

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Paul Strickland Scanner Centre

Mount Vernon Hospital, Rickmansworth Road,  
Northwood, HA6 2RN

Tel: 01923844751

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Paul Strickland Scanner Centre
Registered Manager	Ms. Margaret Sullivan
Overview of the service	The Paul Strickland Scanner Centre is situated within the Mount Vernon Hospital site. It provides NHS and private CT, MRI and PET/CT scanning services to a large geographical area, including Hertfordshire, South Bedfordshire, East Berkshire, South Buckinghamshire and North West London.
Type of service	Diagnostic and/or screening service
Regulated activity	Diagnostic and screening procedures

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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During our visit we spoke with two people who use the service and five staff. We also looked at feedback the service had received from people who had completed a survey about their experiences of using the service.

The majority of feedback from people who use the service was positive. Those we spoke with during our visit were very pleased with the service and one person commented "I can't praise the staff highly enough". They told us that they had attended the centre on a number of occasions, and each time were made to feel welcome and at ease. They said that they were given sufficient information prior to their appointment about what would happen and how to prepare for their scan. They said that when they arrived at the service the staff took time to explain what was going to happen to them during their scan. The feedback that the service had received from people was generally positive and any areas where people were not happy with the service had been identified and changes made to improve people's experiences of the service.

There were a number of systems in place to monitor the cleanliness and hygiene of the service to ensure that risks of infection were controlled and minimised.

Staff were appropriately supported in their work and undertook relevant training and professional development to enable them to meet people's needs.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People who use the service expressed their views and were involved in making decisions about their care and treatment.

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### Reasons for our judgement

People's privacy, dignity and independence were respected. We observed the staff being respectful towards people and speaking to people calmly and discreetly. People told us that they were respected by all the staff at the service, including the reception staff and radiographers. They said that during their scan they were treated with dignity and their privacy was ensured. Comments we received from people were "all the staff are excellent", "I can't praise the staff highly enough" and "it's a very well run service".

People were given appropriate information and support regarding their treatment. The service carried out three different type of scan. These were CT (computerised tomography) scans, MRI (magnetic resonance imaging) and PET (positron emission tomography)/CT scanning services. People said that from receiving their appointment they were informed about the scan they would have and how to prepare for this, such as making sure they took a dressing gown to the appointment with them. They said they were given information about their treatment and they felt able to ask questions to clarify issues. We saw information about the different scans available to people in the waiting area of the centre. This was also available on the website for the service. People said they found the information very useful. One person commented "before I read the leaflet I had no idea what to expect, but it helped me understand".

Staff told us about how they supported people who had little understanding of English. They said that they identified this at the point of referral and were able to access staff within the centre and adjacent hospital site who could support these people with communication, to ensure they understood their treatment and risks involved.

People expressed their views and were involved in making decisions about their care and treatment. Each scan team carried out its own satisfaction survey with people who use the service. Staff told us that people were asked to complete this following their scan. The manager showed us the results and said that any areas of negative feedback were flagged

up and they developed these into an action plan to make improvements to the service.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed. People were referred to the service by their GP or consultant. The staff told us that they received relevant information about the person's need for a scan and sent the person an appointment along with information about the type of scan they would have. During this process the appointments clerk contacted the person to gain further information from them in relation to their physical needs, medication they were taking and whether they had any metal implants or a pacemaker. This was to ensure that the service had relevant information about the person and for the scan to be carried out safely. Similarly, where people had a PET scan, they were given information about the side effects of the scan and the radiopharmaceuticals (radioactive substances) used for the scan, to ensure their safety and that of others.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We were shown the computerised records for the logging of all information about the person, their consent and the results of the scan. The scan images were reviewed by a consultant radiologist who compiled a report of their findings. The service aim was to send the report to the person's GP or consultant within two days, to ensure that they can pass the results to people promptly.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. The service used NHS policies and procedures for the prevention and control of infection, these included the management of Legionella and waste. We were shown the infection control handbook that was available to staff in each clinical area. This included information about hand-washing techniques, procedures for reducing the risk of healthcare associated infections and contact details of staff they could access for further information about managing risks of infection within the centre. In addition, the lead person for infection control within the centre attended monthly meetings with the Trust infection control nurse to discuss practice issues and ensure that up-to-date procedures were being followed at the centre. The lead person for infection control said that any new information from these meetings was used to update the handbook and conveyed to staff at the team meeting.

The service carried out infection control audits twice a month, where they assessed infection control and prevention practices. Areas of risk that were identified within the environment were addressed and appropriate action plans were drawn up. The staff carrying out the audits also observed different staff whilst they worked to ensure that they carried out appropriate infection control procedures, such as their use of personal protective equipment and the action they took before and after contact with people who use the service. This included the cleaning of areas of each of the scanners between each person, such as the headrests and hand held buzzer that people came into contact with during the scan.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. The team at the centre consisted of a number of staff, including radiographers, consultant radiologists and non-clinical staff. The scans were undertaken by radiographers who rotate their work across the different type of MRI, CT and PET scans. Each separate scan type is overseen by a lead radiographer, who does not rotate their work, as they specialise in the particular scan technique. We spoke to a number of staff who told us there was good teamwork and they felt supported by the senior staff. They said that each team member had their own specific role and responsibilities, which they felt enhanced the teamwork. They told us they felt able to seek advice from any of the staff, and that there were regular team meetings where they shared information and discussed practice issues.

The staff said they were supported to do training and to keep up-to-date with their professional development. Staff spoke about training they undertook in mandatory areas such as life support, health and safety and moving and handling. Staff also received training in relation to their professional development or particular area of work, such as oncology imaging and ENT imaging training for radiographers, and recruitment and finance training for the administrator. We saw evidence of the training that staff undertook and the systems in place to monitor this to ensure that all staff were up-to-date and providing relevant support to people. The information about the staff team and their qualifications was available to people on the website, to assure them of the competence of the staff. The people we spoke with said the staff were "very professional", and they had confidence in their abilities.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People had their comments and complaints listened to and acted upon. A log of any concerns and complaints was maintained at the service and overseen by the provider. The complaint log detailed the issues raised by people and the steps taken to resolve these. The manager gave an example of where practice had been improved in response to a complaint received, such as ensuring that people were able to communicate effectively with the radiographer during the scan.

Details of how to make a complaint was available to people within the reception area of the service, along with a 'comments book' that people could use to give feedback about the service. The people we spoke with said that they had not had a need to raise a complaint, but felt comfortable to speak to any of the staff if they had a concern.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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