

Independent Healthcare Inspection Report (Announced)

Alliance Medical Cardiff

Inspection date: 27 February 2024

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

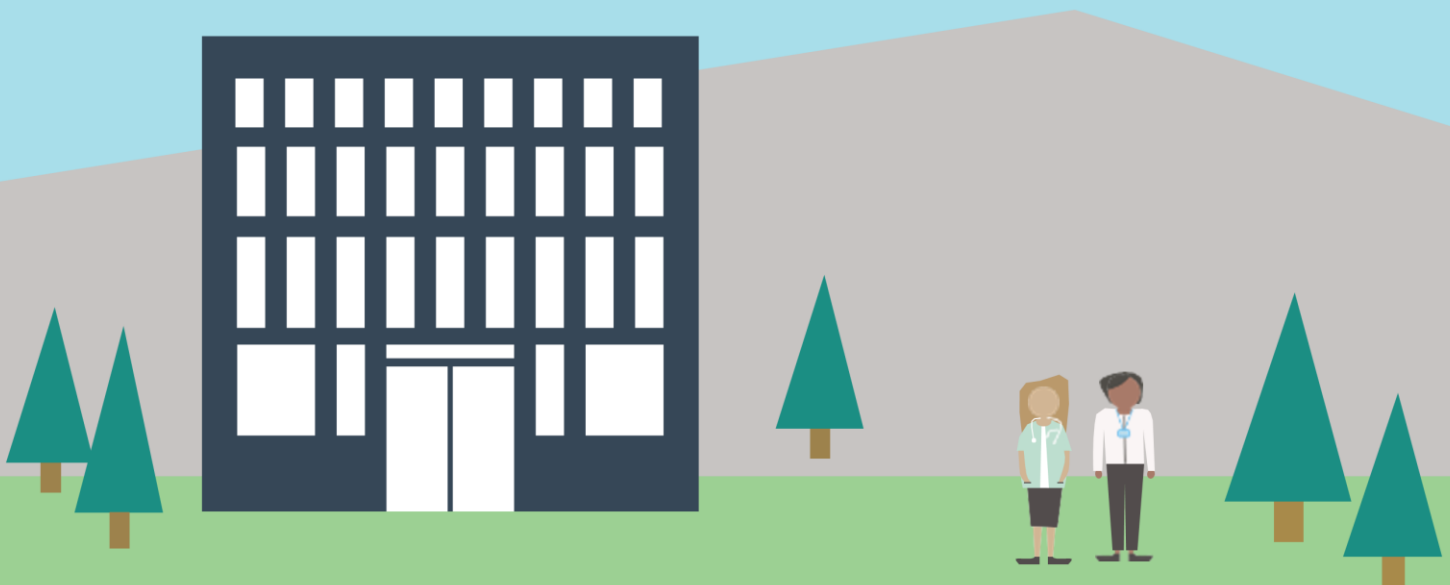
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Alliance Medical Cardiff on 27 February 2024.

Our team for the inspection comprised of one HIW Senior Healthcare Inspector and one clinical peer reviewer.

Before the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. Feedback and some of the comments we received appear throughout the report. We also spoke to staff working at the service during our inspection.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Alliance Medical Cardiff was committed to providing care to patients in an environment that was conducive to providing a high-quality service. Staff placed an emphasis on promoting the privacy and dignity of patients. The environment also promoted the patients' privacy and dignity. Patients provided positive feedback about their experiences and rated the service as 'very good'.

Arrangements were in place for patients to provide their views on the services provided at the clinic and the results of those reviews were displayed. Patients were seen in a timely manner and would be informed if there was a delay.

This is what we recommend the service can improve:

- The service must review the Equality and Diversity for Patients and Visitors policy and share the updated policy with staff once ratified.

This is what the service did well:

- Patients had to provide their consent before receiving their scan
- Information in relation to transgender patients and their preferred pronouns were being captured in order to protect their rights and dignity.

Delivery of Safe and Effective Care

Overall summary:

The clinic had suitable arrangements in place to provide safe and effective care to patients. These arrangements were supplemented by a range of up to date and relevant written policies and procedures.

