

Arden Forest Ultrasound Ltd

Arden Forest Ultrasound

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was the first inspection of this service.

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service knew how to manage safety incidents well and learn lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Services were available to support timely patient care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People accessed the service when they needed it and did not have to wait too long for a diagnostic procedure.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	

Summary of findings

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Summary of this inspection

Background to Arden Forest Ultrasound

Arden Forest Ultrasound is operated by Arden Forest Ultrasound Ltd. The service opened in 2019.

The service provides diagnostic imaging services as part of a subcontract to the NHS. There has been a registered manager in post since the service opened in 2019. The service primarily serves the communities of the West Midlands. It also accepts adult patient referrals from outside the area and private patient referrals.

Between 1 March 2021 to 28 February 2022, the service undertook approximately 2000 NHS scans and 282 private scans.

The service does not treat people under the age of 18 years.

This is the first inspection of the service since it was registered in 2019. We carried out an unannounced inspection using our comprehensive inspection methodology.

Arden Forest Ultrasound is registered with the CQC to carry out the following regulated activities:

Diagnostic and screening procedures

How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties. The onsite inspection team comprised of a lead CQC inspector, a specialist advisor with expertise in imaging and an offsite CQC inspection manager. We gave the service short notice of the inspection because we needed to be sure it would be in operation at the time we planned to visit.

We spoke with the registered manager who was also the sonographer and only member of staff at the service. We also spoke with three patients and reviewed four patient records.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Diagnostic imaging safe?

Good 

This was our first inspection for this service.

We rated safe as good.

Mandatory Training

The service provided mandatory training in key skills and made sure they everyone completed it.

Staff received and kept up-to-date with their mandatory training. The service used online training to ensure that their essential knowledge was current. The registered manager ensured they had protected time to complete training.

The mandatory training was comprehensive and met the needs of patients and staff. Online training included fire safety, health and safety, infection control, basic life support and first aid, manual handling, adults safeguarding level 3, sepsis, data protection, cyber security, diversity and conflict resolution.

The registered manager monitored their mandatory training and updated their training where necessary. The registered manager kept online records which showed at the time of inspection, their compliance with mandatory online training was 100%.

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.

Staff received training specific for their role on how to recognise and report abuse. The registered manager was the safeguarding lead and they had completed adults' level 3 safeguarding training. The service had an up-to-date safeguarding vulnerable adults and children policy. The policy provided staff with information about what is abuse and advice on what to do in the event of identifying a concern.

Diagnostic imaging

Staff who worked for the location where the clinic took place acted as chaperones for appointments. Despite not working directly for Arden Forest Ultrasound, the registered manager ensured they had received level 3 adults safeguarding training and had appropriate Disclosure and Barring Service (DBS) checks.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager had not made any safeguarding referrals however, they knew how to raise a safeguarding concern and were aware of who to contact depending on the location of the clinic or scan. If the registered manager was carrying out a clinic for an NHS provider he would use their internal safeguarding procedures.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff cleaned equipment after every patient contact. Staff cleaned the ultrasound probes in line with the service's policy. The service used a checklist which showed which areas they needed to clean before and after each clinic and between each patient. As part of the report produced at the end of the scan there was a checkbox which indicates the daily check has been completed for each patient. We saw three examples where this had been completed correctly.

Clinical areas were cleaned regularly. Staff cleaned areas including the bed and chair, ultrasound probes and the floor. The service has a policy in place which outlines what was expected to be cleaned before each clinic and between each patient.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service had personal protective equipment such as gloves and aprons readily available. All staff wore PPE appropriately.

Staff had their arms bare below their elbows, so there were no shirt sleeves or jewellery getting in the way of effective hand hygiene, as recommended by the Department of Health. Staff undertook hand hygiene audits which showed 100% compliance with the services hand hygiene policy. The audits were undertaken yearly as part of a larger audit and carried out by an external independent person from the provider.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of patients. People using the service arrived in the reception area of the clinic which included comfortable seating and a water-cooling machine. The service had allocated scanning rooms which were situated on the ground floor and were easily accessible.

Staff carried out daily safety checks of specialist equipment. The sonographer demonstrated checks undertaken of the ultrasound probes before each clinic.

Diagnostic imaging

The service had enough suitable equipment to help them to safely care for patients. The service used ultrasound machines provided by the hospital at NHS clinics, which we did not observe. The service had its own ultrasound machine which was serviced every year. The service was using its own ultrasound machine at the clinic we inspected.

Staff disposed of clinical waste safely. Staff correctly segregated clinical waste and non-clinical waste. Clinical waste disposal was provided through a service level agreement.

Staff stored cleaning materials in a locked room in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the legislation that requires employees to control substances which are hazardous to health.

Assessing and responding to patient risk

Staff identified, responded to and removed or minimised risks to patients. Staff identified and quickly acted upon patients at risk of deterioration.

