.
- There were processes to ensure the right person got the right radiological scan at the right time.
- We saw the Society of Radiographers (SoR) poster within the unit reminding staff to carry out these checks.
- We also witnessed the staff using The Society of Radiographers (SoR) "Paused and Checked" system. Referrer error was identified as one of the main causes of incidents in diagnostic radiology, attributed to 24.2% of the incidents reported to the CQC in 2014. The six-point check had been recommended to help combat these errors. Pause and Check consisted of the three-point demographic checks to correctly identify the patient, as well as checking with the patient the site/side to be imaged, the existence of previous imaging and for the operator to ensure that the correct imaging modality is used.

Safety Thermometer (or equivalent)

- The service used safety monitoring results well. Staff collected safety information and shared it with staff. Managers used this to improve the service.
- The service had a performance dashboard maintained on a unit level. This was updated daily and reviewed monthly by the manager and superintendent radiographer. It indicated the number of patients scanned, number of parts scanned, number of patients that did not attend, cancellations and feedback forms completed. Also recorded were daily safety checks, for example: emergency buzzer, intercom, cold head chirping, arrest trolley, temperature and air conditioning and unit emails.

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- This was reviewed at least weekly and an action plan discussed if there were omissions or concerns.

Are diagnostic imaging services effective?

Not sufficient evidence to rate 

Not sufficient evidence to rate:

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Services, care and treatment were delivered and clinical outcomes monitored in line with and against the National Institute for Health and Care Excellence (NICE) and the referring NHS trust's requirements. NICE guidance is followed for diagnostic imaging pathways as part of specific clinical conditions. For example, NICE CG75 Metastatic spinal cord compression in adults.
- Staff assessed patients' needs and planned and delivered patient care in line with evidence-based, guidance, standards and best practice. An audit was carried out annually to assess clinical practice in line with local and national guidance.

Nutrition and hydration

- Patients had access to drinks whilst awaiting their scan. During our inspection we observed staff offering drinks before and after the patient was scanned.

Pain relief

- Staff did not assess and monitor patients regularly to see if they were in pain. However, they did regularly ask if patients were comfortable.
- Pain assessments were not undertaken in this unit. Individual patients managed their own pain and were responsible for supplying any required analgesia. We were told patients received a letter prior to the procedure advising them to continue with their usual medications.

- We observed staff asking patients if they were comfortable during our inspection.

Patient outcomes

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service recorded the times taken between referral to them for a scan and a scan being booked. They also recorded the time from the scan to when the scan was reported on.
- Staff audited and compared key elements of the referral and scanning pathway and these were benchmarked with other InHealth locations.
- Audits of the quality of the images were undertaken at a corporate level and by the imaging provider. Any issues were fed back to local services for learning and improvement.
- Internal Healthcare quality audits were undertaken annually and assisted in driving improvement and giving all staff ownership of things that go well and that needed to be improved. The service audited 14 individual areas including, patient experience, health and safety, medical emergency, safeguarding, equipment and privacy and dignity.
- We reviewed the June 2018 audit, compliance for MRI was almost 100% in all areas. Where there were concerns it was related to provision from the local trust for example parking.
- Local audits of handwashing, uniform and health and safety were carried out quarterly in the unit. A patient unit entry pathway audit was carried out monthly by the unit superintendent. We saw evidence of these audits and action plans were produced if required.

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 monitor the effectiveness of the service.
- Staff had the right skills and training to undertake the MRI scans. This was closely monitored on a corporate level and by the registered manager. Skills were

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assessed as part of the recruitment process, at induction, through probation, and then ongoing as part of staff performance management and the InHealth appraisal and personal development processes.

