

The New Malden Diagnostic Centre

Quality Report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Not sufficient evidence to rate 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

The New Malden Diagnostic Centre is operated by HCA Healthcare UK. The centre was opened in 2010, and offers private outpatients consultations, diagnostic tests and treatment for all ages. The centre was established to serve the local community with diagnostic and screening facilities. The centre forms part of the wider Harley Street Clinic governance umbrella.

Patients are offered convenient access to a wide range of services ensuring timely diagnosis and management. The centre uses the latest diagnostic imaging technology, including MRI, x-ray, ultrasound and specialist cardiac screening. The centre also offers pathology and minor procedures, and most of these procedures were done on the same day as a day case.

Summary of findings

We inspected the service using our comprehensive inspection methodology. We carried out the inspection on 13 September 2018.

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

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

Services we rate

We rated this service as good overall.

This was because;

- The centre was clean and tidy with infection control systems for the prevention and control of infection processes. There were no reported infections in the last 12 months.
- There were effective systems at the centre to ensure patient safety. All staff were aware of their roles and responsibilities in ensuring patients and their relatives were safe.
- Staff were positive about their working experience, and felt supported to be part of a team.

- Patients spoken with and feedback received about the service was positive. There was a maximum 24-hour turnaround for patients from their initial contact to having their scan done at the centre.
- Staff demonstrated kindness and an understanding of how to meet patients' needs in order to ensure that their experience was positive.
- The leadership at the service saw continuous improvement as an integral part of the service development, and staff were accountable for delivering change.
- The service was part of the Harley Street Clinic Group (HCA UK), and had increased in size significantly over recent years. Staff were able to cope with change and expansion and still delivered a quality service.
- The service actively sought feedback from patients and discussed both compliments and concerns at its quarterly clinical governance meeting. Patients' feedback and comments were used to inform service development.
- All staff we spoke with knew what the values and vision of the service were. Staff were passionate about patient safety and worked to ensure that patients received an excellent standard of care.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London South)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

We rated diagnostic imaging as good. This was because there were sufficient staff with the required skills and experience to provide the service. The service was provided in line with the national guidance and diagnostic reference guide. Staff provided care in a compassionate way and their feedback was positive. Patients could access the service when needed and their individual needs were recognised and cared for. We saw strong leadership and governance of the service, and staff spoke positively about the culture of the centre, and the organisation.

Summary of findings

Contents

Summary of this inspection

	Page
Background to The New Malden Diagnostic Centre	6
Our inspection team	6
Information about The New Malden Diagnostic Centre	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Overview of ratings	10
Outstanding practice	22
Areas for improvement	22

Good 

The New Malden Diagnostic Centre

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to The New Malden Diagnostic Centre

The New Malden Diagnostic Centre is operated by HCA Healthcare UK. The service was opened in 2010. It is an independent diagnostic service in New Malden in Surrey. The service primarily serves the communities of greater London and Surrey. It also accepts patient referrals from outside this area.

This is an independent healthcare centre located within an NHS GP Practice. The centre offered ample free parking and was accessible by public transportation.

The service had a registered manager in post since 2010 when it was first registered with the Care Quality Commission.

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 The New Malden Diagnostic Centre

The New Malden Diagnostic Centre is a purpose-built health care facility, with clinical consulting rooms and diagnostic imaging facilities. On the ground floor of the centre, there was a reception desk, patient waiting area, and a secured cashiers' office. There were three clinical rooms on the ground floor used for diagnostic imaging service; room one had an ultrasound machine, exercise treadmill and electrocardiogram (ECG), room two had an MRI scanner and an adjoining reporting room, whilst room three had a full leg length and whole spine x-ray machine.

Across the ground floor there were patient changing rooms and toilet facilities, including baby changing facilities and disabled access. On the first floor, there was a treatment room which included minor operations room, equipment store, drug cupboard and a drug fridge. There were six consulting rooms at the centre, and one of the rooms was equipped with specialised Yttrium Aluminium Garnet (YAG) laser equipment for ophthalmology. In addition, there was a dirty utility room, patient waiting area and a bathroom.

The service employed three radiographers, one centre manager, a registered manager who also double up as the registered manager for Harley Street Clinic, three administrative assistants and one cleaner.

Track record on safety;

- No Never events
- No clinical incidents
- No serious injuries
- No complaints
- No incidences of healthcare acquired Methicillin-resistant Staphylococcus aureus (MRSA).
- No incidences of healthcare acquired Methicillin-sensitive staphylococcus aureus (MSSA).
- No incidences of healthcare acquired Clostridium difficile (c. diff).
- No incidences of healthcare acquired Escherichia coli (E-Coli).

