

St Luke's Radiology

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?

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Letter from the Chief Inspector of Hospitals

St Luke's Radiology is operated by the St Lukes Radiology partnership. The service is based within the residential nursing home, St Luke's Hospital, in Headington, Oxford. It provides diagnostic imaging and treatment of musculoskeletal and spinal disorders with interventional ultrasound procedures.

Its main office, a consulting room, waiting area and two imaging rooms (for computed tomography (CT) and ultrasound imaging) are on the ground floor. The service also has an X-ray room in the basement below the main consulting room, with access via stairs or a lift.

The service receives referrals from doctors, dentists and specific registered health professionals who have completed training in the application of ionising radiation. It also receives self referrals from patients. St Luke's Radiology undertakes a range of other services, including medicolegal reporting, training, research and auditing of radiological reports, that are not registered as activities by the Care Quality Commission.

The service provides diagnostic imaging for adults, children and young people. It is registered to provide two regulated activities; diagnostic and screening procedures and treatment of disorder, disease or injury.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice (48 hours) announced inspection on 23 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. For diagnostic and imaging inspections, we do not rate 'effective'.

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

We rated this service as **Good** overall.

- St Luke's Radiology had safe systems for delivering diagnostic imaging services. The consultant radiologists were extremely experienced in their fields of musculoskeletal radiology and demonstrated a passion for improving services for patients.
- All staff were trained for their roles and there was a systematic appraisal and training programme.
- Patient records and images were stored and transferred securely, using protected, electronic platforms. The organisation had set up a secure cloud-based data management system and complied with the General Data Protection Regulation.
- Patients said they were treated with kindness and staff were professional, courteous and explained things well.
- The imaging equipment was regularly maintained and safety tested and the local rules defined safe operating procedures. The service had appointed a radiation protection supervisor who ensured they were compliant with regulations, standards and guidance relating to ionising radiation. This was audited by their appointed radiation protection advisor.
- Staff were aware of policies and procedures for delivering safe care, including those relating to safeguarding adults and children. These were reviewed and were aligned to the Ionising Radiation (Medical Exposure) Regulations, to promote safe practices.
- Staff took learning from incidents seriously. The service had revised its checklist for interventional radiology, based on the World Health Organisation checklist, to add an additional check following a near miss. Staff understood the duty of candour regulation and information on this was on display in the service.

Summary of findings

- There was clear leadership of the service and staff felt supported and able to raise concerns. Issues were reviewed for learning and to improve practices, and staff had regular meetings. These were used for staff to discuss areas for improvement, celebrate successes and learn about any company changes.
- The service was accessible to people with mobility impairments and for those for whom English was not their first language. Staff were familiar with the Mental Capacity Act 2005, and how to support people who might not be able to give consent.
- Patients did not have to wait long for their pre-booked appointments, and they received the results promptly. There was no waiting list.
- Patients gave positive feedback about the service and there had been no complaints in the past year. The service displayed their procedures for managing complaints, should patients have any concerns.

We found areas of outstanding practice:

- The service invested in state-of-art scanning equipment to support improved diagnostic outcomes and reduced exposure to radiation.
- The radiologists had an extensive range of professional and clinical skills which they applied in their practice.
- They sought feedback from patients to help identify improvements in ultrasound interventional radiology and patient treatment plans. This included asking patients to complete a pain diary over a two week period, as well feedback on their experience of attending the service.

However

- There was no system to ensure medicines were stored within the temperature range recommended by their manufacturers.
- Policies omitted guidance on, for example, identifying and reporting child sexual exploitation and female genital mutilation and the duty of candour.

Dr Nigel Acheson
Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

This was a diagnostic imaging service run by a partnership of two consultant radiologists specialising in musculoskeletal disorders. The service was based within St Lukes Hospital in Oxford.

We rated this service as good because it was safe, caring, responsive and well-led. We do not rate effective for this type of service.

Summary of findings

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Good 

St Luke's Radiology

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to St Luke's Radiology

St Luke's Radiology is a partnership operated by St Lukes Radiology. It provides specialist clinical and imaging services and a range of diagnostic and therapeutic procedures for patients with musculoskeletal disorders. The service opened in 1986 and it primarily serves the communities of Oxfordshire, but also receives patient referrals from outside this area.

One of the partners is the registered manager, appointed to this role in 2012. The service is registered to provide two regulated activities: diagnostic and screening, and treatment of disease, disorder or injury.

Its last onsite inspection was in December 2013 and there was a follow up, desk top inspection in September 2014. The service was found to be meeting the five standards of quality and safety.

This inspection took place on 23 October 2018.

Our inspection team

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

Information about St Luke's Radiology

During the inspection, we visited the areas where staff carried out ultrasound, computed tomography (CT) and X-ray scanning services. We spoke with both partners, who are consultant radiologists and clinicians, the clinical support worker, the radiology assistant and two patients. After the inspection we also spoke by phone with the superintendent radiographer and four further patients. We reviewed a range of documents relating to the management and safety of the service and two sets of patient records.

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

Activity (1 September 2017 to 31 August 2018)

- There had been no deaths, never events, serious incidents or incidents reportable to regulatory bodies.
- There had been no healthcare acquired infections, urgent transfers or duty of candour notifications.
- The service did not use bank staff and there had been no staff sickness in the three months to 31 August 2018.

- In the period 9 September 2017 to 3 October 2018 there had been 21 compliments and zero complaints. Some of the compliments related to services other than those provided under CQC registration.
- The service had not treated any NHS patients since September 2017.