Staff responded promptly to any sudden deterioration in a patient's health. In an emergency, staff knew to dial 999 for an ambulance. The registered manager had basic life support and emergency first aid training so could utilise that if required. The registered manager was also aware of the nearest defibrillator location. There were always doctors on the site and they could be called if required.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly. The service used a 'pause and checked' system, as guidance from the British Medical Ultrasound Society. Sonographers checked the full name, date of birth and first line of address with patients. Staff also checked the area of the patient's body that was to have images taken and the existence of any previous imaging the patient had received. Staff carried out risk assessments for all patients before their appointments. Patients gave written consent to the diagnostic test before their scan.

Staff knew about and dealt with any specific risk issues. The service had pre scan questionnaire which helps to mitigate risks in relation to patients pre-existing conditions and tailor appointments where necessary. The registered manager told us how any unexpected or significant findings from image reports were escalated to the referrer. If there was a higher risk level the registered manager would contact the referrer immediately. The registered manager told us dependent on the finding's, patients may need to go to the local accident and emergency department if it was needed or a referrer may need to organise a district nurse to visit a patient.

Staff had access to an external consultant radiologist for a second opinion on unexpected findings.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care.

The service had enough clinical and support staff to keep patients safe. The registered manager was also the sole sonographer for the service. There were other staff always present within the building employed by other clinics.

Support staff were supplied by the relevant clinics, this included receptionists and chaperones where required. These staff members were employed by the location where the clinic took place rather than by Arden Forest Ultrasound.

Diagnostic imaging

Records

Staff kept detailed records of patients' care and diagnostic procedures. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. Staff used an electronic patient records system to record patient's diagnostic needs. Patient records included the referral form, consent form, images and the report. We reviewed four sets of records and they were all fully completed.

Records were stored securely. All patients' data, medical records and scan results were documented on a secure patient electronic record system.

The service received referrals from NHS providers by secure email.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff emailed NHS patient reports back to the referrer via secure email promptly following the appointment. The service had a clear reporting pathway, which indicated where possible reports would be submitted to the referrer immediately following the scan, that evening and at the latest the next day. The service had a positive response for report timeliness in the referrer satisfaction survey for the clinic we inspected. For private patients, if the patient consented, staff sent a copy of the report to their GP. If the report was urgent, staff emailed the referrer immediately and telephone contact was made with the GP surgery.

Incidents

Although the service had not had any patient safety incidents, staff knew how to recognise them and were aware of the need to report incidents and near misses. The manager was aware of the need to investigate any incidents. When things went wrong, staff were aware of the need to apologise and give patients honest information and suitable support.

The registered manager knew what incidents to report and how to report them. The service had a paper-based incident reporting form. The registered manager was responsible for conducting investigations into all incidents and had access to a second opinion if required. Staff had not needed to report any incidents in the last 12 months.

The service had no never events.

Staff understood the duty of candour. They were open and transparent and were aware of the need to give patients and families a full explanation if and when things went wrong. The registered manager provided an example of an incident where duty of candour was used appropriately and the patient was informed in a timely manner. The service had a duty of candour policy which was up-to-date to support staff in undertaking this duty.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate the effective domain for diagnostic imaging services.

Diagnostic imaging

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service used up-to-date, regularly reviewed policies and procedures and best practice guidance. These followed recent guidance from the British Medical Ultrasound Society, the Royal College of Radiologists and the National Institute of Health and Care Excellence (NICE).

The service had a system that sent automatic guidance changes from the British Medical Ultrasound Society to ensure staff were aware of any new changes to policies and procedures.

Nutrition and hydration

Staff made sure patients did not fast too long before diagnostic procedures. Staff took into account patients individual needs where food or drink was needed for the procedure.

Staff made sure patients had enough to drink. Patients were given instructions to follow to prepare for their scans. For example, if patients needed to fast before an ultrasound or were required to attend their appointment with a full bladder to ensure the sonographer was able to obtain the images required.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Staff told us diagnostic imaging patients did not routinely require pain relief. Staff assisted patients into comfortable positions for imaging wherever possible.

Patient outcomes

Staff monitored the effectiveness of care. They used the findings to make improvements and achieved good outcomes for patients.

The service participated in annual peer review audits and would seek second opinions where necessary. The service had an external peer review system for patient scan reports to ensure examinations and ultrasound reports were of a high standard.

Managers used information from the audits to improve care and treatment. Learning was identified in the external annual peer review audits which the registered manager used to improve the service. There was learning identified on a scan report from the images audit conducted during 2021, which was reported in January 2022. This included advice to, 'consider documenting the name of the chaperone in all reports or somewhere in your system' as well as specific advice related to musculoskeletal, gynae and abdomen scans.' The registered manager had implemented these changes in the records reviewed.

