

Ultracardiac Ltd

# Scott Building

## 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 Scott Building. 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 mostly controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- 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 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.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long for appointments.
- 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:

- Ultrasound gel was decanted from large containers into smaller containers. This did not follow national guidance and increased the risk of infection.
- Although we saw evidence of individual risk assessments, the service did not maintain an overarching business risk register.
- The service had received feedback from only a small proportion of patients.

# Summary of findings

## Our judgements about each of the main services

### Service

**Diagnostic  
and screening  
services**

### Rating

**Good**



### Summary of each main service

This was the first inspection of Scott Building. We rated it as good. See the summary above for details.

# Summary of findings

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# Summary of this inspection

## Background to Scott Building

Scott Building is the main location and headquarters of the provider Ultracardiac Ltd.

It provides echocardiogram tests and reports for NHS patients. An echocardiogram is an ultrasound imaging of the heart. The service is also available to private paying patients. The service was available from Scott Building 6 days a week from Monday to Saturday, and on a limited basis from 10 other locations in the south west of England.

The Scott Building location also provided an electrocardiogram test service to private paying patients.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service employed around 18 staff, who were mostly sonographers. There were also administrative staff and a non-executive consultant cardiologist.

We had not previously inspected the service.

The service was registered to carry out the following regulated activities:

- Diagnostic and screening procedure

## How we carried out this inspection

The inspection team consisted of a lead inspector and a specialist advisor with expertise in cardiology who carried out a site visit on 2 February 2023.

The inspection was overseen by Catherine Campbell Head of Hospital Inspection.

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>.

During the site visit we met and spoke with 2 patients, and members of staff including the Clinical Director (who was also the Registered Manager), the Managing Director, the Administration Manager, sonographers and non-clinical staff.

We looked at documentation and data before, during and following the inspection.

## Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure ultrasound gel is not decanted into smaller containers, in line with national guidance.

## Summary of this inspection

- The service should ensure an overarching business risk register is kept, to record all risks.
- The service should try to obtain feedback from a higher proportion of patients.
- The service should give clear guidance for when staff are providing services to patients who may lack capacity.
- The service should ensure that staff acting as chaperones have been trained for the role.

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

# Diagnostic and screening services

Good 

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

## Is the service safe?

Good 

This was the first time we had inspected this service. We rated it as good.

### Mandatory training

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

All staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff.

Clinical staff received one full day's training each year. Topics included, but were not limited to, infection prevention and control, safeguarding adults and children, manual handling, data protection, and mental capacity. Administrative staff received training in first aid and safeguarding. Records confirmed all staff were up-to-date with their training.

Clinical staff also completed training on recognising and responding to patients with learning disabilities and autism.

Managers monitored mandatory training and alerted staff when they needed to update their training.

### Safeguarding

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

All staff received training on how to recognise and report abuse. Clinical staff received safeguarding training annually. The service had a trained safeguarding lead, and staff knew who to inform if they had concerns, despite this being needed very rarely.

A chaperone service was available if requested, and to all patients aged under 18. However, staff acting as chaperones had not been specifically trained for the role.



# Diagnostic and screening services

## Cleanliness, infection control and hygiene

**The service mostly 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. However, ultrasound gel was decanted from large containers into smaller containers, increasing the risk of infection.**

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All areas were visibly clean. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff mostly followed infection control principles including the use of personal protective equipment (PPE), hand washing facilities and sanitising hand gel were available. However, we found the ultrasound gel was decanted from large containers into smaller containers. This is contrary to guidance from the UK Health Security Agency (UKHSA) because it increases the risk of infection. The UKHSA issued a National Patient Safety Alert (PSA) in November 2021 stating large containers of ultrasound gel intended for decanting should no longer be used. Non-refillable bottles or sachets should be used instead and disposed of no more than one month after opening. We raised this with the registered manager who advised they would take immediate action to comply with the PSA.

## 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.**

Staff carried out safety checks of specialist equipment, and records showed that equipment servicing and maintenance was up-to-date.

The service had suitable facilities to meet the needs of patients' families, with sufficient free parking including disabled car parking, a comfortable waiting area and bathroom facilities.

The service had enough suitable equipment to help them to safely care for patients. We saw records that clinical equipment was regularly maintained and serviced, and non-clinical appliances including fire equipment was regularly tested.

Staff disposed of clinical waste safely using clinical waste bins which were emptied regularly.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment. Managers gave new staff a full induction.**

The service was fully staffed and sickness rates were low. At the time of our inspection there were around 18 members of clinical and non-clinical staff. We viewed staff electronic files and saw recruitment processes and checks, training and appraisals records. Staff had Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Managers gave staff a comprehensive induction appropriate to their role.

# Diagnostic and screening services

## Records

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

All patient records and referrals were electronic. Patient referral forms were sufficiently detailed and were accessible by staff when needed. Test results and patient information were stored securely and password protected.

## Incidents

There had been no patient safety incidents at the service, but staff we spoke to knew how to recognise incidents and report them. There were systems to make sure incidents were reported and investigated. Staff were open and honest and said they would have no hesitation in reporting incidents. Any reported incidents would be reviewed at quarterly directors' meetings, and any learning communicated to the staff team.

Staff understood the duty of candour and knew to give patients and families a full explanation if things went wrong.

## Is the service effective?

Inspected but not rated 

We do not currently rate effective for diagnostic and screening services.