The partnership was run by two consultant musculoskeletal radiologists, supported by a superintendent radiographer, and two radiology assistants. The service employed a consultant musculoskeletal radiologist to provide cover when necessary, under a sessional contract. The staff team included a finance officer.

Services provided under service level agreement:

- Clinical waste removal
- Cleaning services
- Building Maintenance
- Radiation protection services

Maintenance of medical equipment

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:

- The service ensured all staff completed mandatory training in key skills.
- Staff completed training in safeguarding and understood how to protect adults and children from avoidable harm. The registered manager was trained as the safeguarding lead for the organisation.
- The environment was clean and staff controlled infection risks through safe practices.
- The service had suitable premises and equipment and looked after them well. The equipment complied with safety standards and was consistently maintained under contract. The premises met the needs of staff and patients, and were secure.
- Staff assessed the needs of patients. Appointment times were sufficiently long for staff to discuss patients' medical history, symptoms and treatment options in detail, and explain risks and procedures.
- There were sufficient staff with the right mix of skills and qualifications to provide care and treatment to the provider's high standards.
- Staff kept detailed records of patients' care and treatment. These were stored electronically on a cloud based system, that was secure and accessible.
- There were good systems for managing and learning from patient safety incidents.
- Staff displayed signage on all doors to the CT room to highlight when the scanner was in operation, to warn people of the risks associated with a controlled area.

However,

- There was no system to ensure medicines were stored within the temperature range recommended by their manufacturers.
- The duty of candour was not referenced in policies, such as the adverse incident and near miss policy.
- Policies and procedures did not reference and provide guidance on identifying and reporting child sexual exploitation and female genital mutilation.

Good



Are services effective?

We are not rating effective for this type of service.

Summary of this inspection

- The services provided care and treatment based on national guidance. The service based its policies and procedures on the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017). The local rules were up to date and reflected the equipment, staff and practices at this location.
- Managers monitored the effectiveness of care and treatment and used the finding to improve them. This was through audit and reviews of patient outcomes.
- Managers ensured staff were competent for their roles. Radiologists and staff had regular appraisals, and the service maintained a skills file for all staff.
- The service offered diagnostic assessment and treatment to patients with pain. As part of the assessment process they asked patients about their current pain levels in order to plan any procedures.
- Staff worked together as a team to benefit patients, and had systems for sharing information effectively.
- The service was appointment based, and did not offer a seven day or walk in service.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Are services caring?

We rated caring as **Good** because:

- Staff cared for patients with compassion and kindness. Patients said staff were professional and friendly, and gave them time to discuss their concerns and treatment options.
- Staff provided emotional support when necessary. The provider had tried to alleviate any worries by putting information, including an explanatory video of interventional radiology, on their website.
- Patients said they were involved in decisions about their care and treatment. Staff provided explanations and descriptions of any procedures and explained what would happen during and after their appointment.

Good



Are services responsive?

We rated responsive as **Good** because:

- The provider planned and provided services that met the needs of local people. The environment was appropriate and comfortable for patients and there was good information about the service on their website.

Good



Summary of this inspection

- The service took account of patient's individual needs and put them at the heart of services. They offered patients appointment times to suit their particular requirements and could support patients with mobility and hearing needs.
- Patients could access the service when they needed it, and the service could offer patients appointment times which suited them.
- There was no waiting list and patients did not have to wait long for appointments. They received their results promptly, often at the end of the appointment.
- There was a clear complaints policy, and guidance on how to make a complaint was displayed in the waiting area. The service had received various compliments but no complaints in the past year.

Are services well-led?

We rated well-led as **Good** because:

- The partners leading the service had the right skills and abilities to run a service providing high-quality and sustainable care. They were experts in their field and continued to improve their knowledge and expertise through research.
- The service was well managed and the service had clear aims for what it wanted to achieve. All staff contributed to the regular improvement and quality meetings where service improvements were discussed and agreed.
- The partners managing St Luke's Radiology promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had systems to improve service quality and safeguard high standards of care.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. Staff maintained a relevant risk register and had set up business continuity arrangements.
- The service collected, analysed, managed and used information well using secure electronic systems with security safeguards. By using a cloud-based information systems the radiologists could access information and share information promptly and safely.
- The service engaged with patients to improve services. They encouraged patients to provide feedback and sought ways to improve the response rate.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

Good



Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Notes

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We rated it as **good**.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff completed annual mandatory training courses as face to face and 'e-learning' modules. The provider monitored when staff were due to undertake refresher courses. Records showed what training staff were required to complete and when it was booked or completed.
- Training for all staff included resuscitation, manual handling, safeguarding adults level 2, safeguarding children level 2, privacy and dignity, infection control, information governance, fire safety, equality and diversity and health and safety.
- At the time of this inspection, all staff had completed their mandatory training or further update training was booked.
- The training records and local rules showed appropriate staff had completed training in the safe use of equipment and radiation risks.

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.

- Both partners had completed adult and child safeguarding training to level 3, and the registered manager was the service lead for adult and child safeguarding. The registered manager understood how to raise a safeguarding referral to the local authority and outlined a situation where they had done so, having identified concerns.
- Staff had completed training to recognise adults and children at risk of abuse and those we spoke with understood their responsibilities in relation to safeguarding practices.
- The provider's safeguarding policy and procedures outlined what constituted abuse and the actions to take should staff have concerns.
- Staff we spoke with demonstrated they understood their responsibilities in relation to safeguarding. Those that had not had experience of reporting a safeguarding concern at St Luke's Radiology could describe actions they had taken when working elsewhere.
- Staff had discussed topics such as child sexual exploitation and female genital mutilation in their meetings, in relation to safeguarding people from abuse. These topics were not specifically included in the safeguarding policy.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The registered manager was the lead for infection control. St Luke's Radiology infection prevention and control (IPC) policy and procedures provided staff with guidance on appropriate IPC practice.
- During this inspection we observed all areas to be visibly clean. The hospital cleaning staff cleaned the

Diagnostic imaging

floors and work surfaces each day. St Luke's staff cleaned the equipment after use, in line with their guidance, using wipes and materials suitable for this purpose. We observed the equipment displayed stickers to show when cleaning had last been completed.

