

## South East Ultrasound Limited

# The Annex







### 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?		Insufficient evidence to rate	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Overall summary

This location had not previously been rated. 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. They managed medicines well. The service managed safety incidents well and learned 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, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- 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 could access the service when they needed it and did not have to wait too long for treatment.
- 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.

However:

- Not all policies had been reviewed by the review date.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	We rated it as good. See the summary above for details.

# Summary of findings

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# Summary of this inspection

## Background to The Annex

The Annex is operated by South East Ultrasound Limited. The service opened at this location in January 2021.

South East Ultrasound Limited is an independent company providing diagnostic ultrasound and screening services to adults in the East Kent communities. The provider had three locations, Marlowe Innovation Centre, which is the head office and where the administration staff work, Lombard House and this location, The Annex.

The Annex offers diagnostic imaging services (non-obstetric ultrasounds) as part of a subcontract to the NHS.

The company employed two directors with one having the role of the registered manager, seven administration and information technology staff, 16 self-employed sonographers, one self-employed physiotherapist sonographer and one self-employed radiologist.

The provider also offered services at 11 mobile clinics located in GP surgeries and health centres within East Kent.

The location is registered to provide the following regulated activities:

- Diagnostic and screening procedures

The location has had a registered manager in post since January 2021.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have legal responsibility for meeting the requirements set out in the Health and Social Care Act 2008.

This location registered with the Care Quality Commission in January 2021 and this is its first inspection.

## How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector and a team inspector. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

We carried out a short-announced inspection on 29 July 2022 and inspected The Annex using our comprehensive inspection methodology.

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>.

## Areas for improvement

### Action the service **SHOULD** take to improve:

- The service should ensure all policies are reviewed by the review date.
- The service should ensure they have training, policies and systems in place to support their duty of candour.

## Summary of this inspection

- The service should ensure consumable checks are carried out more regularly to identify out of date stock.
- The service should consider having a policy for the storing of equipment when it is being stored offsite.

# Our findings





## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Insufficient evidence to rate	Good	Good	Good	Good
Overall	Good	Insufficient evidence to rate	Good	Good	Good	Good

# Diagnostic and screening services

Good 

Safe	Good 
Effective	Insufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are Diagnostic and screening services safe?

Good 

This location had not previously been rated for safe. We rated it as good.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

The mandatory training was comprehensive and met the needs of patients and staff. Training was a mixture of online and face to face.

The registered manager monitored mandatory training and alerted staff when they needed to update their training. At the time of our inspection staff were up to date with their training.

Staff we spoke with told us they could access required training in a timely manner and were given time to complete training when required.

### 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. Both directors completed level 3 safeguarding training for children and adults and other staff had completed training appropriate to their roles. One of the two directors, who was the registered manager, was the safeguarding lead.

There were systems, processes and practices to keep patients safe from abuse. The service had an up to date safeguarding policy. The policy provided information about what constitutes abuse and what to do in the event of a concern. The policy also contained information on female genital mutilation and PREVENT where people at risk may potentially be exploited for terrorist purposes. The policy had clear processes for staff to follow in the event of identifying a concern of abuse with contact details for raising a concern.



# Diagnostic and screening services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us that they could access the local authority's safeguarding team if they needed help or support. Telephone numbers for the local team were readily available but staff had not needed to use them in the last 12 months prior to the inspection.

All staff had disclosure and barring service (DBS) checks; enhanced for clinical staff and non-enhanced for non-clinical staff. The service had an automated yearly check arranged through a standing order for all staff.

## 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.**

We observed clinical areas to be clean with suitable furnishings which were clean and well-maintained during the inspection.

All staff wore face masks and there were masks available for patients and visitors. Hand sanitisers were available in all areas and we saw staff and visitors to the department using them. Staff were bare below the elbows in all clinical areas

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff cleaned the abdominal ultrasound and trans-vaginal scan probes with suitable cleaning wipes and cleaning product after every use to prevent the spread of infection. We observed the sonographers decontaminating the couch in between each patient.

The service had an infection control and prevention policy and a hand hygiene policy which were up to date.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service had adequate PPE such as disposable masks, visors, goggles, aprons and gloves.

