



Independent Healthcare Inspection (Announced)

European Scanning Centre
(Cardiff) LLP

Inspection date: 9 December
2019

Publication date: 10 March 2020

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection.....	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	15
	Quality of management and leadership	20
4.	What next?	24
5.	How we inspect independent services	25
	Appendix A – Summary of concerns resolved during the inspection.....	26
	Appendix B – Improvement plan	Error! Bookmark not defined.

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of European Scanning Centre (Cardiff) LLP (the centre) on the 9 December 2019.

Our team, for the inspection comprised of one HIW inspector and one clinical peer reviewer. The inspection was led by a HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the European Scanning Centre provided safe and effective care in a clean and welcoming environment.

Patient records were comprehensive and information was provided to the patient well in advance of their treatment to allay any concerns.

We found staff friendly and professional. The centre manager showed good leadership and management of the centre.

However, we found some evidence that the service was not fully compliant with all standards in all areas.

This is what we found the service did well:

- Providing information to patients on the service provided
- The arrangements in place to ensure that patients received care and treatment in a safe and effective way
- The centre was clean and tidy and arrangements were in place to reduce cross infection
- All records were securely stored and password protected
- Good management and leadership
- Staff training records were detailed and thorough.

This is what we recommend the service could improve:

- Writing and displaying a chaperone policy and make this known to staff and patients
- Displaying the outcomes and any changes made as a result of patient feedback

- Confirm all patient details before the imaging takes place.

We identified regulatory breaches during this inspection regarding the lack of responsible individual visits to the centre, at least every six months, and not producing a written report on the conduct of the service. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

The European Scanning Centre (Cardiff) LLP is registered to provide an independent diagnostic imaging and screening procedure to patients aged five years and over at Unit G, Copse Walk, Cardiff Gate Business Park, Cardiff, CF23 8RB. The centre has recently become part of Alliance Medical but is still trading as European Scanning Centre (Cardiff) LLP.

The service was first registered on 23 March 2017.

The service employs a staff team which includes a centre manager / lead radiographer, a senior radiographer (role vacant), two administrative / clinical assistants and three bank radiographers

A range of services were provided which include:

- Open Magnetic Resonance Imaging (MRI)¹ weight bearing and positional scanning
- Musculoskeletal² MRI imaging
- Pelvic floor³ dynamic upright MRI
- Neurological⁴ MRI imaging.

¹ Imaging the patient sitting or standing and also in positions that may be associated with maximal symptoms. In the spine, this strategy can uniquely be used to demonstrate instability e.g. due to vertebral slipping, or positional-dependent disc herniation.

² The human musculoskeletal system is an organ system that gives humans the ability to move using their muscular and skeletal systems. The musculoskeletal system provides form, support, stability, and movement to the body.

³ Pelvic MRI scans are performed with the patient sitting or standing, and then when they push down, straining into the pelvis. It is a much more physiologically relevant means of imaging and offers a novel and major advance in imaging this condition.

⁴ A branch of medicine dealing with disorders of the nervous system

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, we were satisfied that the centre offered a service which met the needs of the patients in a safe and professional manner.

Patients were provided with specific information regarding their treatment.

Systems to capture patient feedback were available but the results of the feedback need to be made known to patients.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 34 questionnaires were completed. Overall, patient feedback was positive, and patients rated the care and treatment that they were provided with as excellent. Comments included:

"Fantastic support from all staff today, very reassuring - made me feel far less anxious - thank you!"

Staff went out of their way to give me comfort and support.

Health promotion, protection and improvement

The only leaflet we saw relating to health promotion, protection and improvement was on the open MRI scanner used at the centre. As the centre described itself as a "new era in disease prevention and detection", more should be done to help patients look after their own health and to provide leaflets on illness and injury prevention. We recommend the centre provide information on fitness, healthy living and mental health.

Improvement needed

The service must ensure that sufficient health promotion information is provided for the service user group.