- All radiographers were Health and Care Professions Council (HCPC) registered and met standards to ensure delivery of safe and effective services to patients.
- Local induction for all staff ensured their competency to perform their required role within their specified local area. For clinical staff this was supported by a comprehensive competency assessment toolkit which covered key areas applicable across all roles including equipment, and then clinical competency skills relevant to their job role and experience.
- Staff we spoke with told us InHealth had a comprehensive internal training programme for MRI aimed at developing MRI specific competence following qualification as a radiographer.
- Staff had the opportunity to attend relevant courses to enhance the professional development and this was supported by the organisation and managers. InHealth offered access to both internal and externally funded training programmes and apprenticeships to support staff in developing skills and competencies relevant to their career with InHealth.
- Radiographers scanning performance was monitored through peer review and issues were discussed in a supportive environment. Radiologists also fed back any perceived issues with scanning to enhance and learning or improvements in individual performance. The service undertakes periodic competency assessments for radiographers. In the event of any aspect of competency falling short, the practitioner's line manager was responsible for providing necessary support and guidance to enable them to reach the correct standard.
- Staff had regular meetings with their manager and a performance appraisal biannually in October to set goals and April to review them. Records we checked showed all staff in the service had received their appraisals.

Multidisciplinary working

- Staff of different kinds worked together as a team to benefit patients. Doctors, radiographers and other healthcare professionals supported each other to provide care.
- The unit worked closely with the referring NHS trusts, this provided a smooth pathway for patients.
- The service had good relationships with other external partners and undertook scans for local NHS providers. We saw good communication between services and there were opportunities for staff to contact refers for advice and support.
- We were told and saw InHealth and trust staff that the imaging staff for the trust work very closely with the InHealth staff to on a day to day basis.

Seven-day services

- The modular unit was operational Monday to Sunday, 8am to 8pm. The 3T magnet was open Monday to Friday 8am -5pm (Saturdays on a adhoc basis if required). No clinical emergency patients were scanned within the service.
- Appointments were flexible to meet the needs of patients, they were available at short notice.

Health promotion

- Information leaflets were provided for patients on what the scan would entail and what was expected of them.

Consent and Mental Capacity Act

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care.
- Staff demonstrated to us a good understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Mental Capacity Act awareness training was a mandatory training requirement for all staff. At the time of this inspection all staff had completed this training.

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- A consent policy written in line with national guidance was available to all staff. We reviewed three patient care records and saw all patient records included a consent to treatment record. We observed staff obtaining verbal consent from the patients during their treatment.
- Staff had received training on mental capacity. They were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions.
- During the time of this inspection there were no patients who lacked capacity to make decisions in relation to consenting to treatment. Where a patient lacked the mental capacity to give consent, guidance was available to staff through the provider consent policy. In addition to this, staff told us they would encourage a patient to be accompanied by a family member or carer for support. If required the unit had access to an external interpreting and/or translation service for those patients whose understanding was limited due to a language barrier.
- Staff were knowledgeable about protecting the rights of patients and staff demonstrated to us their regard to the Mental Health Act (MHA) Code of Practice.
- The staff we spoke with were aware of the need for consent and gave patients the option of withdrawing their consent and stopping the scan at any time.
- The service used a MRI safety consent form to record the patients' consent which also contained their answers to safety screening.
- and respect. Staff introduced themselves prior to the start of a patient's treatment, interacted well with patients and included patients during general conversation.
- Staff demonstrated a kind and caring attitude to patients. This was evident from the interactions we witnessed on inspection and the feedback provided by patients.
- Staff introduced themselves and explained their role and went on to explain what would happen next.
- Staff ensured that patients privacy and dignity was maintained during their time in the facility and MRI scanner.
- Patient satisfaction was formally measured through completion of the company 'Friends and Family Test' following their examination. Between June 2017 and May 2018 1,757 cards had been completed of these 1,691 (96%) were extremely likely or likely to recommend the service.
- The feedback was analysed by an external, independent provider and the results and a dashboard sent to the clinical quality team. Data was provided on number of returns; patient satisfaction percentage and all comments were recorded. These were available weekly on the InHealth intranet. This enabled the manager to use the positive comments to praise the staff and investigate negative comments to drive actions to further improve the service.
- During this inspection we spoke with four patients about various aspects of the care they received in this unit. Without exception, feedback was consistently positive about the staff delivering the care.

Are diagnostic imaging services caring?

Good 

We rated caring as **good**.

Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- During this inspection we observed all staff treating patients with dignity, kindness, compassion, courtesy
- Staff provided emotional support to patients to minimise their distress.
- Staff supported people through their scans, ensuring they were well informed and knew what to expect.
- Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calming and reassuring demeanour so as not to increase anxiety in nervous patients.