During the inspection, the sonographers cleaned their hands according to the World Health Organisation's five moments of hand hygiene. The registered manager told us the service carried out hand hygiene audits every six months.

## 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 was situated in a self-contained single storey building joined to a main building owned by a third party. The service had its own private access to the building.

The building had a waiting area for patients, who could be overseen by reception staff. The scanning room, which was spacious allowed staff to carry out scans and imaging tasks efficiently. There was a toilet. All areas were wheelchair accessible. The fire exit was clearly signposted and easily accessible in the event of a fire requiring evacuation.

# Diagnostic and screening services

Staff told us they had enough equipment to provide safe and effective care and treatment to patients. The service's ultrasound machines were serviced annually by a third party and the service kept a log of this centrally. The scan suppliers provided a 24 call out service if a fault developed with one of the scanners. Senior staff told us in the event of a scanner fault, the service had a spare scanner and were able to flex opening times to reduce the impact of lost scan time if required.

We saw well stocked clinic store cupboards with equipment needed for ultrasound such as contact gel and paper towels.

Staff sometimes stored scanning equipment away from the location, for example, when they were taking equipment to the mobile clinics. The service did not have a policy for the safe storage of this equipment.

Staff had access to a first aid kit if required. However, not all the consumables were in date. We raised this with the director during the inspection and were told the service did not carry out consumable checks.

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

## 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.**

Sonographers had clear processes to follow and escalate unexpected or significant findings during a scan.

Sonographers were trained in basic life support in line with a service of this type. Sonographers told us they would contact 999 if an emergency situation arises on the premises.

We observed staff carrying out imaging procedures; we saw that identity checks, and imaging history were confirmed in detail. This included confirmation of name of the GP surgery the patient was registered with to ensure the report was sent to the correct surgery.

The 'Pause and Check' poster produced by the Society and College of Radiographers was prominently displayed in the scan room, reminding staff of their responsibilities to identify the patient and the anatomy under investigation and record the exposure accurately and fully. We observed staff using the Society of Radiographer 'Pause and Check' system to ensure that the right patient received the right scan at the right time.

Staff told us they had access to a radiologist for clinical advice and to review scans showing unexpected findings.

Staff shared key information to keep patients safe when handing over their care to others. If a scan was abnormal the referring clinician would be contacted immediately. Staff told us this was usually by e-mail, but direct phone contact was made if the abnormality was likely to require rapid treatment.

## Staffing

# Diagnostic and screening services

**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 registered manager regularly reviewed and adjusted staffing levels and skill mix, and gave new staff a full induction.**

The service had enough clinical and support staff to keep patients safe. Clinical staff consisted of 16 sonographers who worked various hours and across the three locations the provider operated. The two directors, who were both sonographers, led the service and had non-clinical responsibility but would also work clinically if required.

There were always two sonographers in the ultrasound scanning room. This meant staff had support if needed and the patient always had a chaperone with them during the scan.

Senior staff made sure they reviewed and adjusted staffing levels according to the number of patients booked for scans. Sonographers were rostered to work at different locations across the South East Ultrasound Limited services. This meant management would be able to flex staff at short notice if required, for example due to sickness, to meet the needs of the clinics that were running. Staff told us this worked well.

The service did not use any bank or agency sonographers.

There was a receptionist who welcomed and booked patients in when they arrived for their scan.

The service administration staff worked at the head office and were contactable by phone or email if needed.

We spoke with a member of staff who told us they received an induction when they first started work at this service.

## Records

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

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.

The service received referrals from GPs electronically. Referrals included relevant information such as patient details, the scan requested, referral reasons, a GP's name and date of referral.

Sonographers kept electronic scan images and scan reports securely on a password protected computer.

We observed staff locked the computer by password when not in use. Staff followed local and national guidance when sending scan reports electronically to GPs.

## Medicines

**The service did not store or use any medicines.**

## Incidents

# Diagnostic and screening services

## **The service knew how to raise and manage patient safety incidents should they occur.**

The service had an accident and incident policy, this was last reviewed in February 2021. The policy outlined the various incidents that would result in harm and had a form that could be used to report an incident.