Dignity and respect

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the staff at the centre. All patients agreed that staff were always polite and listened to them. Patients also told us that staff were kind and sensitive when carrying out their care and treatment.

During our visit the scanner was not operational and there were no patients at the centre. Staff we spoke with made it clear that their approach was very much patient centred and focussed on helping people, often in difficult circumstances, to receive the imaging they need for a diagnosis. Staff stated that they were always looking for ways to learn and change their techniques to modify the experience for the patient for the better.

We found that arrangements were in place to promote patients' privacy and dignity. The various areas of the building were access controlled by staff identification badges. There was the main reception, leading into an inner scanning reception. Lockable single changing rooms were provided for patients to change which had lockable cupboards to secure personal items and clothing. Patients would change into MRI compatible clothing (some types of clothing may contain metallic microfiber, which can cause thermal burns) to further maintain their dignity and safety. There was then a further security door to the scanning area.

There was a consultation room; in addition to having a lockable door, there was also a privacy curtain around the examination couch to maintain patients' privacy and dignity when they were receiving treatment.

Information was not displayed informing patients of their right to have a chaperone present when being seen by healthcare staff. The use of chaperones aims to protect both the healthcare professional and patient when the patient is being examined.

Improvement needed

The service must ensure that a chaperone policy is written and made known to staff and patients.

Patient information and consent

All of the patients who completed a questionnaire agreed that staff provided them with enough information about their treatment, including information about the different treatment options available and any associated risks, and

information about the costs involved; patients provided the following comments in the questionnaires:

“I struggled with the upright scan and the staff were patient and friendly and helped me relax to get through it. Very professional and everyone I met was lovely”

“I was extremely worried about having this procedure, but from the moment I made the phone call to book my appointment, staff very friendly, helpful and understood my concerns. Staff explained fully everything that was going to happen which put me at ease. Would recommend this service in future”

“Very good facility and staff. Radio earphones are poor. I like staff to talk to me frequently during my scan - which is comforting”

We saw the welcoming pack that was sent out to the patient before the first appointment. This included conditions of the service, details about the scanner used, patients' guide⁵, directions, risk assessment questionnaire and patient safety questionnaire / consent form. There was no evidence on the patient records that consent was given by the patient; consent and capacity was instead implied from completion of the questionnaire and attendance at the centre. The centre must ensure that written patient consent is gained in a manner which makes it clear to the patient that they are giving their consent to treatment. This needs to be recorded appropriately in the patient record and signed by the clinician responsible for performing the treatment. The centre must also record in the patient record that capacity to consent has been also considered.

We were also informed that the centre attempt to build a rapport with the patient, by telephone, in the weeks leading up to the appointment. This ensures that they were fully informed of the scanner and methods used at the centre,

⁵ Every service provider is required by law (Care Standards Act 2000 and the Independent Healthcare (Wales) Regulations 2011) to have a patients' guide and it should provide information for patients on the service they are to receive. The guide should be provided to every patient and any person acting on behalf of a patient.

particularly to allay any fears of claustrophobia that the patients may have. There was also a statement of purpose⁶ and patients' guide in the reception of the centre for patients to view.

However, there was little in the centre to help people with difficulties with hearing (such as a hearing loop), sight and reading English. The centre stated that these requirements would be gathered during the above telephone conversations.

Improvement needed

The service must ensure that:

- The current arrangements for ensuring consent and capacity are reviewed
- The needs of patients with hearing and other disabilities are considered.

Communicating effectively

The majority of patients that completed a questionnaire told us that they would know how to make a complaint if they were unhappy with the service provided at the centre.

Generally, information was provided in English only. As an independent clinic based in Wales the registered provider should make more effort to have information available in Welsh without the need for patients to ask for it. We saw pictorial signs were displayed to assist patients to find a suitable emergency escape route in the event of a fire.

⁶ Every service provider is required by law (Care Standards Act 2000 and the Independent Healthcare (Wales) Regulations 2011) to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. By law, the Statement of Purpose must include the information listed in Schedule 1 of the Independent Health Care (Wales) Regulations 2011.