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- There were systems and process for reporting and investigating safety incidents that was well understood by staff.
- There were effective systems at the centre to ensure patient safety. All staff were aware of their roles and responsibilities in ensuring patients and their relatives were safe.
- Staff demonstrated their understanding of the duty of candour and provided examples of its implementation.
- There was an effective cleaning schedule as well as maintenance and fire drill programs in place.
- The centre was visibly clean, tidy and clutter free, there were arrangements in place for infection prevention and control.
- Patient records were secured and stored appropriately.
- Staffing levels were maintained by management to ensure patient safety.
- The centre had a business continuity plan, and staff were aware of their roles and responsibilities to ensure patients and their relatives or carers safety in the event of a major incident.
- There was training to ensure staff competency, and staff had achieved 100% compliance with mandatory training.

Good



Are services effective?

We do not rate effective;

- We saw procedures had been developed in line with national guidance and staff were aware of how to access them.
- The centre encouraged staff to participate in training and development, to enable them to develop their clinical skills and knowledge.
- All staff had completed their appraisals and performance development plans.
- We saw evidence of effective multidisciplinary team working between staff of the centre and other staff at different provider locations; and with staff from the local NHS service provider.
- Staff had access to all the information they needed to deliver care and treatment to patients in an effective and timely manner.
- The centre manager was the dedicated lead for professional development who managed the processes for ensuring all staff had received training and competency assessments applicable to their roles.

Not sufficient evidence to rate



Summary of this inspection

Are services caring?

We rated caring as good because:

- Staff treated patients with respect, dignity and compassion and ensured their privacy was maintained.
- Patients' privacy was respected and addressed respectively by all staff.
- The environment within the centre allowed for confidential conversations.
- All patients we spoke with, consistently gave positive accounts of their experience with the centre and its staff. They told us staff were excellent and that they were always polite and courteous.
- Patients felt fully informed about their care and treatment. All the patients we spoke with had a good understanding of their condition and the proposed diagnostic test they were there for.

Good



Are services responsive?

We rated responsive as good because:

- There was a proactive approach to meeting the needs of individual patients.
- We observed that there were minimal waiting times for diagnostic imaging.
- There were effective arrangements for planning and booking of diagnostic imaging at the centre.
- Patients had the choice of booking the dates and times of their diagnostic imaging appointments to suit their needs.
- Services were planned and delivered in a way that met the needs of the local population.
- There was no waiting list during the inspection and there were no cancellations in the last 12 months.

Good



Are services well-led?

We rated well-led as good because:

- The centre had a clear vision and strategy for future goals and expansion projects, and this was in line with the provider corporate vision and strategy.
- We saw strong leadership of the service, and staff spoke positively about the culture of the centre and the HCA UK organisation.
- During our inspection, it was clear that the quality of patient care and treatment was the centre's highest priority.
- There was a clear governance structure, and a comprehensive reporting framework that provided timely information to the board.

Good



Summary of this inspection

- The senior management team made themselves accessible to the centre staff by being available when needed, and being open and transparent in their engagement with the staff at the centre.
- Staff we spoke with said, they felt they could raise concerns and were confident that they would be dealt with appropriately.
- We saw evidence of public and staff engagement. The centre demonstrated and confirmed that patient experience was the key factor for their service development.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Good 

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The New Malden Diagnostic Centre followed the Harley Street Clinic corporate mandatory training policy. The policy defined processes, roles and responsibilities involved in the management of mandatory training throughout the organisation.
- The mandatory training requirements included courses covering clinical updates, consent, record keeping, governance, radiation risks, ethics, safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, manual handling and whistle blowing. We saw records that indicated staff had read and signed the centre's policies and procedure manuals.
- Staff mandatory training was completed either face to face or through an electronic learning program (e-learning). We reviewed the staff training matrix and saw there was 100% compliance by staff with all their mandatory training.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

- We saw a safeguarding information pack which contained actions to be taken, and who to contact in the event of adult or child safeguarding concern. Staff told us the actions they would take if they suspected a safeguarding concern, and this was in line with the provider corporate safeguarding policy.
- All the radiographers had completed safeguarding level 2 training, they were aware of how and when to report suspected physical abuse and the escalation process.
- The registered manager and the centre manager were the local designated safeguarding leads at the centre. At the time of the inspection, all the staff working at the centre had received training in safeguarding adults and children at an appropriate level. Staff we spoke with told us they had received safeguarding training and this was confirmed by the training record we saw. The manager was trained in safeguarding level 3 as stipulated in the Intercollegiate guidance on safeguarding.
- We were informed there had been no safeguarding referrals in the previous 12 months. Records within CQC showed no safeguarding referrals had been received from the service.