Staff raised concerns and reported incidents and near misses in line with the policy. Staff we spoke with could describe the process explaining incidents were reported using a paper-based reporting system and accidents logged in an accident report book. Staff told us about a recent incident and the actions that they took, where a patient had a *transient ischemic attack (TIA)* and had to be stabilised and moved to a hospital.

Incidents were investigated by the senior leaders and discussed in team meetings to share learning and any actions needed to prevent similar incidents occurring in the future.

The service did not have a duty of candour policy and duty of candour was not covered in the accident and incident policy. However, when we spoke with staff they understood the need to be open and transparent with patients and would give patients and families a full explanation if and when things went wrong.

## Are Diagnostic and screening services effective?

Insufficient evidence to rate 

We did not rate effective as there was not sufficient evidence to rate.

## **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 protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed policies, procedures and clinical guidelines to plan and deliver according to best practice and national guidance.

Clinical guidelines and policies were developed and reviewed in line with National Institute for Health and Care Excellence (NICE), the Royal College of radiologists and the British Medical Ultrasound Society and other relevant bodies. A process was in place for policies to be updated with any new or amended guidance and for staff to be updated of any changes in practice.

Policies and protocols were available at the service's head office for staff to refer to. Certain information, such as the infection control and procedure policy and the complaints, suggestion and compliments policy, were on the computer system used at the Annex in the clinic room for quick reference for staff.

The service undertook audits to ensure healthcare was being provided in line with standards. The audit programme included general audits, for example, infection prevention and control and meeting KPIs, and more specific audits such as scan image quality.

# Diagnostic and screening services

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Awareness of the requirements of the acts was included in mandatory training.

## Nutrition and hydration

The service did not provide food for patients as they were only attending for a short time. However, patients had access to water whilst waiting for their scan.

Some patients, depending on the type of scan they were having, were required to fast (avoid food and drink) before a scan or would need to have a full bladder and therefore drink at a certain time before a scan. Patients were given this information at booking and it was also included in the appointment letter they received telling them how to prepare for their scan. Patients we spoke with confirmed this occurred.

## Pain relief

**Staff did not formally assess pain level but we saw staff asked patients if they were comfortable during the scan.**

We observed staff helping patients to comfortably position themselves during scans, by using cushions and padding, to minimise any discomfort patients may experience during the investigation. Staff also regularly checked on patients during scans to ensure they were comfortable and able to maintain the position.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment and used the findings to make improvements.**

The service used several ways to measure the effectiveness of care and treatment and to improve patients' outcomes.

The service looked at key performance indicators, such as time of appointment from referral, to make sure patients were receiving care in a timely way.

Senior sonographers carried out monthly audits on 5% of ultrasound scans to monitor the standard of image quality and scan reporting. If any issues were found these were discussed with the sonographer and if needed, taken to the error and complication meeting for shared learning with the team.

There was an annual peer review. Sonographers would monitor other sonographers for the day and report their observations. This was carried out to make sure the team were following policies and procedures required of them, and their working practices were consistent across the team.

The service used patient satisfaction forms to measure how satisfied patients were with the care and treatment received. Feedback was positive, consistent and met patient and referrers expectations.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

# Diagnostic and screening services

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The sonographers were registered with the Healthcare Professionals Council (HCPC) and the Society of Radiographers.

The service had a well-planned induction programme for newly appointed staff. This was a set programme for staff to orientate themselves with the team, expected behaviours and to be trained in the service's procedures and policies for their individual role.

Clinical staff had to complete competency training on specific areas to ensure they had the appropriate skills and knowledge to manage patients safely and effectively. Regular training updates and team training days made sure their competencies were kept up to date.

Managers supported staff to progress through yearly constructive appraisals of their work. Staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge. Staff told us they found the appraisal process useful and they were encouraged to identify any learning needs they had, and any training they wanted to undertake. Poor or variable performance was identified through the appraisal process, complaints, incidents and feedback. Staff were supported by their managers to improve their practice where indicated. Staff appraisal completion rate was 100%.

## Multidisciplinary working

The directors, sonographers and administrative staff supported each other to provide good care. Staff told us they worked well as a team and provided each other with support when required.

Sonographers could access support if they needed help regarding a scan. Directors were available either via telephone or email, if they were not on site. Staff told us they responded to queries promptly.