Care planning and provision

Staff we spoke with, said that any delays would be verbally communicated to patients. Appointments were scheduled to avoid delays as much as possible. There were enough staff at the centre to meet the needs of the patients and to ensure that care and treatment was provided in a safe, professional and timely way.

We were informed that a number of patients referred to the centre were claustrophobic and had failed to be scanned by other, more traditional scanners. We saw that appointment slots were typically between 60 and 90 minutes to allow the staff to spend time with the patients to explain the process and the scanning time itself. We were also informed that there was generally little waiting time between the referral to the imaging, and patients would be accommodated as soon as possible.

The scanning room was spacious and calming and there were wall and ceiling panels, described as 'relax-vision panels' to increase the open feeling of the room. Whilst being scanned, patients were able to watch television, listen to the radio or they could listen to music of their choice.

Two way audio facilities allowed the radiographers to communicate and reassure patients during their scan and the viewing window ensured that both the patient and the radiographer were always in the line of vision.

Equality, diversity and human rights

There was disabled parking available to the front of the centre and also good level access to the front. The centre was on the ground floor.

Staff had completed the equality and diversity training required by the organisation.

The statement of purpose set out that services were provided having due regard to patients' rights.

Citizen engagement and feedback

The centre obtained the views of service users, to actively inform them how to improve services, through a follow up email with a link to a survey monkey, an online survey development. The results were collated and reported at team meetings. The feedback that was seen during the inspection was positive. However, patients were not informed of the results of the feedback. In order to demonstrate to all patients that the centre listens and acts on their feedback we

recommend that they display the outcomes or changes made, as of a result of patient feedback, in the waiting areas.

A complaints policy was in place and included up to date details of HIW. This was displayed at the centre and included on the statement of purpose and patient guide.

Improvement needed

The centre is to display, in a prominent position, the outcomes and any changes made as a result of patient feedback within the centre.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, there were arrangements in place to ensure that patients received care and treatment in a safe and effective way.

The centre was clean and tidy and arrangements were in place to reduce cross infection.

The patient records we reviewed were comprehensive and patients were provided with specific information regarding their treatment.

All records were securely stored and password protected.

Managing risk and health and safety

We found arrangements were in place to protect the safety and well-being of staff working at and people visiting the service. Access to the building was via an intercom system and all the facilities were on the ground floor of the building.

We found the centre to be well maintained and free from clutter and tripping hazards. The environment was in a good state of repair, with clean, tidy and well organised treatment rooms and a waiting area. Overall the centre was comfortable, welcoming and suitable for the treatments provided.

The centre had a risk management and health and safety policies in place with regular audits of hazards to help identify any areas for improvement.

MRI friendly wheelchairs⁷ were also available for patient use.

⁷ The MRI Wheelchairs are constructed from non-ferrous materials with minimum magnetic flux, and are suitable for use around Magnetic Response Imagers and Scanners which produce high intensity magnetic fields.

Infection prevention and control (IPC) and decontamination

There were no major concerns given by patients over the cleanliness of the centre; all the patients that completed a questionnaire agreed, in their opinion, the environment was both clean and tidy.

Both radiographers on duty on the day of the inspection were well aware of the importance of IPC and in their role to prevent cross contamination. They were aware of good hand hygiene, when to use alcohol gel and when to wash their hands.

The centre had an IPC policy; we noted that there were regular IPC audits and all staff were up to date with IPC training.

There were suitable processes in place to help ensure the prevention of infections, which included the availability and use of personal protective equipment (PPE). Staff were practising a bare below the elbow⁸ approach to their dress code.

The equipment used in the treatment room was stored and decontaminated (cleaned) appropriately. We were told that the equipment was cleaned at the start and end of the day as well as in between patients. The decontamination process was performed in a sequence of steps and recorded by staff when completed. The records provided evidence of those times when cleaning took place, including the date and member of staff concerned.