- Staff were bare below the elbow and wore protective personal equipment (PPE), such as gloves, appropriately. There were handwash basins in the imaging rooms and patients told us that staff washed their hands regularly. There were handwashing facilities in each treatment room.
- Staff used paper towel to cover the examination couch during a scanning procedure, which was changed between each patient.
- The service had arrangements with the hospital for their laundry department to provide clean linen, for example for pillow cases and patient gowns.
- The service carried out handwashing audits against a standard audit template. This was based on the World Health Organisation's (WHO) '5 Moments for Hand Hygiene', and assessed, for example, the correct use of PPE and bare below the elbow. These audits had been completed in January, July and September 2018, and there had been no actions arising from the audits. The outcome of audits was discussed at the improvement and quality meetings for all staff.
- Between September 2017 and August 2018 there were no incidences of health care acquired infection in the service.

Environment and equipment

• The service had suitable premises and equipment and looked after them well.

- St Luke's Radiology was located within St Luke's hospital, an independent nursing home, and the provider rented premises and some services from the hospital.
- Patients used the main hospital waiting room, and staff from St Luke's Radiology collected each patient from the main waiting area to take them to their own, small waiting area. The service booked one patient at a time for a scan, so there was sufficient space for a patient and their friend or relative in the waiting areas.
- There were toilets near the main hospital waiting area, including one with disabled access, and a small café.
- The service was locked when not in use and fitted with intruder alarms, which were activated and monitored when the service was closed.

- The service's extremity CT scanner was located in an area adjacent to the consultation room. There was lead-lined glass shielding in place and protective lead aprons and neck wraps for personal safety, in line with Ionising Radiation Regulations 1999 (IRR99) guidance. There was sufficient space for staff to reposition this adjustable CT scanner, to take images of ankles, knees or wrists under natural load situations. There was a hand wash basin in the room.
- Staff displayed temporary signage on all doors to the CT scanning room when the CT scanner was in operation, to warn people of the risks associated with a controlled area. This procedure was detailed in the local rules and approved by the medical physics expert.
- The ultrasound room was adjacent to the waiting area. Patients could change in a curtained area and had direct access to the ultrasound room from the waiting area. They could leave their clothing in dedicated storage containers. The room was locked from inside and there was safety signage in place. There was a hand wash basin in the room. There was a mobility aid available if patient's needed assistance transferring to the bed.
- The service had recently installed a new ultrasound scanner to support imaging for guided interventional spinal procedures. This had been fully tested and commissioned and there was a an automatic, weekly quality control check. The medical physics expert carried out six-monthly maintenance checks.
- The X-ray unit was located in the basement, below St Luke's Radiology. There were double doors from the corridor to the X-ray room, which were kept locked from inside. There was a hospital patient lift close to this entrance to the X-ray room, to enable people in wheelchairs or hospital beds to gain access. The operator area was behind a lead-lined door and lead-lined window, so the radiographer could view the patient during the X-ray procedure. There was appropriate signage and warning lights outside the room, to show when the X-ray equipment was in use.
- The X-ray machine had been purchased in 2014 and was maintained under a routine service agreement. The radiation protection supervisor carried out the safety checks as defined by the medical physics expert.
- The provider had contracts for 24 hours replacement of scanning equipment if there were any faults. The registered manager said they had chosen this contract to minimise potential delays to patient treatment.

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- The service had an up-to-date cardiopulmonary resuscitation policy that outlined the use of equipment. The adult and child resuscitation equipment was stored in the ultrasound room and checked as part of the setting-up procedure before each patient list to make sure it was safe to use in an emergency. Equipment included manual suction equipment and portable oxygen. There was a defibrillator on site within the hospital that hospital staff checked.
 - There was appropriate signage to warn of medical gases stored on site and a flow chart displaying guidance on resuscitation.
 - The provider had undertaken the assessment and reviews of their activities, under the Control of Substances Hazardous to Health Regulations 2002 (COSHH), and these assessments were maintained on file. The provider had equipment for cleaning body fluid spills.
 - Staff involved in delivering ionising radiation carried dosimeters to monitor their exposure to radiation. The provider sent these to an independent company for testing and results showed staff had not exceeded the recommended dose limit and therefore had not been exposed to harmful levels of radiation.
 - The provider stored all records and images on a secure cloud information storage system, which meant they were available in the event of a local IT failure.
 - There was a service level agreement in place with the host hospital for the day to day maintenance of the building. The provider held a rolling lease for their premises.
 - Waste was handled and disposed of in a way that kept people safe. There were clinical waste and sharps bins available and correctly labelled and clinical waste was removed under contract.
 - Portable electrical equipment was PAT tested in line with safety guidance by the Health and Safety Executive.
 - The St Luke's Radiology premises were locked when not in use and alarmed at night.
- Assessing and responding to patient risk**
- Staff completed and updated risk assessments for each patient. They kept clear records. Staff assessed patient risk and developed risk management plans in line with national guidance. For example, patients completed safety questionnaires each time they attended, in relation to their medical history and medication.
 - Records showed staff reviewed patients risks at each attendance and noted any changes in the patient's condition.
 - The staff followed processes to ensure the right person received the right radiological scan the right time. Staff checked each patient's identity, medical history and pregnancy risk, applying a six-point check. The risk assessment process included checking the imaging was required and appropriate.
 - There were procedures for staff to support patients assessed as clinically unwell. There were always at least two staff members on site and all staff were trained in basic life support for adults and children. They were trained in the use of the resuscitation equipment and there was a defibrillator on site.
 - The service accepted self-referrals, referrals from healthcare professionals, and referrals from non-medically qualified professionals, who had completed training. The service had a register of referrers in line with IR(ME)R procedures.
 - The provider had an appointed radiation protection advisor (RPA) and medical physics expert (MPE), in accordance with IR(ME)R.
 - The service's radiation protection supervisor (RPS) was the superintendent radiographer, and the service's last RPA audit in August 2018 reported full compliance.
 - There were local rules in place outlining the safety arrangements to restrict staff exposure to ionising radiation, which had been updated in line with the latest legislation.
 - There was signage and information for patients, staff and visitors informing them where radiation exposure took place. There were systems for checking warning signage, as well as the integrity of PPE including the lead-lined aprons.
 - The service had a safety checklist for interventional ultrasound procedures, adapted from the World Health Organisation surgical safety checklist for radiological interventions. The pre-procedure checks included a detailed identity check, as well as checks of the patient's medical history, need for imaging and possibility of pregnancy, in line with IR(ME)R guidance. The provider also checked the patient had made plans to avoid driving after the procedure, to minimise risks of accidents.
 - The registered manager could also refer patients for magnetic resonance imaging (MRI) at other locations,