The service had good links with other healthcare providers in the local area. The registered manager continually worked with local GPs and the local commissioning group to improve the service offered to them and their patients. For example, the service had arranged to use the same electronic management system as the local GPs with an agreement to share patient information. This meant there would be immediate access to up to date patient information and results between the parties.

## Seven-day services

### Services were available to support timely patient care.

The service was provided between 9am and 5pm daily, Monday to Friday, and Saturday from 9am to 1pm.

Senior staff told us that if a clinic was needed outside these times, for example in the evening or on a Sunday, they had the flexibility to do so.

## Health promotion

### Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in patient areas.

# Diagnostic and screening services

Staff would signpost patients to other health services if needed.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their role and responsibility under the Mental Health Act 1983 and the Mental Capacity Act 2005.**

The service had a consent to examination policy, this included details of procedures to follow if patients lacked the capacity to consent or withheld consent. The policy was reviewed on a yearly basis and was in date.

Staff understood the importance of consent when delivering care and treatment to patients. In most cases this was verbal consent. We saw consent was recorded within patient records.

The patient ultrasound appointment letter explained how scans would be shared with NHS providers and by attending the appointment patients were consenting to this.

The service had a separate mental capacity and deprivation of liberty safeguarding policy but there was no separate Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) mandatory training, although the safeguarding mandatory training covered some aspects of MCA and DoLS.

Staff showed a good knowledge and understanding of the Mental Capacity Act 2005 and what actions to take if they had concerns about a patient's capacity.

## Are Diagnostic and screening services caring?

Good 

This location had not previously been rated for caring. We rated it 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. They took time to interact with patients and allowed time for questions.

Staff explained procedures clearly and with compassion, this meant patients were fully prepared for their procedures.

We spoke with two patients and observed two procedures during the inspection. Patients told us they felt staff treated them with dignity and respect.

## Diagnostic and screening services

Feedback received by the provider was not easy to identify for the individual locations. However, feedback at provider level showed 47 positive comments out of 52. Patients comments included “Excellent experience and caring, plus good clinical explanation”, “Sonographer was lovely and gave us all the information we needed” and “very reassuring and kind”.

Two sonographers always worked together for all procedures. One of the two sonographers acted as a chaperone and they had received training for this role.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff told us they could access translation services if required.

### Emotional support

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

Staff recognised and understood the emotional impact undergoing diagnostic procedures might have on patients and provided relevant support.

We observed staff providing reassurance and comfort to patients throughout the scan and keeping the patients informed of how the scan was progressing.

Patients were given clear details of when results would be known and who to contact, to help minimise levels of anxiety while waiting for results.

### Understanding and involvement of patients and those close to them

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

All patients we spoke with said they had received information in a way they understood.

They also told us they were kept informed of what the procedure entailed, risks, sides effects and next steps.

Patients and their families could give feedback on the service and their treatment and we saw information on how patients could do this displayed on the wall in the scan room.

Staff were aware of reasonable adjustments that could be made to ensure patients understood the information they were given. This included providing interpreters to support medical discussions within families.

## Are Diagnostic and screening services responsive?

This location had not previously been rated for responsive. We rated it as good.



# Diagnostic and screening services

## Service delivery to meet the needs of 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.**

The service was planned to support commissioners and local health economies where NHS services did not have the resources or were not meeting national standards in providing a diagnostic screening service.

Patients were offered an appointment at this location or one of its other locations in the East Kent area, whichever was more convenient for them and with a choice of day and time.

Senior staff told us they had the flexibility to add clinics if extra capacity was needed and would run clinics in the evenings and Sundays if the need arose.

Facilities and premises were appropriate for the services being delivered. The service sent out maps how to find the building and there was good signage to find the clinic when you arrived. People with limited mobility were able to access all areas of the clinic. There was free parking that patients used. The clinic was also accessible by public transport.

## Meeting people's individual needs

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

Patients' individual needs were assessed at the time of referral and when patients were booked into the service. Staff used this information to provide safe care and treatment and mitigate any possible risk to the patient. If staff identified the service could not meet the patient's needs they would let the referrer know so alternative arrangements could be made.

The service had facilities to accommodate patients who used a wheelchair or had limited mobility as the clinic operated on the ground floor. There was an accessible toilet.