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- We observed that the staff provided ongoing reassurance throughout the scan, they updated the patient on how long they had been in the scanner and how long was left. One patient we spoke with was worried about having the scan, the staff supported them throughout the time in the unit. A staff chaperone stayed with the patient at all times and reassured the patient throughout. After the scan the patient thanked the staff for their calm and supportive manner.
- The unit often had regular patients being treated for cancer diagnoses. Patients regularly returned for repeat scans to review changes in tumour growth. We witnessed staff supporting a patient they had come to know after several scans in the unit.
- We spoke with the unit staff about providing emotional support for patients. Staff felt they could signpost patients appropriately if necessary, and saw recognising and providing support to patients as an important part of their job. They recognised that scan-related anxiety could impact on diagnosis for patients and a possible delay in further treatment.

Understanding and involvement of patients and those close to them

- Staff communicated with patients so that they understood the reason for attending the unit. All patients were welcomed into the area and reassured about the procedure.
- Staff recognised when patients and those close to them needed additional support to help them understand and be involved in their care and treatment and enabled them to access this. This included for example, access to interpreting and translation services and referral to onsite Macmillan services.
- Patients and those close to them could find further information or ask questions about their scan. A wide range of MRI specific leaflets were also available to patients and patients we spoke with confirmed they had accessed the leaflets.
- The service allowed for a parent or family member or carer to remain with the patient for their scan if this was necessary.

Are diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

Service delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of local people.
- The service was planned and designed to meet the needs of the patients. Information about the needs of the local population and the planning and delivery of services was agreed collaboratively with the referring NHS trusts. The unit provided services through a contractual agreement with the referring trust and did not have direct communication with the commissioners. The service also had a contract providing scans through a private physio and GP company.
- Progress in delivering services against the contractual agreement was monitored by the referring NHS trust and the private company through key performance indicators, regular contract review meetings, and measurement of quality outcomes including patient experience. Performance was reviewed and service improvements agreed at these meetings.
- Any issues were escalated promptly to the Senior Management Teams between both organisations and were often dealt with, within a few hours.
- The service provided evening and weekend appointments to accommodate the needs of patients who were unable to attend during the weekdays.
- Access to the unit was by established transport routes, with a bus stop at the end of the road. Patients were also able to use pay and display and accessible car parking of the hospital trust.
- The environment was appropriate and patient centred. There was small but sufficient seating area, a toilet and a water cooler in the modular unit (1.5 T

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magnet). The 3 T magnet unit shared a larger waiting area, 2 toilets and hot and cold drinks with the PET/CT unit. The department adjoining the modular unit had a restaurant and drinks facility.

Meeting people's individual needs

- The service took account of patients' individual needs.
- All had a strong understanding of cultural, social and religious needs of the patient
- All patients received an appointment letter or email and were encouraged to contact the unit if they had any concerns or questions about their examination.
- During examination, staff made patients comfortable with padding aids, ear plugs and ear defenders to reduce noise. They ensured that the patient was in control throughout the examination and gave them an emergency call buzzer to allow them to communicate with staff should they wish. Microphones were built into the scanner to enable two-way conversation.
- Patients were advised should they wish to stop their examination, staff would assist them and discuss choices for further imaging or different techniques and coping mechanisms to complete the procedure. Explanations were given post examination on any aftercare of cannulation sites, hydration needs and how and where to get results of the scan.
- The service provided imaging for outpatients only and welcomed service users with any level of mobility. Lifts were provided within the hospital if required, ramps were installed to gain entrance to the building.
- A hoist was available to use from the hospital ward if needed, assistance using this equipment was provided by the hospital staff.
- Interpreters were available if the unit was informed prior to the appointment via a pre- booked service. In a clinical emergency, InHealth policy enabled staff to use language line or a family member to translate at the radiographers' discretion. Subject to appropriate screening checks.
- Nervous, anxious or claustrophobic patients could be invited to have a look around the unit prior to their appointments, so they could familiarise themselves with the room and the scanner to decrease apprehension. Staff also encouraged patients to bring in their own music for relaxation and to bring someone with them as support, who can be present in the scan room if necessary and after they have been screened for safety. One patient had requested specific music and the team were able to provide an album for him from their personal collection.
- We were told by the imaging services manager (ISM) and staff in the department that patients living with a disability or dementia for example would 'always try to encourage a carer or relative through during at least the questionnaire stage. This was to endeavour to keep something consistent for the patient and alleviate the potential stress involved in an examination. They always introduced themselves and would try and interview the patient in as large a space as possible to further reduce anxiety. They would aim to explain the full procedure first and go through any initial worries before they completed all the safety questions.
- For patients with learning difficulties they would adapt the language used to describe the procedure to make sure it was understood, they were always conscious that the procedure had the potential to be overwhelming. They always took their time during this stage and would give the patient multiple opportunities to ask questions. If it was appropriate, then they could allow the patient to go into the scanner room just to see the equipment and potentially have a "dry run" so they could further understand what the examination involved.
- For example: staff told us "On a previous occasion where a patient was struggling to understand the breathing instructions we did lots of rehearsing outside the room so they were more confident. We also set up a mirror so the patient could easily see us when we were in the control room, we held up green and red coloured card that corresponded with the "hold your breath" and "breath away" commands" This ensured the scans were completed in order to support a patient diagnosis in a timely way.
- We saw InHealth produced an "Easy Read" format for patients to read before their MRI scan. It provided the information in a simpler way with less text and had