The environment of the clinic was visibly clean, tidy and well maintained. Suitable arrangements and process were in place for infection prevention control and decontamination of equipment used at the clinic. The clinic needs to ensure that cleaning at the clinic is appropriately recorded.

We saw that records maintained at the clinic were clear accurate and legible.

This is what we recommend the service can improve:

- The service ensure that cleaning records are completed and kept on file for future reference

- The ‘Managing a clean and safe imaging environment’ policy must be reviewed and shared with staff once updated and ratified
- The service must review and update their statement of purpose and ensure it is available upon request from patients.

This is what the service did well:

- There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk
- Staff were caring and took extra time with nervous patients to help them receive their diagnostic images which they had failed to complete at previous other settings.

Quality of Management and Leadership

Overall summary:

Staff were clearly patient focused and had the appropriate skills to deliver safe care to patients. There were clear lines of reporting and accountability in place and governance arrangements described and demonstrated were effective.

Mandatory training, appraisals and recruitment arrangements at the clinic were good and ensured that the relevant staff were appropriately employed and developed in their roles.

The clinic was carrying one vacancy for a radiographer which meant the service was operating at the minimum number of staff required to meet the needs of patients. We have asked the service to provide assurance to HIW on how it can make the service sustainable in terms of staff resources to ensure it does not impact on the wellbeing of the current staff members.

This is what we recommend the service can improve:

- The service must ensure that the registered manager at the clinic is appropriately mentored, supervised and supported in the delivery of their role
- The contact details for HIW need to be added to the Comments, Concerns and Complaints leaflet.

This is what the service did well:

- Relevant information about the clinic and the services it provided was available in the patients’ guide, which was clearly displayed at the clinic.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided at the clinic. In total, we received 16 completed questionnaires. The feedback was positive, and all patients rated the service as 'very good'.

Some of the comments provided by patients on the questionnaires included:

"Everything was very professional and friendly. I would have no hesitation in recommending to friends and family."

"Lovely friendly staff who made me and my family feel at ease. Thank you."

"Wonderful staff. Friendly, informative, a pleasure to be with."

Health protection and improvement

Patients were encouraged to take responsibility for managing their own health through the provision of health promotion advice available in the waiting room. This included information on smoking cessation, safe alcohol intake and how to spot signs of a stroke.

Dignity and respect

We saw staff treating patients with respect and kindness throughout the inspection. All patients who completed a questionnaire felt they had been treated with dignity and respect. One patient commented:

"Staff were extremely helpful, polite and caring. Nothing was too much trouble."

There was a poster in the waiting room advising patients of their right to request a chaperone. Two changing rooms were available for patients to change in private before undergoing their scan. A consultation room was available for patients to receive contrast via an intravenous line to help the area being scanned to be seen more clearly. The consultation room had blinds and curtains around the treatment bed to provide additional privacy for patients. All patients who completed a

questionnaire felt that appropriate measures had been taken to protect their privacy during their time at the clinic.

Staff we spoke with described suitable arrangements to maintain confidentiality when speaking to patients both in person and over the telephone.

Communicating effectively

Patients are referred to the clinic from the NHS or other healthcare providers. Upon receiving the referral, the clinic issues a letter and welcome pack to patients. The letter contains information on the appointment time and what to bring. The welcome pack contains a copy of the patient's guide, information about the procedure and a consent form for patients to sign.

All patients who completed a questionnaire said that staff explained what they were doing throughout their procedure and said that their questions were answered and that they felt listened to. One patient said:

“The staff were very kind and supportive with my claustrophobia. Everything is well presented, and staff explained everything to me before the scan.”

Staff told us they could access a translation service to help communicate with patients whose first language is not English. Information was provided mainly in English, and the clinic would benefit from informing patients that information can be made available in other languages on request.

Patient information and consent

There was a wide range of information on display for patients in the waiting room. This included information on how to make a complaint, patient feedback results and information about the MRI scanner. Patients with internet access could also find information about the range of procedures available on the clinic's website.