We saw that medical sharps (such as needles) had been placed in appropriate containers for safe disposal. This helped reduce the risk of injury (to staff and patients) and cross infection from used sharps. Contaminated and non-contaminated waste peddle bins were also noted in the treatment rooms.

Medicines management

There was a medicines management policy at the centre that covered all aspects of medicines management. Medications such as the contrast agents, used to improve the visibility of internal body structures in MRIs, were stored in a locked box, at the correct temperature, with the agent temperature and

⁸ Recognised good practice enabling staff to effectively wash their hands and wrists.

quantity recorded daily. A patient group directive (PGD)⁹, was in place for these contrast agents, to enable these to be administered when requested by the patient's referrer or radiologist

Records were maintained of agents administered to patients and were of a good standard. These records showed that patients had been asked about known allergies to promote their safety and wellbeing prior to the agent being prescribed / administered as part of their care and treatment.

We were informed that any adverse drug reactions were reported through the MHRA Yellow Card Scheme¹⁰.

Safeguarding children and safeguarding vulnerable adults

Written policies and procedures were available to guide staff on the action to take should they suspect abuse of children or adults who become vulnerable or at risk. These included contact details for the health board and local authority safeguarding teams, which were also displayed in the reception area.

Staff working at the centre had completed safeguarding training to a level appropriate to their roles, this included the centre manager who had completed the training to level three. Staff we spoke with were clear of their responsibilities in relation to reporting safeguarding issues.

Medical devices, equipment and diagnostic systems

The centre used an open and upright MRI Scanner that was serviced on a regular basis in accordance with the manufacturer's guidelines. Evidence of the daily checks carried out by the centre staff and the servicing records were seen. Any faults with the scanner were reported online.

The scanner was described as a superconductive MRI scanner that enabled fully open and upright imaging of the spine and joints, allowing patients to be scanned in a non-claustrophobic and full weight bearing position.

⁹ Who can supply and or administer specific medicines to patients without a doctor and which medicines can be administered.

¹⁰ <https://yellowcard.mhra.gov.uk>

Equipment and drugs for use in the event of a patient emergency were readily available and checked on a weekly basis by a designated staff member. The clinical staff had received updated resuscitation training. The Resuscitation Council (UK)¹¹ posters relating to ‘Deteriorating Patients’ and ‘Anaphylactic Reactions’ (a severe, potentially life-threatening allergic reaction) were also displayed in the scanner viewing area in addition to the emergency procedure.

We also noted that items near the scanner, such as fire extinguishers and other metallic objects, were also marked as “MR Safe”, objects completely free of all metallic components or “MR Not Safe”¹². Additionally there was an induction workbook for the scanner that had to be completed by all staff using the equipment.

Safe and clinically effective care

All staff were aware of the protocols for imaging and the expectations of radiologists. Staff we spoke with showed a clear understanding of how to obtain the best images, including the need to modify the scan due to the patient condition. Staff also had contact details of the radiologist if they required further clarification on the imaging.

The centre were aware of the challenges with staffing levels following the resignation of two members of staff. Currently the centre manager and a bank radiographer were covering the scanning at the centre. This had not had an affect on the patient care. We were informed of the difficulties in employing suitably qualified staff able to work around the centre opening times.

The success rate for the imaging was of particular note as patients were referred to the centre because of the failure to scan on other, more conventional scanning, equipment due to patient; claustrophobia; bariatric¹³; and physical limitations due to chronic conditions.

¹¹ <https://www.resus.org.uk>.

¹² an object or material that is known to be hazardous because of the powerful force it receives when it is exposed to a powerful nuclear magnetic field inside a magnetic resonance imaging facility.

¹³ a branch of medicine that deals with the control and treatment of obesity and allied diseases

Participating in quality improvement activities

The centre undertook a range of quality improvement activities to help identify areas for service improvement. These included, a centre specific 'know how' manual on how to scan patients in certain conditions and positions, patient satisfaction surveys and regular audits.