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corresponding pictures. The staff had these in the scan observation room for patients with learning difficulties, they had also been useful for some patients with eyesight problems.

- The ISM explained to us a project that he and a colleague had been involved in prior to managing the Nottingham unit they took part in a project to create videos to help explain the MRI and PET-CT examination to people with learning difficulties. The videos were designed to show the whole procedure from waiting room to scan room and what the patient should expect and what they would be required to do. The links for the videos were available on a video sharing website for easy access.
- InHealth had also produced a video for all patients to explain what to expect from their MRI scan. This was recommended to all our groups of patients for additional reassurance.

Access and flow

- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Patients were referred to the service by a local NHS trust, InHealth referrals and a private physio/GP provider. Their appointments were sent by post initially and then patients were contacted by phone the day before to ensure they hadn't forgotten.
- Waiting times in the unit were short. Evidence showed there were very few delays and appointment times were closely adhered to. Patients requiring bowel scans were advised to arrive one hour prior to the scan to have the bowel preparation within the unit. We saw this on inspection and from patient feedback.
- The service reported zero cancelled scans for non-clinical reasons during the period July 2017 to June 2018. However, 20 were rearranged due to a machine breakdown.
- Staff told us that if an urgent referral was made when no appointments were available, the unit would assess appointments filled by routine, and rebook

patients to make room for the clinical urgent case. The rebooked patient would be given the next available appointment to suit the patient. This had yet to occur due to the current departmental booking process.

- Referrals were prioritised by clinical urgency. If patient symptoms could be due to a clinical urgency, these patients were often given an appointment within 48 hours. All two-week cancer pathway patients were scanned within one week to enable report turn around.
- In the reporting period July 2017 to June 2018 there were 341 (3.4%) patients that did not attend for their appointment. It was not possible to determine from data collected which of these patients were subsequently scanned. This was confirmed by the imaging manager.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- InHealth had a complaints handling policy and all staff completed a mandatory training course on complaints management.
- Complaints made to the trust which related to InHealth, would be forwarded by the hospitals operations manager to the registered manager for investigation and response. If the complaint was related to both the hospital trust and InHealth, the company who received the initial complaint would request an investigation and response from the other party which would be integrated into the formal response.
- The service reported that they received two complaints during the period July 2017 to June 2018. All two were managed through the Inhealth formal complaints procedure and both were upheld.
- The service worked closely with the host hospital to share information on complaints, concerns and compliments that may be relevant to the MRI scanning facility. The service received 1,757 written compliments during the period July 2017 to June 2018.
- Within the unit, the complaints procedure was displayed for all patients and relatives to read and

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follow should they wish. If they needed further information, staff told us they would explain the procedure to them and write any contact information required to issue the formal complaint.

- Staff were encouraged to resolve complaints and concerns locally, which was reflected in the low numbers of formal complaints made against the service.

Are diagnostic imaging services well-led?

Good 

We rated well-led as **good**.