Patients are provided with information as part of the welcome pack and can discuss the procedure with staff on arrival and before entering the MRI scanner. All patients who completed a questionnaire said that they had received enough information to understand the treatment options and the risks and benefits.

Patients are required to sign a consent form before entering the scanner. We reviewed a sample of five patient records and saw evidence that valid consent had been obtained from the patient in each instance. All patients who completed a questionnaire also confirmed that they have signed a consent form before having their scan.

Care planning and provision

Patients were seen on an appointment only basis and were seen in a timely manner during the inspection. We noted that patients were told of any waiting times and any reason for the delay in seeing the clinician. Should patients not be able to wait, we were told that they would be given an opportunity to re-book the appointment.

From our observations on the day it was clear that patient care and providing a comfortable experience was the clinic's top priority.

All patients who completed a questionnaire told us that their medical history had been checked before undergoing their procedure. We also saw evidence within all the patient records that we reviewed of information recorded about current medication taken and any allergies or adverse reactions.

Equality, diversity and human rights

Services were being provided at the clinic in a way that promoted and protected people's rights. We saw reasonable adjustments had been made to make the clinic accessible to patients with mobility difficulties.

We saw evidence that all staff members had completed training in Equality and Diversity, Inclusive Pregnancy Status and Learning Disability, dementia and autism understanding and awareness. An Equality and Diversity for Patients and Visitors policy was in place. However, we noted that the review date was January 2024.

The service must review the policy and share the updated policy with staff once ratified.

We saw that information in relation to transgender patients and their preferred pronouns were being captured on the patient safety consent form in order to protect their rights and dignity.

All patients who completed a questionnaire told us that they had not faced discrimination when accessing or using the service at the clinic.

Citizen engagement and feedback

Patient satisfaction surveys were being issued to all patients following their appointment. Results are collated by the head office and disseminated to the clinic to identify any areas for improvement. The registered manager told us that they typically receive positive feedback from patients. There was a 'You said, we did' poster on display in the waiting room which showed the results of the latest surveys.

Delivery of Safe and Effective Care

Managing risk and health and safety

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the clinic. The building was secure and there was an intercom to request access to the clinic.

We saw that the building was well maintained and free from obvious hazards. Furthermore, it was also warm and welcoming, with the general ambience in the reception room being of a high standard. The scanning room was calming with landscapes painted on to the walls, and TV and music was available to help patients relax.

Fire safety equipment was available at various locations around the clinic, and we saw that these had been serviced within the last 12 months.

Infection prevention and control (IPC) and decontamination

All the areas we inspected were visibly clean and tidy. The environment was well maintained and furnished to promote effective cleaning. All patients who completed a questionnaire felt the clinic was 'very clean' and that infection and prevention control measures were being followed.

Internal staff undertook daily cleaning of the clinical areas and medical equipment and an external cleaning company came three times a week to clean the wider environment. However, the external company were not maintaining or signing cleaning schedules to record that cleaning had taken place.

We recommend that the service ensure that cleaning records are completed and kept on file for future reference.

We were told that personal protective equipment was used in accordance with government guidelines at the time. All staff we spoke with had a good understanding of infection control and PPE usage. There was also a good awareness and good practice in hand hygiene.

There were a range of IPC policies in place. The majority of them were up-to-date, however we noted the 'Managing a clean and safe imaging environment' policy was out-of-date having been due for a review in January 2023.

The service must review the policy and share the updated policy with staff once ratified.

There was a system in place to manage clinical waste appropriately and safely. We saw that all staff had completed IPC training.

Safeguarding children and safeguarding vulnerable adults

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all staff had completed appropriate safeguarding training and the staff we spoke with during the inspection demonstrated good knowledge of the safeguarding procedures and reporting arrangements.

Medical devices, equipment and diagnostic systems

The clinic had the relevant equipment and medical devices to meet the needs of the patients. All staff can report any issues, faults or concerns directly to the registered manager who is responsible for arranging any repairs required.

We were told that the scanner for the clinic had been purchased in 2017. We saw evidence of a full service and calibration history for the scanner in accordance with the manufacturer's guidelines.