Diagnostic imaging

Patients' scan reports were reviewed and issued to the referrer in a timely manner to ensure patients diagnostic pathway was not delayed. The scan reports have recommendations for follow up scans on every report, creating a reminder for the referrer.

Competent staff

The service made sure staff were competent for their roles. Staff engaged on continuous professional development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The registered manager had completed a post-graduate diploma in medical ultrasound. The registered manager was registered with the Health and Care Professions Council (HCPC). The provider also still practices within NHS organisations.

The manager continued to develop through continuous professional development. The registered manager continuously engaged in professional development to ensure their practice remained up-to-date.

Multidisciplinary working

Staff worked together with their referrers to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. The registered manager worked closely with general practitioners and referrers across different organisations within the NHS and in private practice in order to provide good patient care. The registered manager told us he was open to engage in multidisciplinary team meetings although he had not been asked to.

Seven-day services

Services were available to support timely patient care.

The service was available to its referrers on a regular basis and operated five days a week, usually at the same time each week. The registered manager told us they flexed the hours of operation depending on the clinical needs of patients.

The service was responsive to private patients and they were booked in a timely manner.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had a Mental Capacity Act policy that included a form to support the assessment of patients' capacity. Staff told us they had not needed to assess a patient's capacity to consent to treatment in the last 12 months.

Diagnostic imaging

Staff made sure patients consented to treatment based on all the information available. Staff explained how they gained consent for a scan. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Staff clearly recorded consent in the patients' records. The records we reviewed all contained signed consent forms.

Are Diagnostic imaging caring?

Good 

This was our first inspection of this service.

We rated caring as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw staff treated all patients in a friendly and courteous manner.

Patients told us staff treated them well and with kindness. Staff were very helpful and reassuring. We spoke with three patients following their scans who confirmed staff were kind during their appointment.

We observed three scanning appointments, where the chaperone introduced themselves and their role.

Staff followed policy to keep patient care and treatment confidential. Conversations in the scanning room could not be overheard in other areas of the building. Computer screens containing confidential information were positioned so unauthorised people were unable to see them. Screens were locked when unattended.

One of the questions on the patient satisfaction survey asked patients if they were always treated with courtesy, dignity and privacy whilst in the clinic. For all 16 patient feedback responses, the service had scored 100% for this question.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Support included giving patients as much time as they needed to discuss their concerns. Staff also spoke in a calm and reassuring way.

Patients told us staff were patient and kind and provided them with the reassurance they needed. Patients were complimentary about all aspects of the care they received from the ease of booking and the service provided by staff they met.

Diagnostic imaging

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their diagnostic procedures.

Staff made sure patients and those close to them understood their care and treatment. When the referring service booked an appointment for patients, they telephoned them to inform them of the date and time to check of their scan appointment to check whether this was convenient and explained details of any preparation they needed to do before attending. There was clear information given to private patients about the costs involved.

Patients gave positive feedback about the service. On the patient satisfaction survey one question asked, 'how would you rate your experience of the service?' Patients had rated this question as excellent for all 16 patient feedback responses.

Are Diagnostic imaging responsive?

Good 

This was our first inspection of this service.

We rated responsive as good.

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The service operated under service level agreements with local NHS and private organisations to provide ultrasound scan services.

Facilities and premises were appropriate for the services being delivered. Patients with limited mobility were able to access clinics. If patients had specific mobility issues staff would book them into the most suitable clinic. The service had parking available including a disabled space that patients could use.

The clinic was accessible to wheelchair users and had a disabled toilet with an emergency call bell available.

Patients were reminded about their appointments. Staff from the referring clinics who booked the appointments initially telephoned patients with their appointment and preparation details. A text and email reminder was sent to the patient the day before their appointment. The service referred patients who did not attend their appointment back to the referrer who followed this up with patients directly.

The clinic we visited had a comfortable seating area, with a water fountain.

Meeting people's individual needs

Diagnostic imaging

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The referral form had a box for the referrer to identify any additional needs the patient may have. In the clinic we visited, the service had signage on the scanning room toilet doors to help patients with finding their way.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Patients gave this information on the referral form and the service could make any necessary amendments in order to facilitate appointments.

Staff accommodated bariatric patients. The examination couches in the ultrasound scanning rooms had a safe working load of 320kg.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. A telephone interpretation service was also available for patients who did not speak English.

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service offered all patients scan appointments when the referring organisation allocated a timeslot during the clinic. In the clinic we visited, the service allocated enough time for each appointment in order to keep to the schedule. During our inspection, when patients arrived at the service for their appointment, they did not wait more than five minutes for their scan.

Most scan referrals were received from GPs. Clinicians within the service responsible for the scan lists triaged the referral on the day of receipt and patients were contacted by telephone to offer them an appointment.