Leadership

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The InHealth management structure within the unit consisted of a one FTE Imaging services manager and one FTE Superintendent Radiographer who was on site daily to assist with clinical issues, work and scan. These were supported by a regional Head of Imaging Services.
- The Imaging Service manager was an experienced and competent senior radiographer. He appeared capable and knowledgeable in leading the service. He was enthusiastic and was keen to improve the quality and service provided. He stated he was supported and empowered by InHealth to take forward initiatives and adjust the service if warranted.
- The manager was visible and approachable. He worked alongside other staff within the MRI facility and was clearly proud of the team.
- Staff we spoke with found the manager and the superintendent to be approachable, supportive, and effective in their roles. They all spoke positively about the management of the service.

Vision and strategy

- The service had a vision for what it wanted to achieve and workable plans to turn it into action.

- InHealth had four clear values: Care, Trust, Passion and Fresh thinking. These values were central to all the examinations and procedures carried out daily. Following the company mission to 'Make Healthcare Better' enabled all employees to offer a fresh, innovative approach to the care they delivered.
- All staff were introduced to the core values at the corporate induction and were familiar with them during our inspection. The appraisal process for staff was aligned to these values and all personal objectives discussed at appraisal were linked to the company's objectives. Staff provided examples how they demonstrated the organisational values, with new ideas or examples of care. For example, care of claustrophobic patients.
- Staff in the service were invested in and committed to this vision. They understood the part they played in achieving the aims of the service and how their actions impacted on achieving the vision.

Culture

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The staff we spoke with were very positive and happy in their role and stated the service was a good place to work.
- Staff reported they felt supported, respected and valued on a local and corporate level. Staff stated they felt empowered to make suggestions, make changes and improvements and this was actively encouraged.
- Staff demonstrated pride and positivity in their work and the service they delivered to patients and their service partners. Staff were happy with the amount of time they had to support patients and that was one of the things they enjoyed about their role.
- There was a positive approach to reporting incidents and the service demonstrated learning outcomes and changes being implemented in response to incidents. Staff described a 'no blame' culture.

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- There was good communication in the service both from a local managers perspective and at corporate level. Staff stated they were kept informed by various means, such as newsletters, team meetings and emails.
- Formal minuted team meetings were held quarterly. We were provided with minutes from these meetings which included; new staff introduction and recruitment update, Progress against strategy, Quality, Safety and Wellbeing, Financial, Site update, Clinical governance– policies, Sentinel and complaints review /lessons learnt, Review schedule changes.
- Informal meetings were held at least weekly to discuss day to day working plans and schedules. The Imaging manager planned to increase the number of formal team meetings
- Staff told us there were good opportunities for continuing professional development (CPD) and personal development in the organisation. They also stated they were supported to pursue development opportunities which were relevant to the service.
- Equality and diversity were promoted within the service and were part of mandatory training, inclusive, non-discriminatory practices were promoted.
- A whistle blowing policy, duty of candour policy and appointment of two freedom to speak up guardians supported staff to be open and honest. Staff told us they attended duty of candour training and described to us the principles of duty of candour.
- All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and act where needed to improve their workforce race equality. A WRES report was produced for this provider in September 2017 including data from June 2016 to June 2017.
- There was clear ownership of the WRES report within the provider management and governance arrangements, this included the WRES action plan reported to and considered by the Board.
- InHealth identified that staff ethnicity was not previously captured in the staff survey and

self-reporting of ethnicity was low. There was no comparative data for 2016 as a result of this. The action plan stated that this would be included within the 2018 report (not yet published).

Governance

- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- There was an effective corporate and local governance framework which oversaw service delivery and quality of care. Internal Healthcare quality audits were undertaken annually and assisted in driving improvement and giving all staff ownership of things that go well and that needed to be improved. Staff were supported in incident reporting, complaint handling and developing local policies and protocols as well as implementing corporate policies and procedures. All disciplines were professionally accountable for the service and care that was delivered within the unit.
- Corporate governance meetings were undertaken every three months and minutes were recorded from these meetings. We reviewed minute and meeting notes, there was evidence of discussions regarding incidents, complaints, policies, performance and updates from sub committees.
- There were bespoke service level agreements in place with the local NHS trusts.
- The service had local governance processes, which were achieved through team meetings and local analysis of performance, discussion of local incident, where this was applicable, this fed into processes at a corporate level. We saw minutes and meeting notes during our inspection.
- Staff were clear about their roles, what was expected of them and for what and to whom they were accountable.