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 centre was visibly clean, tidy and well maintained. Staff told us the cleaning of the centre was done by an in-house cleaner who was employed full time by the organisation. We saw evidence that the regular cleaning schedule was maintained. Radiographers were involved in regular cleaning and dusting of the radiology equipment used at the centre.

Diagnostic imaging

- The centre provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors. We observed that the staff used the PPE appropriately.
- Hand-washing and sanitising facilities were in place for staff and visitors in the centre.
- The centre had an updated organisation protocol for 'universal infection control and prevention' in place that guided staff on hand-washing, the use of gloves and aprons, eye protection, masks, sharps, spillage, cleaning, waste segregation and disposal management.
- We saw alcohol based hand cleaning gels available for patients and staff to clean their hands within the centre. Within the treatment rooms a hand washing sink was available to ensure that hands could be washed before and after patient contact, which we saw staff using. Hand hygiene audits had been undertaken by the centre. Whilst we observed good hand hygiene during our inspection, the results of hand hygiene audits undertaken in 2017 indicated 98% compliance. The results provided additional assurances that good practice was consistently upheld throughout the centre.
- The centre used single use equipment including eye masks and ear plugs which were disposed of in the domestic waste bins. We observed staff wiping reusable equipment such as immobilisation and radiofrequency coils (radiofrequency coils are essential for producing high quality images) using disinfectant wipes after every use.
- Staff explained that there were two radiation protection supervisors (RPS) on site. We saw training certificates confirming that their training was in date.
- All equipment's used within the MRI suite were MRI safe and were labelled as such.
- Daily quality assurance tests on the MRI machines were routinely completed and documented by the radiographers. The tests assured staff that the MRI equipment was in good working order, safe to use and ensured that MRI images were of good quality.
- Records showed that staff were trained in MRI safety, and they understood their responsibility relating to the use of all equipment in an MRI environment.
- The layout of the centre was compatible with health and building notification (HBN06) guidance.
- Staff told us that all equipment used at the centre was serviced annually and maintained by a recognised service team. There was a system in place to ensure that repairs to broken equipment was carried out quickly so that patients did not experience delays to treatment.
- Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. During our inspection we checked the service dates for all equipment, and all equipment checked was within service date. They all had portable appliance testing done on them and they were all within the year of their test.
- We checked the resuscitation equipment in the centre. The equipment appeared visibly clean. Single-use items were sealed and in date, and emergency equipment had been serviced. We saw resuscitation equipment check records, which indicated that resuscitation equipment had been checked daily by staff, and was safe and ready for use in an emergency.
- Failures in equipment and medical devices were reported through the corporate provider technical support team. Staff told us there were usually no problems or delays in getting repairs completed. All equipment conformed to the relevant safety standards and was regularly serviced. All electrical equipment was compliant with Portable Appliance Testing. We saw service records for the scanner which included some downtime and handover time.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
 - There was a light up radiation signs to alert people when an x-ray was in progress. There was controlled entry to the MRI suite, and signs and barriers to the scanner. Signs in the diagnostic imaging department identified when x-rays were being taken, with a warning not to enter the room.
 - Access to restricted areas was controlled. Staff had access to the static MRI unit using a swipe card and access code. This restricted unauthorised access to the diagnostic imaging rooms.
 - We saw pregnancy warning signs in the centre to warn people that there was a risk of radiation.
 - All clinical staff we observed had a valid in-date radiation monitoring badge. This is a radiation dose monitoring for an individual staff working in a controlled radiation environment.
- ## Assessing and responding to patient risk
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

Diagnostic imaging

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The centre had appropriate environmental measures and signage in place to identify areas where radiological exposure was present, in line with Ionising Radiation Medical Equipment Regulations (IR(ME)R). This ensured that staff and visitors did not accidentally enter a controlled zone.
- There was a Radiation protection supervisors (RPS) who was responsible for ensuring equipment safety, quality checks and ionising radiation procedures were carried out in accordance with local and national reference guidance. We noted during the inspections that all appropriate radiological safety checks were completed fully at the centre.
- Staff completed daily safety assurance checklists. Checklists prompted staff to ensure there was safe staffing; emergency equipment was checked, fire exits were clear, emergency alarms were working and equipment was clean and ready to be used.
- There was evidence of testing all equipment used at the centre, including lead gowns, screens and glasses. All staff were noted to be wearing film badges, as per the local policy and risk assessment criteria.
- The centre staff completed patient safety questionnaires before commencing MRI scans. The purpose of the questionnaire was to ascertain if the patient had any metal objects in their body so the clinician could assess whether it was safe for them to have the scan. Staff also asked patients verbally whether they had any metal objects in their body.