Diagnostic imaging

and used the reports to plan treatment options. For these procedures, the registered manager undertook appropriate risk assessments in relation to the patient's medical history.

- The radiologists escalated any unexpected or significant findings from image reports, as necessary, and communicated with patients' referrers and GPs.
- The service maintained a comprehensive file of working procedures.
- The service received safety alerts relating to medical devices and medicines and took appropriate action when relevant.

Medical staffing

- The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The two partners of this service were both experienced musculoskeletal consultant radiologists, who had developed their careers within the NHS and also carried out research, training and lecturing. In addition, the registered manager provided an audit service for the NHS and other healthcare providers, as well as medicolegal work.
- Both partners had musculoskeletal ultrasound lists, and if they were away, their lists were covered by a consultant musculoskeletal radiologist, employed on a sessional basis.
- The employed consultant was a fellow of the Royal College of Radiologists and provided evidence of regular appraisals, GMC registration and revalidation. The service did not use agency staff. The partners were appraised through other organisation they worked for; the NHS or an independent radiology reporting company.
- Staff were able to contact the consultant radiologists for advice if needed.

Radiographer 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.
- The service employed a full time radiographer, who was also the radiation protection supervisor (RPS), and two radiology assistants. It did not use bank or agency staff.

- The superintendent radiographer was the sole operator of the X-ray equipment. The radiology assistants and radiographer assisted with ultrasound procedures.
- Staff were not on site on their own, and if they were in an office on their own, they could telephone colleagues for assistance.

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available and accessible to others involved in patient care.
- The provider had set up a secure electronic records and imaging archiving system to enable staff and referrers to access records from different workplaces, using their personal security passwords.
- The provider advised patients' GPs of any treatment provided, and GP contact details were part of each patient's record.
- Staff scanned the World Health Organisation (WHO) safety checklist for radiology interventions into patient electronic records.
- There was a robust system for auditing reports, with 10% of all reports read by a second radiologist. If any discrepancies were found the reports were read by a supervising auditor for adjudication. The registered manager was a report auditor for radiologists working for other organisations.
- Any hard copy documents were shredded after details were entered into the electronic records.

Medicines

- The service followed best practice when prescribing, giving and recording medicines.
- The consultant radiologist (registered manager) had overall responsibility for medicine management. Any of the three clinicians signed medicines orders, provided by the named pharmacy.
- There were no controlled drugs stored or used at this service.
- The service offered medicines for pain treatment, such as injections of corticosteroids and hyaluronic acid. They also used local anaesthetics.
- Radiology assistants checked deliveries of medicines against the order and maintained suitable stock levels for the number of patients seen.

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- The provider stored medicines in a lockable medicines cupboard, within the ultrasound room. This was kept locked when the room was not in use, and the premises were alarmed when not occupied by staff.
- The ultrasound room was airconditioned when in use, to a comfortable temperature. The room temperature was not monitored routinely to ensure medicines were stored within the temperature ranges advised by the manufacturers. However the room did not feel hot when we visited and it was located in a part of the building which meant it was not subject to extremes of temperature.
- The consultant radiologists administered the intravenous medication and recorded the medicine batch details, drugs and dosage on their patient record. Non-medical staff did not administer medicines.
- The provider held emergency medicines on site in the event of an anaphylactic reaction. Patients were asked about the medicines they were taking and about any allergies, as part of the interventional procedure checklist.
- The staff were aware of the duty of candour and there was duty of candour poster on display within the service. Staff we spoke with had an understanding of the need for being open and honest with patients when errors occurred. At the time of our inspection, they had not needed to apply the duty of candour.
- The service had not had any incidents that were reportable to the Care Quality Commission or to regulatory bodies for radiation.
- The registered manager outlined a near miss relating to an interventional procedure. As a result of this, there had been discussion and shared learning from the event. The service had amended its World Health Organisation (WHO) checklist for radiology interventions, to add in an additional check for site and position after the site has been marked. This learning, and the changes to the checklist, had been shared across the staff team and discussed at the radiology improvement and quality meetings.