Information management and communications technology

The centre used an information system that was appropriate and compatible with the provision of safe and secure patient care. All staff had their own passwords and there was a regular back up of the system to ensure the security of records. The centre had recently installed a new picture archiving and communications system and radiology information system (PACS-RIS)¹⁴, to standardise the system with other centres in the organisation.

Records management,

All patient records were collected and scanned into PACS-RIS on the day of attendance together with all information relating to that patient, including prior letters of referral, questionnaires and protocolled imaging. Generally the patient records were very comprehensive and contained all the patient information required to demonstrate the treatment provided to patients. However, in one out of the eight patient records checked, we noted that the questionnaire had not been counter-signed by the radiographer. This could pose a safety risk, if the questionnaire had not been reviewed by the radiographer.

Improvement needed

The service is to ensure that a final check / checklist is introduced to ensure that all patient details are confirmed before the imaging takes place.

¹⁴ PACS/RIS enables all medical imaging to be stored electronically and viewed on screens, creating a near filmless process and improved diagnosis methods. Doctors and other health professionals can access and compare images at the touch of a button.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

We found there was good management and leadership at the centre. Staff were fully aware of what was required of them and who to report to, for advice and support.

Staff training records were detailed and thorough and there was a good process in place for ensuring staff completed mandatory training.

The centre must ensure that visits to the centre by the responsible individual are fully documented.

Governance and accountability framework

There was dedicated and passionate leadership from the centre manager, who was supported by a small, committed staff team. We found that staff were committed to providing patient care to high standards. Staff spoke positively about the leadership and support provided by the centre manager. We also noted that the support offered to the centre manager from the wider organisation to be positive. We observed clear lines of responsibility and staff were aware of how to report any untoward incidents or concerns.

It was also evident during the inspection that the centre manager was also keen to ensure staff worked to the same high quality and, in the opinion of the inspection team, the centre manager would be a good mentor for any new staff. It was positive that throughout the inspection, the staff team were receptive to our views, findings and recommendations.

The centre had a range of policies and procedures in place which had the issue and review date clearly shown. This provided reassurance that policies and procedures were regularly reviewed; and staff were kept up to date of any changes.

As referred to above, there was an up to date statement of purpose that included the requirements of Schedule 1 to The Independent Health Care (Wales) Regulations 2011¹⁵. The patients' guide had also been completed in accordance with the above regulations and included a summary of the statement of purpose, the terms and conditions in respect of services to be provided for patients and the complaints procedure.

We saw evidence of regular meetings held, both within the centre and with the wider organisation, at a regional level. These included monthly staff meetings, health and safety and risk meetings, and governance meetings.

Whilst we were told that members of the senior management team had been to the service recently, there had not been a visit by the responsible individual for over ten months and that a written report in line with regulations was not produced on that occasion.

Improvement needed

The responsible individual must ensure that visits to the centre are undertaken at least every six months and a written report produced on the conduct of the service.

Dealing with concerns and managing incidents

We saw that the service had a comprehensive complaints policy in place outlining the process for patients should they wish to raise a concern. We saw that one complaint had been received and observed that it had been dealt with promptly. Sufficient information was available to evidence that the process, outcome and lessons learned were documented.

Staff we spoke with described the arrangements for reviewing significant incidents and sharing learning from these to promote patient safety and well-being. We were informed that there had not been any examples of this to report. The wider organisation produced a monthly quality and risk report that was shared with the centre that included incidents and adverse events occurring at other centres.

¹⁵ <http://www.legislation.gov.uk/wsi/2011/734/made>

A number of audits were carried out at the centre including the monthly IPC monitoring tool, turn around time (between the scan and the report) and image quality. Staff we spoke with also believed that the number and types of audits will increase when regional audit teams are more involved in the centre.

Workforce planning, training and organisational development

Information within the staff files inspected demonstrated that staff had attended mandatory training and other training relevant to their roles. The centre also maintained a training matrix for all staff, so that any staff, who were out of date with their training requirements, could be identified easily. Staff we spoke with also told us that there were opportunities to attend other training within the wider organisation or through external providers.