We observed the six-point IR(ME)R check list completed prior to all imaging procedures.

- Staff followed an adapted World Health Organisation (WHO) checklist to ensure the right patient received the correct radiology scan at the right time and place. Staff showed us examples of checklists that had been completed, and these were audited regularly. The 2017 audit record showed 100% compliance for checklist completion.
- Staff had undertaken fire safety and evacuation training. They could explain the evacuation procedure and were aware of where the fire extinguishers and quench buttons were located. We noted that fire extinguishers had been serviced within the last 12 months.

- All patients underwent the risk assessment and signed consent to the diagnostic test.
- There was a policy in place for the emergency management of cardiopulmonary resuscitation.

Radiography Staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- There were no national staffing guidelines for a diagnostic centre of this nature, however, the management had their own set of staffing guidelines used to determine their staffing levels. The centre followed their staffing guidelines on the number of clinical and non-clinical staff required to run the centre safely. The centre manager told us staffing was flexible depending on activity and that bank and agency staff were booked when required. We saw the policy on the use of bank and agency staff at the centre.
- Radiologists working with the HCA UK with practicing privileges were available for advice during the hours of operation, and as and when needed.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Radiographers were employed on a mixture of part time and full-time basis, and worked flexibly to cover the shifts. Staff were flexible with their shifts and worked on extra hours to ensure safe staffing was maintained, and this was particularly the case with administration staff. The hours worked by each staff was monitored by the centre manager.
- There were no medical staff at the centre. Clinical responsibility for patients remained with their referring consultant. Radiography staff directed any clinical issues and patient concerns to the referring consultant through telephone or email.
- All the staff were part of the employees of the Harley Street Clinic (HCA UK).

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Patient records were managed in a way that kept patients safe and protected their confidential and

Diagnostic imaging

sensitive information from being shared incorrectly. Staff used electronic patient records to record patient's diagnostic needs. All patients who used the services were privately funded patients and all their data, medical records, and scan results were documented via the centre patient electronic record system.

- Patients' records were held both electronically with limited paper format for risk assessment and safety checks records. Staff told us they kept patients paper records for the statutory duration before it's destroyed. This was in line with the Caldicott Guardian principle that guided staff on handling patient identifiable information.
- Staff had received training on information governance. The centre conducted an information governance audit as part of their organisation wide audit and results showed staff were compliant with their record handling policy and patient confidentiality. We did not sample any electronic patient record, however the paper records we saw during the inspection were fully completed and legible.
- The centre used Radiology Information system (RIS) for their record keeping.
- The centre received patient referrals through a secure email or telephone call from the referring consultant or hospital. We noted that patient's records were secured and kept appropriately in a locked cupboard to prevent unauthorised access and protect patient confidentiality.

Medicines

- Staff we spoke with were aware of the medicines management policies and the systems to monitor stock control and report medication errors. The centre used the Harley Street Clinic's Administration of Radioactive Substances Advisory Committee Licenses for all its staff.
- Medicines in the centre were stored securely in locked cupboards. All medicines were found to be in date. There were no controlled drugs used at the centre.
- Contrast media and other medicines were safely stored in the diagnostic imaging department. Contrast media is a substance introduced into a part of the body to improve the visibility of internal structures during radiography. All medicine cupboards were locked and the keys held securely in the department, which staff had appropriate access to.
- Radiographers were authorised to work under patient group directions (PGDs) to administer contrast media, and other medicines required during diagnostic imaging

processes. PGDs are written directions that allow the supply and or administration of a specific medicine by a named authorised health professional to a well-defined group of patients for a specific condition.

- Allergies were clearly documented on the referral forms and on the electronic patient records. Allergies were verbally checked during the MRI safety checklist.
- There was a clear pathway to replenish consumables and avoid stock depletion. The Harley Street Clinic pharmacy supplied the centre with consumables such as saline and contrast media. Supplies were replenished frequently to avoid shortages, and staff told us that they could request additional supplies if they were low before the next restock.
- Emergency medicines were available in the event of an anaphylactic reaction.