Scan results were sent to the referring clinician within 48 hours of the scan having taken place and were mostly sent immediately following the appointment. Staff emailed urgent reports securely to the referrer within one hour of the scan. Staff then telephoned the referrer to confirm receipt. Staff asked patients to contact their GPs a week after their scans, to discuss their scan results.

Staff would support patients if they were referred or transferred between services. Staff supported any patient that needed additional medical appointments from other services urgently following the scan. They would do this by making immediate contact with the referrer if this was required or refer them to emergency care.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Diagnostic imaging

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas and on their website.

Staff understood the policy on complaints and knew how to handle them. The registered manager would immediately contact the complainant or referring service to help alleviate and mitigate their concerns as soon as possible.

Managers investigated complaints and identified themes. The service had received one complaint in the last 12 months, which the registered manager had dealt with in an appropriate and timely way in accordance with their complaints policy. The registered manager had access to an external radiologist who reviewed all clinical complaints.

Are Diagnostic imaging well-led?

Good 

This was our first inspection of this service.

We rated well led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service was managed and operated by a sole registered manager who was also the clinician. The registered manager had maintained their skills and knowledge through continuing clinical practice in the NHS.

The registered manager spoke with us about issues the service had faced in the early stages of the Covid-19 pandemic. The service did close temporarily but resumed part way into the pandemic with appropriate measures in place.

The registered manager demonstrated leadership and professionalism. They had a genuine interest in developing their abilities and skills to benefit the service. This was demonstrated by providing peer mentorship opportunities for newly qualified sonographers.

Vision and Strategy

The service had clear vision and values.

The registered managers' vision was to constantly improve this service.

The registered manager worked in a way that demonstrated their commitment to delivering high-quality care in line with the services' vision and values.

Culture

Diagnostic imaging

The service had an open culture. The registered manager was focused on the needs of patients receiving care.

There was a positive culture and attitude towards patient care. The registered manager described excellent team working with staff members from the referring clinics.

The registered manager was proud of the work that they carried out. They enjoyed leading the service; they were enthusiastic about the care and services they provided for patients.

Governance

The registered manager operated effective governance processes, throughout the service and with partner organisations.

The registered manager was solely responsible for all areas of the service as the only clinician for the service.

Leaders operated effective governance processes to support the quality of care. The registered manager had a system to ensure that the current scan protocols were correctly aligned against any new British Medical Ultrasound Society Standards.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. The registered manager ensured that there were appropriate audits and any learning was actioned. Audits were undertaken on an annual rolling programme basis. There was an external clinical audit conducted each year and an internal 'CQC five pillars' audit where the registered manager assessed the service against the CQC key questions. This audit was undertaken in January 2022 and the service achieved 100% compliance.

The service had service level agreements in place with both NHS and private providers to ensure that patients received coordinated and person-centred care.

Management of risk, issues and performance

The registered manager used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a systematic programme of clinical auditing to monitor the quality of care and risks for the service.

Clinical and non-clinical risks were identified and monitored through a risk assessment process. The registered manager would undertake a risk assessment for any new services they were starting at the clinic. Financial pressures were managed so that they did not compromise the quality of care.

The service had an up-to-date business continuity plan that operated in the event of an unexpected disruption to the service.

Information Management

Diagnostic imaging

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The registered manager had a secure login to access the service's electronic systems. This included the patient management system, patient records and the service's policies.

Clinical records were electronic. The registered manager reviewed reports and sent information from scans remotely to the referrer in a timely way to enable them to determine appropriate patient care.

The service had systems and policies to ensure the availability, integrity and confidentiality of identifiable data was maintained. Records and data management systems were in line with data security standards.

The registered manager had completed training in data protection and cyber security.

The service was registered with the Information Commissioners office (ICO).

The registered manager knew how to submit data and notifications and would do so if necessary.

Engagement

The registered manager actively and openly engaged with patients and providers.

The service's website included information about the service provided for patients which was available to NHS and private referrers.

The service had an ongoing patient satisfaction results programme. Results were consistently positive.

The service engaged with providers through a referrer satisfaction survey which helped monitor the effectiveness of the service.

Learning, continuous improvement and innovation

The registered manager was committed to continually learning and improving services.

The service had recently been accepted to provide ultrasound services at a local international sporting event.

The service used an ultrasound machine which allows the registered manager to touch the screen directly and draw and highlight any pathology or anatomy and show this to the patient.

The registered manager was working towards meeting the standards required for the Imaging Services Accreditation Scheme (ISAS).

The registered manager kept up-to-date with advances in diagnostic imaging practice via:

Attendance at British Medical Ultrasound Society (BMUS) webinars

Diagnostic imaging

Using specialist consultant gynaecologist resources

Attendance at Musculoskeletal Australia webinars and online lectures

Using Sport Medicine Ultrasound Group (SMUG) Europe resources and webinars