All the staff at the premises had received an appraisal, on their work performance and training requirements, within the last 12 months. The staff we spoke with on the day of our inspection were all able to describe their roles and how they contributed to the overall operation of the centre.

There were no issues noted with the staff rotas and skill mix at the centre. Appointments were pre-booked and the rota was staffed accordingly, we were informed that a minimum of three staff had to be present on site every working day. Due to two current vacancies for radiographers, the centre was reliant on regular bank radiographers. Whilst the centre were actively trying to fill these vacancies, as described above, there had not been any suitable applicants to date. The centre were advised to try other methods to promote the centre such as writing articles in professional magazines, and possibly attract new staff in that way.

The two administrative members of staff were also being trained locally as clinical assistants to enable them to assist the radiographers, by receiving and preparing the patients for their procedure and completing administrative tasks within the department and providing clinical and clerical support to the radiographers.

Workforce recruitment and employment practices

The staff files we reviewed contained evidence that the staffing and staff recruitment (fit and proper persons employed) policies had been followed. This included a curriculum vitae (CV), proof of identity, job descriptions and signed contracts of employment. A recent change of job description was also noted for one member of staff.

All clinical staff had disclosure and barring service (DBS) checks on file as required by regulations. The process had also recently started to ensure these checks were in place for the administrative staff. Additionally, there was evidence at the centre of the Hepatitis B Surface Antibody Blood Test (Hep B)¹⁶ of all clinical staff. As mentioned above, administrative staff were being trained as clinical assistants, the centre should consider whether there is a need for enhanced DBS checks and Hep B status checks for these members of staff in the future.

The relevant documentation was also seen for the medical practitioners (radiologists), with Consultants Practising Privileges,¹⁷ used by the centre. This included the most recent appraisal and a form for each practitioner, signed as acceptance by the responsible individual, who was also the medical director.

¹⁶ This test is used to determine the status of a person's immunity to the Hepatitis B virus (Hep B). Immunity is determined by screening for antibodies which provide protection against infection. The results of this test are quantitative.

¹⁷ A medical practitioner granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non-compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B – Improvement plan

Service: European Scanning Centre LLP

Date of inspection: 9 December 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The service must ensure that sufficient health promotion information is provided for the service user group.	3. Health promotion, protection and improvement	A display stand has been delivered to display health promotion information/literature & leaflets are already on display.	Melanie Jones	Completed 24/1/2020
The service must ensure that a chaperone policy is written and made known to staff and patients.	10. Dignity and respect	The poster is already displayed in the waiting room.	Melanie Jones	Completed 19/12/2019
The service must ensure that: <ul style="list-style-type: none"> The current arrangements for ensuring consent and capacity are reviewed The needs of patients with hearing 	9. Patient information and consent	A hearing loop was ordered & is already in use in the waiting room. There is a list of Interpreter Service in Reception if needed. The current Policies are in the process	Melanie Jones	Completed 15/1/2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
and other disabilities are considered.		of being aligned with the parent company Policies & the Consent & Capacity Policies will be reviewed.		
The centre is to display, in a prominent position, the outcomes and any changes made as a result of patient feedback within the centre.	5. Citizen engagement and feedback	Recent results of patient satisfaction questionnaires are already being displayed in the waiting room	Melanie Jones	Completed 15/1/2020
Delivery of safe and effective care				
The service is to ensure that a final check / checklist is introduced to ensure that all patient details are confirmed before the imaging takes place.	20. Records management	The policy has changed to ensure that prior to the patient being scanned, the documents are rechecked so that all documents are signed.	Melanie Jones	Completed 15/1/2020
Quality of management and leadership				
The responsible individual must ensure that visits to the centre are undertaken at least every six months and a written report produced on the conduct of the service.	1 Governance and accountability framework	The Responsible Individual is being changed to a different person, who will ensure the Centre is visited regularly & a report written about the service	Melanie Jones	In progress – estimated by 31/3/2020

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): **Melanie Jones**
Job role: **Centre Manager**
Date: **24/1/2020**