Incidents

- The centre used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the new staff induction programme, which all staff attended when they commenced their employment at the centre.
- Staff were able to identify and describe situations requiring completion of an incident form. Staff told us there was a good reporting culture and that they were encouraged to report 'near miss's situations. There was a medical physics expert available for advice when needed.
- Patient safety was promoted through shared learning of incidents from other locations within the provider organisation. These incidents were discussed and fed back to staff across the Harley Street Clinic group during staff meetings and through electronic bulletins and in-house newsletters.
- There were no reported incidents in the last 12 months. There had been no serious incidents as defined by the incident reporting policy reported in the last 12 months. There had been no reported IR(ME)R incidents reported to the CQC in the previous 12 months either.
- All staff we spoke with had good awareness of duty of candour requirements. Staff explained that they would inform patients if an incident occurred which met the requirements of duty of candour, give an apology and

Diagnostic imaging

tell them that an investigation would take place. Staff were able to give examples of incidents where the duty of candour requirements had been applied at a different location.

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- During our inspection, we found all staff were open and transparent with patients. We spoke with three members of staff who told us that when things went wrong with care and treatment, patients were informed and were given the relevant information and support.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

Evidence-based care and treatment

- Care and treatment was delivered to patients in line with National Institute for Health and Care Excellence (NICE) and Royal Colleges guidelines. Staff told us they followed national and local guidelines and standards to ensure effective and safe care. During the inspection, we saw staff using the national guidance in all their activities.
- We saw a 5-point identification IR(ME)R checklist in the diagnostic imaging room. This requires staff to ask patients five identification questions and ask about pregnancy status. We observed staff using the checklist with a patient. This ensured patient safety by verifying that staff scanned the right patient and right part of the body.
- The centre had diagnostic reference levels available for all the examinations performed at the centre and all staff had access to the reference manual. Diagnostic reference levels (DRLs) are a practical tool to promote radiation dose optimization.
- Staff were kept up-to-date with changes in policy and procedures, ensuring practice was evidence based. Staff we spoke with said changes to practice and policies were highlighted by the quality lead, and they received

emails and alerts from the quality and governance team of the parent organisation. There were records showing that staff had read updated policies. Staff said they were reminded to read and sign the update log as proof.

Nutrition and hydration

- Staff told us that patients were not generally offered food in the centre; however, they were offered coffee, tea or hot chocolate before or after their scan. There was a water cooler fountain for patients and visitors to the centre.

Pain relief

- During our inspection, we did not find any patients who were in pain, or required pain relief. However, staff described how they would offer support to patients who reported being in pain. Staff said they would assess the level of pain and speak with the consultant for pain relief to be prescribed.

Patient outcomes

- Patients were happy with reporting times as indicated in the patient survey. We were told diagnostic reports could be made available on the same day or within two days depending on the urgency of the request and investigation.
- The centre had an audit programme which monitored patients' outcomes and the effectiveness of the scanning. Benchmarks were set against other providers of similar services within the private healthcare economy. Data provided by the provider showed they benchmarked their services with Harley Street Clinic. There was evidence of regular discrepancy meetings and peer feedback process with staff of the wider HCA UK group.
- The annual radiation protection advisors audit in August 2018 found that the service was fully compliant with the current regulations, standards and reference guidance relating to the use of ionising radiations in diagnostic imaging. We saw an action plan from the audit report which showed that all recommendations made by the RPA were implemented successfully.
- Staff said that all patients were seen promptly and patients rarely had to wait for an appointment. None of the patients we spoke with during the inspection raised concerns about being able to access the centre in a timely manner.

Diagnostic imaging

Competent staff

- The centre manager reported that all staff had their appraisals. Radiology staff told us that appraisals were valuable in their professional development. Staff were encouraged to recommend changes to improve the effectiveness of the centre during their appraisals, and their learning needs were also discussed and agreed during appraisal.
- Staff told us that the centre manager reviewed all staff competencies as part of the appraisal process.
- Staff told us they had good access to training regarding their professional development. Training records reflected a variety of training including equipment specific training, health and safety, safeguarding and laser and MRI safety. The centre had a staff supervision program which all staff were encouraged to participate in.
- Staff were able to identify their own developmental areas independently or with support. They told us they received funding for continuing professional development (CPD), further education, training and funding to attend conferences.
- Staff told us about the training they had attended to increase their knowledge, skills and experience. For example, some staff told us they received training in diagnostic fields and training to use a specific x-ray machine effectively. One staff member told us they received training and support to perform clinical audits.
- Staff had a monthly informal one to one meeting with their manager and had the opportunity to discuss their career progression. Staff told us their meeting covered how they were feeling, raising concerns, any issues and how the centre was running. Staff told us these meetings ensured they maintained their professional standards and the information given to patients and their relatives were consistent. Staff also completed continuing professional development (CPD) for their development, which was monitored by their manager.

Multidisciplinary working

- Staff told us they worked with other radiology departments within the HCA UK group locations to learn about their practices and build relationships. MDT meetings were held with other radiology departments.