Patients who had a learning disability or dementia could be admitted following the appropriate risk assessments had been carried out. Family members or their carer were able to stay for their appointment if needed by patients.

Staff could accommodate patients who were bariatric. The examination couches in the ultrasound scanning room had a safe working load of 240kg.

Patients requiring a hoist or had to attend on a stretcher could not be accommodated. This was made clear to all referrers.

A telephone interpretation service was available for patients who did not speak English.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

# Diagnostic and screening services

The service used “The Hospital Communication Book” which is a guide to help staff communicate with people with a range of different needs. It included useful information such as food and drink pictures, alphabets, pictures of procedures and body parts. Staff and patients could use this interactive guide to communicate with each other when patients attended for a scan.

The service made sure to allow an extended appointment time to suit individual needs to ensure the care they were given was unrushed, appropriate and safe.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to scan and scan to results were in line with national standards.**

GPs referred patients to the service via secure email to the administration team in the main office. The referral form included patient demographics, type of ultrasound scan requested and clinical indication. Senior sonographers within the service triaged the referral on the day of receipt. If they saw a patient required something that was not routine, they made sure support was available at the time of appointment. Patients were contacted by letter or telephone to offer them an appointment at the appropriate location.

The maximum wait time for patients to have a scan was four weeks, however patients were usually seen in two weeks. Patients who needed to be seen urgently were offered scans within three days of referral. The service monitored their wait times to make sure they were meeting their key performance indicators. At the time of the inspection the service had no waiting list and was meeting all their targets, with 80% of patients being seen in two weeks and 100% being seen within four weeks and all urgent referrals being seen within three days.

On the day of their appointments, patients booked in with the reception staff on arrival at the clinic and sat in the waiting area before being called for their scan. Patients did not wait long before being called and if there was a delay, for example if the scan prior overran, the sonographers would keep patients informed. During our inspection, when patients arrived at the service for their appointment, they did not wait more than five to ten minutes for their scan.

Post scan the sonographers would complete their written reports which were secure emailed back to the referring GP. Senior staff told us they rarely experienced patients who did not attend (DNA) their appointment. However, if a patient did DNA the referrer was informed for them to follow up with the patient.

## 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.**

There were processes to ensure patients and their relatives could make a complaint or raise concerns and were aware how to do so. The service’s website also contained information for people on how to contact the service if they wanted to make a complaint or provide a compliment. Patients could also provide feedback online.

The service’s complaints policy was in date. It had clear and detailed actions for staff to follow if a patient wished to make a complaint.

# Diagnostic and screening services

The service had received no written complaints over the last 12 months but senior staff could tell us how complaints would be investigated and any lessons learnt shared with staff.

## Are Diagnostic and screening services well-led?

Good 

This location had not previously been rated for well-led. We rated it 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.**

The service was run by two directors who were both sonographers. One of the directors held the role of registered manager. They were supported by senior sonographers who were experienced and well qualified.

Directors and senior sonographers understood and managed the priorities and issues the service faced. All worked regularly in the service, which maintained their skills through continuing clinical practice. They demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable. Staff felt well supported by their managers.

Leaders had a genuine interest in developing staff abilities and skills to benefit the service. This included supporting staff to attend study days, additional training and conferences.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and workable plans to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.**

The provider's aim was to provide high level of patient care, professionalism and quality of care in diagnostic ultrasound scanning for people living in the local area. Staff worked in a way that demonstrated their commitment to delivering a service for their patients in line with this vision.

Leaders jointly worked with primary care services, the local NHS trust and clinical commissioning groups (CCGs) to support the wider health economy and to offer services where a gap was identified. The CCGs and the service monitored progress with the use of key performance indicators, which included waiting times for an ultrasound appointment, to demonstrate success.

### Culture

# Diagnostic and screening services

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff were positive, enthusiastic and enjoyed working for the service. They felt supported, respected and valued. They told us of an open culture within the service.

All staff focused on the needs of patients. They showed kindness and consideration at all stages of the patients' contact with the service. We observed staff working with compassion and pride and there was good teamwork on the day of inspection.

The service provided opportunities for career development. For example, staff attended musculoskeletal ultrasound courses.