We saw evidence of daily checks being undertaken on resuscitation and emergency equipment held at the clinic. Staff had documented when these had occurred to ensure that the equipment was present, in date and safe to use in the event of an emergency such as patient collapse.

Safe and clinically effective care

From our discussions with staff, and examination of patient records, we found that patients were receiving safe and clinically effective care. We were told that patient identification is checked before patients are allowed to enter the scanner. Safe arrangements were in place for the administering of contrast agents to patients. Details about the contrast used, batch number, amount administered, and patient weight was all recorded appropriately within patient records.

We saw staff had access to a range of relevant clinical policies and procedures to support their practice. All staff we spoke with were aware of the policies and procedures in operation at the clinic.

Staff we spoke with were happy working at the clinic. It was clear that staff were caring, with additional time spent with nervous patients to help them receive their diagnostic images which they had failed to complete at previous other settings.

Participating in quality improvement activities

There were suitable systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered provider regularly seeks the views of patients as a way of informing care, conducts audits and assesses risks in relation to health and safety.

Records management

Patient records were being maintained electronically. The system was password protected to prevent unauthorised access and breaches in confidentiality.

We checked a sample of five patient medical records and noted that they were clear, accurate and legible. Patients had their needs appropriately assessed through discussions with the booking team prior to their appointment and through discussions with the radiographers prior to their scan. The patient records provided a clear description of the scanning procedure and was updated contemporaneously after the appointment.

We saw that the reports from each scan were produced and sent to the referring clinician within three days at the latest.

Quality of Management and Leadership

Governance and accountability framework

There was a robust management structure in place and clear lines of reporting were described. The registered manager was dedicated, and it was clear that their priority was ensuring that patients received an appropriate level of care at the clinic.

Policies and procedures were in place and had generally been updated in a timely manner. A patients' guide for the clinic was on display in the reception area of the clinic. Patients also received a copy of the patients' guide as part of their booking information pack. We saw that it included all the relevant information required by the regulations and was in date. However, we noted that the statement of purpose had last been updated in 2019.

The service must review and update their statement of purpose and ensure it is available upon request from patients.

Staff had access to policies and procedures to guide them in their day-to-day work. The management team and clinical staff held regular, informal day to day discussions and de-briefs and attended regular, more formal meetings which were recorded.

The registered manager attended company wide senior management meetings to discuss any policy changes, incidents and share learning in relation to patient care. We saw evidence that the responsible individual has visited the clinic every six months to complete their written report on the service as required by the regulations. However, we were told that outside of these visits, attendance to the clinic by the responsible individual and other senior management staff was minimal. The registered manager did not receive regular individual catch ups and we felt that more support was required from senior management.

The service must ensure that the registered manager at the clinic is appropriately mentored, supervised and supported in the delivery of their role.

We found that there were well defined systems and processes in place to ensure that the focus was on continuously improving the services. This was, in part, achieved through a rolling programme of audit activities. We were told that the clinic achieved a 97 per cent rating in their 2023 annual quality assurance review undertaken by the wider company.

Dealing with concerns and managing incidents

There was an up-to-date written complaints procedure, which was on display at the clinic in the waiting room. This included information for patients on who to contact for advice in addition to the timescales for responding to complaints. However, we noted that the contact details for HIW were not included.

We recommend the service adds the contact details for HIW to the Comments, Concerns and Complaints leaflet.

Both verbal and informal concerns and complaints would be captured and recorded by the registered manager. We saw evidence that previous complaints had been responded to appropriately and within the required timescales. All concerns are monitored by the head office who would identify whether any common themes are emerging and disseminate this to the clinic.

There was an established electronic system in place for recording, reviewing and monitoring incidents. The registered manager was responsible for investigating and signing off any incidents. A weekly incident meeting was being held to discuss themes and trends and any learning would be shared with staff at the monthly staff meetings.

Workforce planning, training and organisational development

We were told there was currently one vacancy for a radiographer at the clinic. This meant that the service was operating at the minimum number of staff required to meet the needs of patients. This meant that the service being provided could be at risk should a staff member take an unexpected leave of absence. It also meant that it was not easy for the registered manager to take their allocated annual leave entitlement. It appeared that the current arrangements were not sustainable to protect the wellbeing of staff or to continue to meet the needs of its patients.