- Staff told us they had good links with diagnostic imaging departments at other hospitals, who they liaised with to make use of previous images of the same person requiring the test, if required.
- Most of the staff we spoke with told us they had good working relationships with consultants. This ensured staff could share necessary information about the patients and provide holistic care.

Seven-day services

- The centre opened Monday to Friday from 8am – 8pm, this meant the service was responsive to the needs of patients who required a more flexible appointment time, such as early mornings or evenings.

Consent and Mental Capacity Act

- Staff were fully aware of their roles and responsibilities in relation to the requirement of consent. Patients were asked to complete a consent form during their pre-scanning checks before commencing their scan. The forms were filed in the patient record.
- Staff told us they had attended training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), training record provided showed that, MCA and DoLS were part of the mandatory training and all staff at the centre had attended the training. Staff we spoke with told us they had not had any patients with a learning disability or mental health issues. Staff told us it was unlikely to have patients at the centre that were subject to DoLS or the MCA due to their acceptance criteria and available support. Patients would have been assessed at the referring consultant before being sent to the centre.

Are outpatients and diagnostic imaging services caring?

Good 

Compassionate care

- We observed that staff treated patients and their families with care, dignity and respect. Staff welcomed patients into the centre and directed them to free refreshments in the waiting area.

Diagnostic imaging

- There were posters available informing patients about the availability of chaperones and staff were readily available to act as chaperones when needed. All patients were offered the choice of having a chaperone during their diagnostic tests.
- We observed staff treating patients with dignity and respect by speaking softly and sitting with them to offer re-assurance. Staff reflected that they recognised the importance of maintaining patient's confidentiality, privacy and dignity.
- Patients were positive about the centre's reception staff. A patient told us the reception staff were "excellent". We observed the reception staff answering patient enquiries and interacting with patients in a friendly manner.
- We saw that all interactions were respectful and considerate. Staff spoke to patients and were supportive.
- The service had an annual patient's satisfaction survey, the most recent survey for 2017 found 96% of patients said the atmosphere in the centre was "happy and friendly" and would recommend the service to their friends and loved ones. Most patients also said they had "complete confidence in the staff".

Emotional support

- Staff gave patients support and time to discuss their treatment. We saw that staff spoke to patients about their most recent visit to their GP or hospital.
- The centre manager told us they had an open-door policy and were available to patients to discuss all their needs. Patients told us the manager was always responsive and gave patients time to discuss their concerns.
- Staff understood the impact that patients' care, treatment and condition had on their wellbeing. Staff we spoke with stressed the importance of treating patients as individuals.
- A member of staff described talking to patients during procedures to put them at ease. They talked about managing anxious patients' by offering them a glass of water, sitting with them and talking with them until they were ready to leave.
- A member of diagnostic imaging staff explained how they had supported a young patient during their diagnostic imaging test by explaining the tests, provided simulation experience and being at hand to reassure them.

Understanding and involvement of patients and those close to them

- Staff communicated with patients so that they understood their care, treatment and condition. Patients reported that they were satisfied with the information they were provided by staff. They also told us that when they called the department with a question, staff were always quick to answer with detailed information.
- Patients reported that their conditions and treatment were explained to them in way that they understood.
- Patients and their relatives were encouraged to participate in their treatment. Staff encouraged patients to take responsibility for parts of their treatment. The centre manager told us patients were encouraged to do what they could for themselves to make the service more inclusive.

Are outpatients and diagnostic imaging services responsive?

Good 

Service delivery to meet the needs of local people

- The service was planned and delivered in a way that reflected the needs of the population served and gave choice and continuity of care to patients locally.
- The service provided planned diagnostic treatment for patients at their convenience through the choice of appointment days and times to suit their needs.
- Staff told us that patients appreciated the accessibility of the service. The centre was an independent healthcare service located within an NHS GP Practice. The centre offered ample free parking and was accessible by public transportation.
- The environment was appropriate and patient centred. There was a comfortable waiting area with sufficient seating, cold water fountain, drinks machine for making hot drinks, and toilet facilities for patients and visitors.
- Signage directing patients to the MRI centre was clear, visible and easy to follow. We followed the signs from the main entrance to the centre with ease.

Diagnostic imaging

- Patients were provided with appropriate information about their visit including directions to the waiting area of the centre.