Incidents

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The registered manager was the lead for incident management and they investigated incidents and shared lessons learned with the team.
- There had been no serious incidents or never events in the year to October 2018. 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.
- Staff completed adverse incident forms in the event of an incident, including a near miss. The forms prompted staff to rate the incident and consider whether the incident was reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- The service had an adverse incident or near miss policy and reporting forms. The policy did not make reference to duty of candour. This is a duty for providers to be open and transparent with patients when things go wrong, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Are diagnostic imaging services effective?

We do not rate effective for this core service.

Evidence-based care and treatment

- The services provided care and treatment based on national guidance evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service based its policies and procedures on the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017). The local rules were up to date and reflected the equipment, staff and practices at this location.
- The provider's policies and procedures were subject to review by the radiation protection advisor and the medical physics expert, in line with IR(ME)R 2017 requirements.
- There was a positive comment in the service's most recent radiation protection advisor's (RPA's) audit report from August 2018 about St Luke's Radiology procedures, protocols and records. The RPA said they were well presented and comprehensive and that compliance with the IR(ME)R regulations was 'at a very high level'.
- Protocols reflected the 'Paused & Checked' checklist to enhance consistency of safe practice.

Diagnostic imaging

- The service applied the Public Health England guidance on National Diagnostic Reference Levels when setting their local diagnostic reference levels (DRLs). These were based on national DRLs for adults and children.
- Staff had access to policies, guidelines and 'work plans'. Work plans were guides on how to carry out procedures such as sending reports, importing discs, encrypting information and carrying out recruitment checks. There were processes for regularly reviewing and updating policies.
- The service had an annual audit schedule. This included quarterly audits against the IR(ME)R 2017 requirements and six-monthly audits of reports. Their last external audit, undertaken by the appointed radiation protection supervisor in July 2018, showed the service was fully compliant with no improvements required.
- The provider accepted referrals from consultants, GPs, dentists and non-medically qualified professionals registered with their professional regulatory bodies. Non-medically qualified professionals referring patients for procedures involving ionising radiation were required to attend a short training session in order to be added to the provider's register of referrers. This was in line with IR(ME)R 2017 guidance.
- St Luke's radiology carried out a range of research topics and worked collaboratively with NHS hospitals and research and ethics committees. For example, it was carrying out investigations into the effectiveness of fusion imaging guided injections and the effectiveness and safety of hyaluronic acid injections.
- Managers monitored the effectiveness of care and treatment and used the finding to improve them.
- St Luke's Radiology carried out an annual audit of the radiologist reports, with results linked to their appraisals. The radiologists also reviewed outcome scores for interventional procedures, and published data where appropriate for research and improvement programmes.
- The consultants audited a minimum of 10% of ultrasound reports as required by the insurers. The provider chose to audit a higher proportion of reports than this. St Luke's Radiology used their own audit scoring system, based on a recognised system but adapted to expand the upper and lower level scores. They applied this on their own audits and audits of other radiologists' images they performed. The most recent results audited for one consultant, showed the auditor concurred with the radiologist's interpretation in 93% of reports (graded A or A*). The remaining 7% were graded 'B' which meant there was a discrepancy in interpretation or a communication issue or an understandable miss.
- The radiologists audited reports for colleagues. Both the registered manager and the radiology partners were audit leads for independent teleradiology organisations.
- The service asked patients who had undergone interventional procedures to assess their pain levels and complete a pain diary over the following two weeks. They returned these and the radiologists assessed whether any follow up was required to improve the patient's outcome. This information was shared with the referring clinician, the patient and their GP.

Nutrition and hydration

- St Luke's Radiology was located close to the hospital's café where patients and their friends or relatives could purchase food and drink. Staff said they could help patients with drinks if necessary.
- The service could offer people appointment times to reflect their needs and preferences, for example if they required fasting or were diabetic.

Pain relief

- The service offered diagnostic assessment and treatment to patients with pain. As part of the assessment process they asked patients about their current pain levels in order to plan any procedures.

Patient outcomes

Competent staff

- The service made sure staff were competent for their roles. Managers appraised staffs work performance and provided support.
- Medically trained staff included the two consultant radiologists who owned St Luke's Radiology service and the consultant radiologist employed on a sessional basis. The superintendent radiographer was registered with the Health and Care Professions Council.
- The consultant radiologists had revalidations and annual appraisals with responsible officers appointed to this role, or through their NHS work which they shared with the provider.

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- The employed consultant was a fellow of the Royal College of Radiologists and provided evidence of regular appraisals, GMC registration and revalidation. The service did not use agency staff.
- The registered manager carried out the appraisal of the radiographer superintendent who then completed appraisals for the radiology assistants. All staff had received an appraisal in the past year.
- The radiographer was also the trained radiation protection supervisor. They were due to complete a refresher course before October 2019.
- The service maintained records of staff professional registrations and skills. The skills data file showed certificates and expiry dates for staff training.
- Staff understood their responsibility for continuous professional development and knew how to access courses. The service maintained records that showed staff were up to date with IR(ME)R training.
- A new radiology assistant had joined the service in the past year. They had completed the induction programme, and staff files included competency sign-off checklists and evidence of training.
- The consultant radiologists who owned the service had extensive experience and training in musculoskeletal radiology. They attended a variety of conferences and courses related both to radiology and topics of wider relevance, such as innovations in general medicine. They also delivered papers, published articles and books, presented at conferences and delivered training courses in ultrasound and diagnostics.
- Staff reported a supportive environment for learning and professional development.