All staff we spoke with said they felt that their concerns were addressed, and they were easily able to talk with their managers. We were told the service promoted equality and inclusivity practices.

Leaders and staff regularly organised social events out of work as team building experiences.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The service had a governance framework in place to ensure all quality, performance and risks were understood, managed and there was oversight of the service.

The service had checks, and could effectively demonstrate, staff who worked for the service had the necessary skills and competencies to carry out their role.

The service had policies and procedures which were mostly in date and reviewed annually to make sure they were current. Performance was measured against these policies in form of audits.

Performance data was routinely collected and collated to make sure the service was delivering a quality service that benefited patients and provided a positive patient experience. The service used both senior staff and peer review to audit the quality of the ultrasound image and reports. The results from these audits demonstrated high-quality technical and professional skills.

Twice a year a governance meeting was held with the directors, senior clinical staff and the administration lead. This meeting covered operational issues such as the service performance and key performance indicators, risks, policies and protocols and trends and themes in incidents and complaints. If issues were highlighted next steps were made. Actions from these meetings were cascaded down to the team via emails and a messaging app the service used.

In addition, the service held quarterly clinical and non-clinical meetings with staff. Senior staff used these meetings to raise issues and ideas they wished to discuss with the team. If issues arose between meetings when necessary meetings would be arranged.

# Diagnostic and screening services

The service had to provide monthly performance data, such as time from referral to appointment, complaints received and serious incidents, to the clinical commissioning group (CCG). This data was used to monitor performance and to make sure key performance indicators were being met.

## Management of risk, issues and performance

**Leaders and teams 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.**

The service had a risk register, which included risks from across the organisation. The register included a description of each risk, the potential impact of the risk, alongside mitigating actions and controls in place to minimise the risk and what further action was required. Each risk was scored according to the likelihood of the risk occurring and its potential impact. Risks were reviewed regularly to ensure the leaders had oversight and were able to manage them accordingly.

The service had an up to date risk management policy and procedure available to staff which was developed to minimise risk to staff and patients who used the service.

Financial pressures were managed so that they did not compromise the quality of care.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

## Information Management

**The service collected reliable data and analysed it. 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. Data or notifications were consistently submitted to external organisations as required.**

The service collected data so it could monitor its performance and drive improvement.

Staff had access to a range of policies, procedures and guidance which was available on the service's electronic system. Staff also told us IT systems were used to access the e-learning modules required for mandatory training.

The service managed information securely. Computers and laptops used in the service were encrypted, and password protected to prevent unauthorised persons from accessing confidential patient information. All patient sensitive data was transferred via a secure, password protected email system.

Data security awareness was included as part of mandatory training for staff. Staff understood the need to maintain patient confidentiality and understood their responsibilities under the General Data Protection Regulations. The service had appointed a Caldicott guardian.

# Diagnostic and screening services

There were effective arrangements to ensure data and statutory notifications were submitted to external bodies as required, such as local commissioners and the Care Quality Commission (CQC). There was transparency and openness with all stakeholders about performance.

## Engagement

**Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

The service actively encouraged patients to give feedback to help improve services. For example, through patient satisfaction questionnaires, feedback and suggestion cards. Feedback was used to inform improvement, learning and to celebrate success.

The service had a website where patients and referrers could learn about the service offered, how to contact the service and how to leave feedback.

Care was provided by a small and well-integrated team. This meant, staff engagement happened daily. There was also regular formal staff meetings to gather staff views. Staff told us they were always listened to and leaders acted quickly on any issues and provided them with feedback.

The service continually worked with GP services, the local trust and commissioning groups to provide appropriate scans and improve the quality of referrals from healthcare professionals. They had established good working relationships with these services which helped to facilitate urgent referrals and resolving any issues occurring.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

All staff were committed to continually learning and improving services.

Leaders encouraged open conversations about learning and they made sure staff received relevant training if required. For example, staff attending musculoskeletal ultrasound courses.

The service had arranged with the clinical commissioning group to use the same electronic management system as the local GPs with an agreement to share patient information. This meant there would be immediate access to up to date patient information and results between the parties.

The registered manager was working with a university to support the training of sonographers and was an active representative with the British medical Ultrasound Society.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.