Meeting people's individual needs

- Staff reported that the service took account of people with different needs including dementia, learning disabilities and physical limitations. Staff gave examples of support provided to patients and their family members, making them comfortable, sitting with them to allay their fears and anxiety.
- The centre provided physical access to services including wheelchair services to patients who needed it.
- The centre was focused on making services more accessible to patients with different needs as reflected in their quality improvement plan. The plan included reviewing availability of MRI and x-ray services at the time convenient for the patients.
- Staff told us that they did not see many adult patients with learning disabilities and were not able to think of any examples of when they had. Staff said that they would speak to the centre manager with questions about treating patients with learning disability when necessary.
- There was a changing room for patients to change before their scan. All patients we saw at inspection changed into a gown.
- The centre's reception area was an open space and there was no private space in the area for private conversation other than the consulting rooms. This meant patient conversations with staff in the reception area could be overheard. We were told, if patients want to speak in private the staff takes them to one of the consulting room for private conversation.

Access and flow

- Most referrals that came to the centre were from GPs and hospital consultants. During our inspection we did not observe any long waits or delays for patients accessing the service. Data provided suggested no waiting times to access the service.
- Patients were offered a choice of appointment times. Patients we spoke with told us they were given appointment times that suited them. The service planned to scan patients at the time of their choice, and had a confirmation discussion with the patient about whether they wanted a morning or afternoon appointment.

- Referrals were prioritised by clinical urgency. Staff told us if an urgent referral was made when no appointments were available, the centre would assess appointments and prioritise patients according to their clinical needs and the requirements of the referring consultant. This prioritisation enables them to fit in urgent and emergency cases.
- The service ran on time and staff informed patients when there were disruptions to the service. All patients we spoke with said there was minimal waiting time when visiting the service. The maximum time they had to wait was for 10 minutes, and they were always informed of a delay with an apology.
- The centre manager and patients confirmed that where patients missed their appointments they were contacted immediately, and offered the next available appointment as needed. This was confirmed by the DNA policy of the provider.
- There was a good access by car and public transport and parking was free. The reception area was clean and tidy with access to magazines, refreshments and toilet facilities for patients and relatives.
- There were no waiting list and waiting times for patient to access the services provided at the centre, so the centre did not audit specific waiting times and waiting list for patients to receive an appointment or treatment.

Learning from complaints and concerns

- We saw that there was a clear process in place for the management of complaints, we saw the complaints policy was current and in date, and all staff were able to tell us what they would do in the event of a formal or informal complaint being made. The centre manager told us most patient issues were resolved informally and immediately at the centre. The service had not received any formal complaints in the last 12 months.
- The centre manager told us they had an open-door policy where patient could escalate any concerns directly. This was in addition to the daily contact by the centre manager to ensure patient satisfaction.
- We observed a poster displayed at the centre that included their complaints procedure.
- Information on how to make a complaint was highlighted in the patient information leaflet. Patients we spoke with were aware of how to make a complaint.

Diagnostic imaging

Are outpatients and diagnostic imaging services well-led?

Good 

Leadership

- Local leaders had the appropriate skills and knowledge to manage the service. The registered manager was supported by the centre manager, whose key responsibility was to monitor the performance of the centre and managed the day to day operations of the centre. The registered manager was based at the Harley Street Clinic and was available at any time when needed at the centre.
- Locally, the centre manager demonstrated leadership and professionalism. We were told by all staff that corporate managers were visible and approachable to the team, and **worked above** and beyond expectations in terms of her availability, innovative practices and supporting staff. All staff reported that the centre manager was responsive to their needs, whether that was for assistance with clinical practice, or personal support.
- All staff felt valued and told us that they enjoyed working at the centre. Throughout the inspection, we saw that staff assisted each other with tasks and responded quickly to service needs.
- We saw that staff had effective working relationships with staff from the GP practice located next to the centre, and we were told of a positive and inclusive working relationship with the GP and the local NHS trust.

Vision and strategy

- There was a clear vision and set of values set by the service to provide quality care to patients in a safe, convenient, comfortable location and to ensure patient satisfaction was always high.
- The aim of the centre was to 'deliver high quality person centred care' through effective leadership, governance and culture. The centre was committed to honesty, integrity, respect and dignity.
- The New Malden Diagnostic Centre had a statement of purpose (SOP) which outlined to patients the standards of care and support services the centre would provide.

- The service had a comprehensive and realistic strategy, to develop their services further. They had recognised that there were areas of the service that still needed development and had identified many strategies to assist, including improved staffing levels and working collaboratively with the local NHS trust.
- We spoke with two members of staff about the vision and strategy, and there was an understanding of the goals and values of the centre and how it had set out to achieve them.