Multidisciplinary working

- Staff worked together as a team to benefit patients.
- Staff at the service worked closely with the patients and referrers to support a seamless treatment pathway. If they identified concerns from scans they escalated them to the referrer and discussed implications with patients.
- The radiologists sent their reports to patients' GPs and if they had concerns they discussed results with the patients. They had access to radiological support through their radiology protection supervisor and the radiology protection advisor.
- The service also offered patients MRI scanning, at three different hospital locations. The provider had set up arrangements with the radiography departments and sent request cards defining the images required.

- The provider offered different systems for sharing scan results with referrers, to promote better joined up working. For example, they checked what software options different providers used and what they required in terms of view. They shared images via their own website, a national electronic portal used by many trusts in the NHS, or by CD.

Seven-day services

- The service was not established to offer a seven-day service.
- The service was provided by appointment only, Monday to Friday 9am to 5pm. There was no waiting list and patients were given the first available appointment on a date that was most convenient for them. The patients we spoke with all said they were offered appointments quickly.
- Staff said they could accommodate a patient's specific requirements for a scan outside normal working hours, for example, if they had long distances to travel.
- The service had an agreement to offer the host hospital access to urgent X-ray scan only if the radiographer was available on site.

Health promotion

- The service did not provide a role in health promotion.

Consent and Mental Capacity Act

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff understood their responsibility to gain consent from patients. They recognised and respected a patient's choice if they chose not to have any treatment or imaging when they arrived for their appointment.
- The service had included information about consent, in relation to image guided injections on their website. This included possible side effects and risks, for example those associated with medicines patients might be taking. This information advised patients they would discuss these before staff asked patients for consent. In addition, there was a video explaining ultrasound guided injections on the website.
- The interventional procedure checklist included a check for consent in relation to the procedure and the site. The service had recently developed a policy for children and young people, in response to referral enquiries from

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elite sports organisations. It defined the minimum age and weight of the young person, and reflected their requirement to gain informed consent from both the patient and their parent.

- The registered manager said they gave patients time to consider whether to progress with treatment, and would offer another appointment at a later date if patients wanted more time to think about a procedure.
- For non-interventional activities, staff said they explained the imaging procedure to patients and obtained verbal consent before proceeding.
- The service was registered to treat children. In practice, they treated children and young people with sports injuries, who could consent to having a scan taken. The registered manager had safe systems for obtaining consent from young people.
- Staff were aware about their responsibility in relation to patients who lacked mental capacity. They said they would normally receive information in the referral about a patient's capacity, for example from their GP or hospital doctor, and they understood the Mental Capacity Act 2005.

- The radiology assistants accompanied radiologists and when care was given by a radiologist of the opposite sex, they acted as chaperones. The service had a chaperone policy.
- Staff explained they allowed plenty of time for patients, and took account of their concerns and respected their decisions. The radiology assistants assisted patients during the appointments, for example by taking them to the toilets or by helping with changing.

Emotional support

- Staff provided emotional support to patients to minimise any distress.
- St Luke's Radiology offered a specialist service with a personal approach to patient care. Their website included a video demonstrating interventional procedures, the most frequently provided service, to explain the procedure and help reduce any anxieties.
- The service collected compliments from patients and relatives. For example, we saw a recent one that stated 'Thank you for and looking after my mother...and for staying late'.

Are diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

- Staff cared for patients with compassion. Feedback from patients we spoke with confirmed that staff treated them well and with kindness.
- People told us they were treated professionally and with courtesy. They said they were expected when they arrived at the main hospital reception, and St Luke's Radiology staff came to meet them in the hospital waiting room and escorted to the service. All encounters with staff were positive.
- They commented staff were friendly and helped them feel relaxed and reassured. They said staff introduced themselves which they appreciated.
- Staff ensured patients had privacy. There was only ever one patient, and their relative or carer, within the service at any time. If a patient wished to change into a gown for their treatment, there was curtained area for them to change and store their clothes.

Understanding and involvement of patients and those close to them

- Staff involved patients and those close to them in decisions about their care.
- Patients told us they had long discussions with the radiologists and felt like partners in any treatment plans. They said they fully understood their treatment options and were encouraged to ask questions.
- One patient commented their consultation had been very thorough and another said they felt in control of the next stages of their treatment.
- Before treatment, patients completed an assessment form, which included a question about their return journey. Staff were available to assist with this and they encouraged patients not to drive after a procedure. Staff said they checked patients were well enough to go home before leaving the premises.
- The registered manager said they described treatment options, risks and benefits, and also signposted patients to lectures on their website.
- For procedures where patients were lying down, or could not see the screen, the radiologists said they explained what they were doing at all times, so they knew what was happening and what to expect.

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- Patients gave the contact details of their GPs and understood the radiologists shared their reports with their GP.
- After treatment the radiologists gave patients pain diaries, to complete over two weeks and return by email or post. The registered manager said these were very useful in helping them review the outcomes of a procedure and plan further care in discussion with the patient.
- Patients said they were given information about what to expect after the procedure and found the pain diaries useful.
- The most recent patient questionnaire, from July-September 2018, showed patients found the information provided by service of a high standard and comments were positive about the manner and attitude of the radiologists.
- Patients said they knew the costs of procedures and there was a price list on the St Luke's Radiology website.
- The service could arrange appointments to suit the specific needs of patients, for example taking into consideration their work commitments or travel constraints.
- Due to building work on site, car parking was temporarily restricted. The service emailed patients with information and guidance on parking options. Patients we spoke with had accepted that parking would be difficult in this area and made arrangements accordingly.
- If patients had difficulty walking, staff told us they could offer them a wheelchair, if they did not have their own, and could assist them to their vehicles.
- There was a mobility aid available to help patients transfer from a wheelchair to the bed. This was most often used for patients in the ultrasound room.
- The provider used a telephone translation service, or interpreters, for patients who might not understand English. They could also provide support for deaf and hearing-impaired patients.
- The notice board in the service waiting area showed staff photos, to help patients recall the names of the staff who have assisted them.
- The recent patient questionnaire indicated that some patients had found the directions to the hospital had been worse than satisfactory. As a result of building work at the hospital, the service had updated the information they sent to patients regarding local car parks and how to enter the building via the temporary reception area. They also offered patients assistance to enter the building if necessary.
- Patient feedback from compliments letters included, 'Thank you for all your help and consideration' and 'Painless and efficient'.