The service must provide assurance to HIW on how it can make the service sustainable in terms of staff resources to ensure it does not impact on the wellbeing of the current staff members.

Staff had access to training and development opportunities should they wish to develop their roles. We saw evidence that compliance rates among staff for their mandatory training was high at 94 per cent. Staff members received annual appraisals from the registered manager to help with their learning and development.

Workforce recruitment and employment practices

An up-to-date recruitment policy was in place that set out the arrangements to ensure recruitment followed an open and fair process. Safety checks are

undertaken prior to employment to help ensure staff are fit to work at the clinic. These include the provision of satisfactory references from a previous employer for past three years, evidence of professional qualifications and a Disclosure and Barring Service (DBS) check.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

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 - Immediate improvement plan

Service: Alliance Medical Cardiff

Date of inspection: 27 February 2024

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection.				

Appendix C - Improvement plan

Service: Alliance Medical Cardiff

Date of inspection: 27 February 2024

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	Standard/ Regulation	Service action	Responsible officer	Timescale
An Equality and Diversity for Patients and Visitors policy was in place. However, we noted that the review date was January 2024.	The service must review the policy and share the updated policy with staff once ratified.	The policy owner has reviewed the policy and the updated version will be presented to the Governance Committee on 8th May. Once approved and ratified it will be shared with the local staff	Saaid Ali, Patient Engagement Manager	08 May 2024
However, the external company were not maintaining or signing cleaning schedules to record that cleaning had taken place.	We recommend that the service ensure that cleaning records are completed and kept on file for future reference.	This was instigated straight after the inspection highlighted it. The cleaner now signs during each visit.	Melanie Jones, Centre Manager	01 March 2024

<p>The 'Managing a clean and safe imaging environment' policy was out-of-date having been due for a review in January 2023.</p>	<p>The service must review the policy and share the updated policy with staff once ratified.</p>	<p>The Managing a clean and safe imaging environment Policy has been replaced with a Waste Management Policy and Environmental Cleaning Policy, which have both been approved by the IPC Committee, ratified by Governance Committee and shared with staff.</p>	<p>Jodi Ensell, IPC Lead</p>	<p>08 May 2024</p>
<p>The statement of purpose had not been updated since 2019.</p>	<p>The service must review and update their statement of purpose and ensure it is available upon request from patients.</p>	<p>This was updated during the inspection.</p>	<p>Melanie Jones, Centre Manager</p>	<p>27 February 2024</p>
<p>The registered manager did not receive regular individual catch ups and we felt that more support was required from senior management.</p>	<p>The service must ensure that the registered manager at the clinic is appropriately mentored, supervised and supported in the delivery of their role.</p>	<p>The manager has an annual PDR and half yearly PDR. No 1:1 is diarised but can attend a weekly group meeting every Friday if staffing allows.</p>	<p>Melanie Jones, Centre Manager</p>	<p>18 April 2024</p>

<p>The contact details for HIW were not included in the complaints procedure.</p>	<p>We recommend the service adds the contact details for HIW to the Comments, Concerns and Complaints leaflet.</p>	<p>Complaints leaflet is being updated, to include HIW contact details and will be printed and made available in the clinic for patients and visitors</p>	<p>Saaid Ali, Patient Engagement Manager</p>	<p>03 June 2024</p>
<p>It appeared that the current staffing arrangements were not sustainable to protect the wellbeing of staff or to continue to meet the needs of its patients.</p>	<p>The service must provide assurance to HIW on how it can make the service sustainable in terms of staff resources to ensure it does not impact on the wellbeing of the current staff members.</p>	<p>A recruitment plan is in place for an additional radiographer, and we are currently utilising bank staff to support the service.</p> <p>We are only booking in patient numbers that are safe for the current staffing in place.</p>	<p>Melanie Jones, Centre Manager / Matt Freeman, Regional Manager</p>	<p>30 April 2024 - ongoing</p>

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: 30 April 2024