Culture

- Staff described the culture of the centre as open and transparent where staff supported each other.
- Staff told us they enjoyed working at the centre, and they were enthusiastic about the care and services they provided for patients. They described the centre as a good place to work. Some of the staff we spoke with had worked for the provider for several years, and were enthusiastic about the services the centre offered and the care provided.
- The centre made improvements through learning and staff were encouraged to be open, honest, and transparent; and to report when things went wrong. All staff reported they felt supported by the centre manager and the wider organisation when incidents or other issues occurred. Staff reported that there was a no blame culture when things went wrong.
- Locally the service was supported by a dedicated and proactive manager who worked to continually improve the service.
- All staff were aware of the need to be open, honest and transparent with patients. Staff felt the corporate organisation and centre had a culture of openness and honesty, and was open to ideas for improvement.

Governance

- The centre had a robust and structured governance process in place, these were detailed, comprehensive and covered all regulated activities within the centre. Areas covered included risk management, audit, turnaround times, practising privileges, quality dashboards and visions for the future.
- The centre management had a clear understanding about the quality of service to be provided. For example, we spoke with the quality lead for the service, who was

Diagnostic imaging

able to articulate the service improvement program they had, demonstrated in-depth knowledge of the service and was able to develop program of quality improvement for the centre.

- Locally, the service reported into the governance framework by completing monthly reports, which were submitted to the governance committee. We noted that the report contained relevant service information such as incident, audit outcomes and health and safety information.
- Team meetings and oversight meetings were held monthly, a review of minutes from these meetings indicated that incidents, audits and alerts were discussed at these meetings.
- The centre participated in the radiation protection committee meetings.

Managing risks, issues and performance

- The service had systems in place to identify, monitor and manage risk effectively. Incidents, complaints and audits were analysed thoroughly and reported to the senior leadership team (SLT).
- The centre had a risk register which was up-to-date, with clear lines of accountability and responsibility of actions to be taken. The risk register was reviewed and updated regularly and new risks added when identified. The risk register included scanner breakdown, quality performance, health and safety, IT systems and information governance. An action log was also included identifying timescales and accountability for completion.
- The centre had a risk management strategy, setting out a system for continuous risk management. Risks could be identified and reported by any staff member. The risks were reported by the centre manager to the senior leadership team (SLT) and placed on the local risk register. Risks were then escalated to specific boards or committees as appropriate. Risks were RAG rated with target set for action and closure.
- Staff reported that they knew how and when to report concerns on the electronic incident reporting system, that they had done so in the past, and that there was an open culture encouraging reporting.
- The centre audited their services to make improvements to care and policy. The risk register,

electronic incident reporting system and audit results and other reports showed that the managers understood the risks to the centre and acted on them accordingly.

- The centre had a business continuity plan, and staff were aware of their roles and responsibilities to ensure patients and their relatives or carers safety in the event of a major incident.

Managing information

- All staff had undertaken data security and awareness training as part of their mandatory training. Staff we spoke with understood their responsibilities around information governance and risk management.
- All staff we spoke with demonstrated they could locate and access relevant policies and key records very easily and this enabled them to carry out their day to day duties successfully. All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.
- Electronic patient records could be accessed easily, and were kept secured to prevent unauthorised access of data.
- Information from scans could be reviewed remotely by referrers to give timely advice, and interpretation of results to determine appropriate patient care.
- The centre manager said the service was paper light, with a few referrals made on paper. This meant the service could easily collate and audit the data, and use this information to improve the quality of care delivered.
- Staff reported no concerns about accessing relevant patient information. Staff had access to all the information they needed, in order to deliver care and treatment to patients in an effective and timely way.

Engagement

- Comment cards were prominently placed in the waiting area for positive or negative patient feedback. Patients could also provide feedback through the organisation's website if they wanted to do so.
- Feedback was received from patients regarding the care that had been delivered to them through the completion of patients' satisfaction surveys. All feedback was reviewed and actions taken to address any suggestions for improvement.
- Patient satisfaction survey were collated and the results were used to inform service development.

Diagnostic imaging

Learning, continuous improvement and innovation

- The leadership at the service saw continuous improvement as integral and staff were accountable for delivering change. Although at the time of the inspection there was no specific quality improvement in progress, the service was reviewing this in order to ensure that they could recognise and action innovation as needed.
- The service was part of a larger organisation that had increased its size significantly over recent years, and staff were able to cope with the changes and expansion program and still delivered a quality service.

Outstanding practice and areas for improvement

Outstanding practice

- Imaging staff pretended the imaging equipment was a space ship to alleviate nervous patients and hand out stickers and certificates to the patients at the end.
- The service had direct access to electronic information held by the parent company, the Harley Street Clinic. This meant that the centre staff could access up-to-date information about patients, for example, details of their current diagnosis and medications.