Are diagnostic imaging services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

- The provider planned and provided services at this location in a way that met the needs of local people.
- The environment was appropriate and comfortable for patients, and patients we spoke with were consistently positive about the environment and organisation of the service.
- Some of the patients we spoke with had viewed the St Luke's Radiology website and found it informative. The website listed the staff, gave information about the services provided and advice on what to expect. There were sections for patients and for referrers.
- Most patients came from Oxfordshire. At the time of the inspection, the service provided only private care and treatment.

Meeting people's individual needs

- The service took account of patients' individual needs and put them at the heart of services.

Access and flow

- People could access the service when they needed it.
- There was no waiting list and the service aimed to offer patients appointments at their earliest convenience. All the patients we spoke with were very pleased with the speed they were seen, or the flexibility in appointment times on offer. One patient told us they were seen on the day they called for an appointment. Another said they had agreed their appointment to fit with their own commitments.

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- The radiologists said they saw referrals within a week, and this was only extended if they were both away. The service aimed to offer interventional radiology once a week.
- Patients said they did not wait long to be seen on arrival at the hospital.
- The radiologists read the reports and discussed the ultrasound and CT results with the patients during their appointments. They offered patients copies of the images and the report. If they were reading images as a result of a referral, they emailed the referrer as soon as the image was verified. This meant people received reports the same day and discussed future follow up plans.
- Plain X-ray and CT examinations were a relatively small proportion of the services offered and were only booked when the radiographer was on site.
- The radiologists offered radiological reporting and they could do this remotely, using their electronic records management system.
- There had been no procedures cancelled for non-clinical reasons in the year to October 2018. There had been a delay to treatment on one day, as a result of equipment issues, which was repaired by the contracted engineer the next day. Staff ensured patients had re-booked appointments at their earliest convenience.

Learning from complaints and concerns

- The service had a complaints policy and investigated concerns and complaints and shared lessons learnt with all staff.
- There had been no complaints in the year to October 2018. Patients we spoke with told us they were pleased with their care and treatment and had no reason to make a complaint.
- Two patients said they had observed guidance on how to make a complaint displayed within the service's waiting area.
- Staff said they were careful to listen to patients and resolve issues before they escalated. There had been 21 compliments to St Luke's Radiology in the year to October 2018. Some of these related to services that do not fall within the CQC registration regulations.
- St Luke's Radiology had an up to date comments and complaints policy and process. This stated the provider would acknowledge a complaint within five working

days and would aim to respond in full within 20 days. There was a process for staff to record complaints within the complaints log and review them at their improvement and quality committee meetings.

Are diagnostic imaging services well-led?

Good 

We rated it as **good**.

Leadership

- The partners leading the service had the right skills and abilities to run a service providing high-quality sustainable care.
- St Luke's Radiology was led by radiologists who were experts in the field of diagnostic and interventional musculoskeletal radiology. They ran a service focused on the needs of the patients, whilst supporting their staff, promoting research and delivering training to colleagues outside the organisation.
- The registered manager had extensive experience of senior leadership roles having previously worked within the NHS. Both partners also worked with large independent health providers of diagnostic imaging, in senior management and audit roles. The radiation protection supervisor was also very experienced and managed the two radiology assistants.

Vision and strategy

- The service had clear aims for what it wanted to achieve and workable plans deliver them.
- The St Luke's Radiology's statement of purpose outlined the service's aims. These were to provide the best possible treatment for their patients in a safe and caring environment.
- To support this, the service had put in place robust processes for reviewing care and patient outcomes, business continuity measures and effective governance procedures.
- All staff were committed to providing good patient care.

Culture

- The partners managing St Luke's Radiology promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

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- Staff said they felt well supported. For example their managers had enabled them to adapt their working hours to accommodate other commitments or lifestyle choices and they had access to training and development.
- Staff were proud to work for St Luke's Radiology, and feedback from patients was they were friendly, professional. Staff said there were good working relationships and teamwork. For example, the radiology assistants assisted with the interventional radiology procedures and participated in the World Health Organisation checklist, so all those involved took responsibility for checking the procedure was carried out correctly.
- There was an evident culture of caring for patients, and acting responsibly. The duty of candour process was on display in the service and staff were aware of the need to be open and honest.

Governance

- The service had systems to improve service quality and safeguard high standards of care.
- St Luke's Radiology had effective structures in place to deliver safe and caring services. These included systems for reporting incidents and accidents, auditing performance, appraising staff and reviewing policies.
- Staff understood their roles, responsibilities and accountabilities. The registered manager had held lead roles for information management, medicines management and infection control, having held senior leadership roles in larger organisations during their career. The radiographer was the radiation protection supervisor and maintained the radiation protection folder.
- There were regular improvement and quality meetings, which all staff attended. These were held roughly quarterly, and were minuted. Items discussed included incidents and complaints, policies and procedures, workforce, training needs, audits and audit action points, information governance and marketing.
- The provider had set up effective working arrangements with the host hospital, external referral agencies and with hospitals to outsource magnetic resonance imaging. The staff team included a finance officer to support the business with invoicing, payments and financial management.