## 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 followed British Society of Echocardiography (BSE) guidance, and all clinical staff were BSE accredited.

## Patient outcomes

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

Staff peer reviewed echocardiogram test results the same day, to reduce the risk of errors and help ensure accurate test results. The consultant cardiologist also reviewed a sample of test results, including any which showed any potential concerns. The consultant cardiologist also reviewed and reported on results of electrocardiogram tests provided to private patients.

Managers shared and made sure staff understood information from the reviews.

## 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.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All clinical staff were qualified to carry out echocardiogram and electrocardiogram tests.

# Diagnostic and screening services

Managers gave all new staff a full induction tailored to their role, and supported staff to develop through yearly, constructive appraisals of their work.

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

**Staff followed national guidance to gain patients' consent.**

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients received and understood relevant information before their tests were carried out. Staff clearly recorded consent in the patients' records.

Staff were aware of consent procedures for those aged under eighteen years old.

Staff understood the principles of the Mental Capacity Act and could access the service's policy. However, the policy did not provide staff with clear guidance how to proceed with patients who may lack mental capacity to consent to procedures.

## Is the service caring?

Good 

This was the first time we had inspected this service. 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. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff being very caring and professional with patients and putting them at ease.

Patients said staff treated them well and with kindness. The two patients we spoke with were complimentary about the staff and the service they received.

Staff followed policy to keep patient care and treatment confidential. The service carried out all tests in private rooms.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff we spoke to were sensitive to patients' individual needs and preferences.

## Is the service responsive?

Good 

This was the first time we had inspected this service. 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.**

Managers planned and organised services so they met the needs of the local population. Appointment slots allowed enough time for patients to have their tests without feeling hurried, and appointments were available on Saturdays if people could not attend during the week.

Facilities and premises were appropriate for the services being delivered. There was sufficient free parking including designated disabled parking bays. The premises were wheelchair accessible.

Staff monitored and took action to minimise missed appointments and ensured that patients who did not attend appointments were contacted.

## Meeting people's individual needs

**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 received mandatory training to support patients with learning disabilities or autism.

Staff made sure patients could get help from interpreters or signers when needed.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.**

Managers made sure patients could access services when needed and received appointments and test results within agreed timeframes. The service consistently provided appointments and test results to patients significantly more quickly than the target times set for it by NHS trusts and Integrated Care Boards.

The service operated clinics in locations throughout the south west of England, including in some remote areas, which improved access for patients.

## 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.**

The service had an up-to-date complaints policy, which outlined procedures for accepting, investigating, recording and responding to complaints about the service. Staff understood the policy on complaints and knew how to handle them, although very few complaints had been received. Staff we spoke with were able to explain what they would do if concerns were raised by patients.

The service provided facilities for patients to give feedback. Feedback from patients was very positive, however only around 10% of patients gave any feedback.

# Diagnostic and screening services

Good 

## Is the service well-led?

Good 

This was the first time we had rated this service. 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 and take on more senior roles.**

There was a clear management structure with defined lines of responsibility and accountability. The management team was passionate about the service and worked well with the team of staff. The registered manager actively engaged with staff both formally and informally in order to understand issues and to be visible and approachable.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action.**

Leaders were clear in their aim to provide high quality cardiac services. They had a vision to meet future challenges, and possibilities to expand their service geographically and provide more advanced procedures for local hospitals were under consideration.

### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Leaders had a clear, shared purpose which they described as “people-focussed” and “can do”. Staff told us they felt valued, and described the culture as “kind”. We spoke to leaders and staff who were open and honest, and keen to continually improve the experience of patients.

### 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.**

There was an effective governance structure. There were formal quarterly meetings between the clinical director, managing director, and clinical lead (the consultant cardiologist). The meetings reviewed performance of the service, including any issues with incidents, staffing, policy changes, peer reviews of test results, clinical supervision and other matters. Managers also made efforts to ensure that staff working at other locations were included in staff meetings.

Staff were clear about their roles and understood what they were accountable for and to whom, and had formal and informal opportunities to meet and discuss any issues.

# Diagnostic and screening services

## 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.**

Managers demonstrated knowledge and oversight of the service's main risks and understood the challenge of risks in terms of quality, improvements and performance. Managers had identified and mitigated specific risks, for example with regard to staffing or an interruption to business. However, there was no risk register to enable on-going monitoring of risks to the business. The service planned to introduce an overarching business risk register immediately, after discussing this with us during the inspection.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.**

The service was up to date with information governance and had data retention policies. These stipulated the requirements of managing patients' personal information in line with current data protection laws.

The service retained records in line with General Data Protection Regulations (GDPR).

During our inspection, we saw good arrangements to ensure confidentiality of accurate patient information.

## Engagement

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

Managers held regular engagement meetings with the local NHS Trusts and Integrated Care Boards which contracted services, in order to monitor performance and plan ahead.

Staff told us they felt encouraged to approach managers with ideas and suggestions for how to improve services to patients.

## 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.**

Managers were focussed on continual improvement. They were responsive to feedback from staff and patients, and had a plan to improve how they collected patient feedback. The quarterly directors' meetings looked at any findings from clinical supervisions and peer reviews of test results.

The service's culture encouraged staff to suggest changes, and staff we spoke to said they felt managers were receptive.

We noted that staff had a positive attitude to our inspection and were keen to use our findings to improve services. These included changing how the ultrasound gel was stored and used, and implementing a risk register.