Managing risks, issues and performance

- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- There was a robust risk assessment system in place locally with a process of escalation onto the corporate

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risk register. The local risk register was reviewed and updated monthly and new risks added regularly. For example, medication errors were a risk. However, to mitigate this risk policies were in place incident, accident and near miss reporting system, limited availability of contrast agents and pharmaceutical, relevant PGDs in place, only appropriately trained staff permitted to administer and anaphylaxis drugs and resuscitation equipment immediately available and staff trained in use.

- The risk register included quality performance, operations, human resources, health and safety, finance, legal, IT systems, procurement and information governance. An action log was also included identifying timescales and accountability.
- Performance was monitored on a local and corporate level. Performance dashboards and reports were produced which enabled comparisons and benchmarking against other services. Information on turnaround times, 'did not attend rates', patient engagement scores, incidents, complaints, mandatory training levels amongst others were charted.

Managing information

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service had access to both the InHealth and host organisation computer systems. They could access policies and resource material from both organisations.
- There were three computers in the unit and the manager had a laptop computer. This was sufficient to enable staff to access the system when they needed to.
- All staff we spoke with demonstrated they could locate and access relevant and key records very easily and this enabled them to carry out their day to day roles.
- Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.
- Information from scans could be reviewed remotely by referrers to give timely advice and interpretation of results to determine appropriate patient care.

Engagement

- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Patient satisfaction cards were given to all those who had been scanned in the unit to gain feedback on the service received. This feedback was overwhelmingly positive.
- Staff satisfaction surveys were undertaken annually to seek views of all employees within the organisation and actions implemented from the feedback received.
- We were provided with Midlands results for January 2018 survey which indicated for example 85% of staff said, at work, I have the opportunity to do my best every day, 90% of staff said, if one of my friends or family needed care or treatment, I would recommend InHealth's services to them, 93% of staff said, patient safety is a key priority at InHealth and 89% said, equality and diversity are valued at InHealth.
- The service engaged regularly with their partners to understand the service they required and how services could be improved. This produced an effective pathway for patients. The service also had a good relationship with local NHS trust.
- Unit staff were encouraged to voice their opinions and help drive the direction of the service provided and suggest improvements to the examinations provided. This was evident during our inspection in relation to the anxiety paper that had been written and taken forward.
- InHealth provided an Employee Wellbeing and Assistance Programme to offer staff support during times of crisis and ill-health.

Learning, continuous improvement and innovation

- The service was committed to improving services by learning from when things went well or
- Staff could provide examples of improvements and changes made to processes based on patient feedback, incidents and staff suggestion. For example:
- "We received feedback regarding the directions that were sent out in the patient's letter, a few people mentioned that they were not as clear as they could be.

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I created 2 new maps, one for each of the scanners, the maps were much larger and clearer and had larger arrows identifying the 2 units. The gate numbers were also clearer; this is one of the first things we mentioned to help locate the units. We have received a lot of positive feedback from patients that have read their letters as they have could find our unit easily. I also talked to Trust estates and requested some internal signage to direct patients to our unit from the X-ray department.

- “We received some verbal feedback from a stress cardiac MRI patient. There is a sheet in the patient’s letter for this examination that states certain drugs they must not take 24 hours before their scan, it also stated not to consume chocolate or any caffeinated beverage. A few of our patients had not prepped properly and subsequently were not able to have their scan, a few stated that the sheet could have been clearer. The senior radiographers looked at the sheet to identify

possible improvements. They made the text much clearer and included some pictures of coffee and chocolate with lines through them to make the message stronger. Whenever operationally possible we would call stress patients 48 hours before their scan to go through the prep in more detail and answer any questions about the examination. We have not received any negative feedback regarding the prep for this scan since and such an improvement in our success rate for the stress MRI examination.”

- In the reporting period, improvements had been made to increase scanning capacity to meet the demand of NHS referrals. We were told this was an ongoing process to manage the increased number of referrals,
- InHealth had also worked to increase opening hours when required. This reduced waiting times for routine patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure personal protective equipment is always used as per InHealth policy and best practice.
- The provider should ensure InHealth uniform policy is always followed, some staff we saw were wearing unauthorised jewellery.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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