- The partners had governance roles in large independent diagnostic radiology companies, which gave them exposure to a range of external governance arrangements.
- There were systems to ensure safe staff recruitment and assessment of competency through induction and appraisals. There were records to show the provider checked professional indemnity, professional validation and registration.
- The service employed a qualified radiation protection advisor and medical physics expert from a respected organisation, for advice and regular quality assessment through external audit.

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.
- St Luke's radiology had set up assurance systems to manage risks. Its risk assessment policy outlined definitions, responsibilities and categorisation of risks, based on the National Patient Safety Agency. The service held regular improvement and quality committee meetings to review risks and maintain a risk register.
- The risk register listed hazards within domains of safety, quality, workforce, statutory, reputation, business, finance and environment. The risk register scored identified hazards based on the risk and actions already taken, and summarised further actions to manage the risks. Most of the actions had been completed to manage the risks, such as addressing lone working in the X-ray room and changing the type of syringe used for injections. Current risk included the impact of a national shortage of anaphylaxis medicine, and management plans were being considered. The risk register was managed to show who was taking action and when an action was completed. There were no risks rated as 'red' on the register.
- The clinical audit programme was linked to appraisals. St Luke's Radiology used their own audit scoring system, based on a recognised system but adapted to expand the upper and lower level scores. They applied this on their own audits and audits of other radiologists' images.

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- The radiation protection audit undertaken in July 2018 reported good systems for documenting compliance with IR(ME)R. The service maintained a comprehensive radiation protection folder.
- There was a detailed business continuity policy that showed the provider had considered risks relating to employment, data management and security systems, insurance and finance, and implemented management plans.
- The provider had set up battery back-up on scanning equipment sockets, to provide alternative power for a limited time if there was an electricity failure, as this was assessed as necessary to complete a consultation and safe equipment shut-down.

Managing information

- The service collected, analysed, managed and used information well using secure electronic systems with security safeguards.
- St Luke's Radiology had invested in secure, accessible information systems. Patient data was held on a secure cloud-based system, where it was held for remote viewing without a need for downloading data. Patient data was encrypted. Staff transferred any paper documents onto electronic files and then shredded all hard copy versions.
- The service used a recognised, secure radiology picture archiving communication system to improve access to images, manipulations of the view and sharing of images with referrers.
- Management information was also filed on the cloud, which meant it could be accessed by staff remotely. Staff had set up a system of version control to manage updates in policies and procedures.
- The service's privacy policy was posted on their website and explained how St Luke's radiology protected people's personal information, under the General Data Protection Regulations (GDPR). The policy detailed how the service managed data and also patients' rights in relation to data.
- Radiologists were able to share images through recognised portals if referrers were registered on these systems.

Engagement

- The service engaged with patients to improve services.
- There had been a patients satisfaction audit for both partner radiologists in July, August and September

2018. The questionnaire asked patients about communication before their appointment, directions, information, attitude of staff, information and results. The questionnaire had been designed to ask relevant questions to improve service delivery, and people could provide their own comments. There had been 26 responses, and the majority of patients reported experiencing care of a high standard. There were no 'unsatisfactory' responses.

- The service asked people to monitor pain levels and the provider used this information to assess the quality of its treatments. Their audit of responses showed a significant number of patients did not return their pain diaries, so the service had set up a system to call patients for their feedback.
- Staff were encouraged to provide feedback and were listened to. It was through staff suggestions that the service purchased a mobility aid to use in the ultrasound room.

Learning, continuous improvement and innovation

- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.
- The partners of St Luke's Radiology were experienced radiologists, who carried out research with leading universities and provided a range of training courses. The registered manager was also a medical expert in negligence litigation and an advisor to the National Institute of Care and Health Excellence in care pathways for lower back pain.
- They provided examples of innovative practice. For example, they offered combined MRI/CT/Ultrasound fusion guided injections for nerve root blocks and facet joints, to reduce radiation doses to patients and staff. This also helped improve the accuracy of needle placement.
- The service had invested in an extremity CT equipment, in order to scan small joints such as ankles and wrists, with reduced radiation dose and improved imaging. The equipment was easier for patients to use and could be set up to review patients positioned in different ways.
- In addition, the service had recently purchased a more sophisticated ultrasound scanner, with higher resolution which helped improve the accuracy of interventional procedures and enabled the radiologist measure muscle and tendon stiffness.

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- The radiologists had published a book on ultrasound-guided injections, delivered lectures on the topic and continued to carry out research and literature analyses to inform their practices. They had published papers, for example on ankle sprain injury, and submitted papers to the European Society of Radiology. They continued to carry out research with UK and European universities.

Outstanding practice and areas for improvement

Outstanding practice

- The service invested in state-of-art scanning equipment to support improved diagnostic outcomes and reduced exposure to radiation.
- The radiologists had an extensive range of professional and clinical skills which they applied in their practice.
- They sought feedback from patients to help identify improvements in ultrasound interventional radiology and patient treatment plans. This included asking patients to complete a pain diary over a two week period, as well feedback on their experience of attending the service.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should include reference to identifying and reporting child sexual exploitation and female genital exploitation in their policy and procedure documentation, for staff to reference.
- The provider should ensure there is a policy and procedure regarding the duty of candour for staff to reference.
- The provider should have a system to demonstrate that medicines are stored within the temperature range recommended by the manufacturers.