

# Ultrasound Direct Southwest Coast






## Quality Report

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Date of inspection visit: 10 April 2019  
Date of publication: 10/06/2019

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?			
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

# Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Ultrasound Direct Southwest Coast is operated by Sonoview Ltd. The service has one registered location in Southampton and four satellite clinics located in Exeter, Plymouth, Poole and Portsmouth. The location in Southampton has two ultrasound scanning rooms and the satellite units each have one ultrasound scanning room.

We inspected this service using our comprehensive inspection methodology. We gave the service two weeks' notice of our inspection to ensure everyone we needed to speak with was available. We carried out the inspection on 10 April 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

### Services we rate

We rated it as **Good** overall.

We found good practice in relation to diagnostic imaging services:

- The service made sure all staff completed mandatory training in key skills.
- Staff understood how to protect patients from abuse.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises visibly clean.
- The service had suitable premises and equipment and looked after them well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available and accessible. Patients received scan reports and copies of their scans electronically before they left the clinic.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service provided care and treatment based on national guidance evidence of its effectiveness.
- The service made sure staff were competent for their roles.
- Staff worked together as a team to benefit patients.
- Staff cared for patients with compassion and dignity.
- The provider planned and provided services at this location in a way that met the needs of local people.
- People could access the service when they needed it.
- The service investigated concerns and complaints and shared lessons learnt with all staff.
- Managers leading the service had the right skills and abilities to run this service providing high-quality sustainable care.
- Managers and staff promoted a positive culture, creating a sense of common purpose based on shared values.

# Summary of findings

Following this inspection, that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

**Dr Nigel Acheson**

**Deputy Chief Inspector of Hospitals (London and South)**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

Ultrasound Direct Southwest Coast provided an ultrasound scanning service for privately paying patients over the age of 16. We rated this service as good because it was safe, caring, responsive and well-led. We do not rate effective for this type of service.

# Summary of findings

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Good



# Ultrasound Direct Southwest Coast

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to Ultrasound Direct Southwest Coast

Ultrasound Direct Southwest Coast is operated by Sonoview Ltd. The service opened in 2010. It is a private service in Southampton, Hampshire. The service also operates four satellite clinics located in Exeter, Plymouth, Poole and Portsmouth. The service primarily serves the communities of Southampton, Exeter, Plymouth, Poole and Portsmouth.

At the time of the inspection, the registered manager had resigned from their position and had applied to CQC to cancel their registration. The service had identified two members of staff to share the role of registered manager. At the time of the inspection these members of staff were starting the process to apply to the CQC for the role of registered manager.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspectors. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

## How we carried out this inspection

During the inspection, we visited the registered location in Southampton. We spoke with five staff including the

director, managers, a sonographer and a receptionist. Staff we spoke with worked across both the registered location and the satellite clinics. We spoke with five patients and three relatives.

## Information about Ultrasound Direct Southwest Coast

Ultrasound Direct Southwest Coast is a franchise company which provided private diagnostic ultrasound and screening services to the local community at the main location and four satellite units, with results on the same day. Ultrasound and screening services were available on a self-referral pre-booked basis. The service provided ultrasound services for pregnancy from early assessment scans at six weeks through to 4D and presentation scans at term. Scans ranged from diagnostic scans and assuring the baby and mother's wellbeing. The service also carried out non-invasive prenatal testing (NIPT), which involved taking a sample of the pregnant woman's blood and testing it to determine the risk that the foetus may have certain genetic abnormalities. Ultrasound Direct Southcoast West also offered self-refer and self-pay diagnostic men's and women's health scans. The service carried out scans for patients aged 16 and above at Southampton and the satellite units.

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (1 January to 31 December 2018)

There had been three incidents the service classed as serious.

- There had been no never events.
- There had been no healthcare acquired infections.



# Summary of this inspection

- There had been no transfers to other health care providers.
- In the period 1 January 2017 to 31 December 2018 there had been 41 formal complaints received and 91 compliments received in the service's guest book.

The service employed 46 staff. this included sonographers, clinical assistants and administrative staff

who worked across the main clinic and satellite units. The service did not handle any medicines and was not required to have an accountable officer for controlled drugs (CDs).

## **Services provided at the service under service level agreement:**

- Pathology services
- General domestic cleaning

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed assessments for each patient and took action when they identified risks.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available for staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

**Good**



### Are services effective?

We do not rate effective for this type of service.

- The service provided care and treatment based on national guidance evidence of its effectiveness.
- Staff assessed patients' pain and acted to reduce levels of pain.
- The service had processes to monitor the effectiveness of the service provided.
- The service made sure staff were competent for their roles.
- Staff worked together as a team across the five clinic sites to benefit patients.
- The service was available seven days a week across the location and satellite units.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

### Are services caring?

We rated it as **Good** because:

- Staff cared for patients with compassion and dignity.
- Staff provided emotional support to patients to minimise any distress.

**Good**



# Summary of this inspection

- Staff involved patients and those close to them in decisions about their care.

## Are services responsive?

We rated it as **Good** because:

- The service planned and provided services in a way that met the needs of the local people.
- The service took account of patients' individual needs and put them at the heart of services.
- People could access the service when they needed it.
- The service investigated concerns and complaints and shared lessons learnt with all staff.

**Good**



## Are services well-led?

We rated it as **Good** because:

- Managers leading the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had clear aims for what it wanted to achieve, and workable plans deliver them.
- Managers and staff promoted a positive culture, creating a sense of common purpose based on shared values.
- The provider systematically improved service quality and safeguarded high standards of care.
- The provider had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The provider collected, managed and used information to support all its activities, using secure electronic systems with security safeguards.

**Good**








# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

# Diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Mandatory training included basic life support, violence and aggression, data protection, management of complaints and conflict, fire safety, control of substances hazardous to health, equality and diversity, duty of candour and consent, serious incidents and escalation, chaperone procedures, whistleblowing and health acquired infections.
- The service had set a target of 100% compliance with all mandatory training. Information submitted to CQC by the provider in February 2019 showed 80% of staff had completed training about health and safety topics, 80% of staff had completed training for safeguarding children and 83% of staff had completed training about safeguarding vulnerable adults. However, all staff we spoke with said they had completed all their mandatory training.
- The service held records of staff training in a training record folder. We reviewed the detail in the folder. There was evidence that training on the mandated topics had been made available to staff. There was evidence the service alerted staff by email correspondence about their requirement to complete the mandated training. However, the structure of the records made it difficult to identify the members of

staff who had completed the mandated training subjects. The two members of staff who were proposing to take on a shared manager role had identified this as an area that needed improvement.

### Safeguarding

- **Staff understood how to protect patients from abuse.** Staff had training on how to recognise and report abuse, and they knew how to apply it.
- All staff were required to complete adult and child safeguarding training to level 2. Conversations with staff showed they had a good understanding about how to recognise possible abuse and knew what actions they must take if they suspected someone had been subject to abuse. Information provided by the service before the inspection showed that in February 2019, 80% of all staff had completed level 2 adult safeguarding training and 83% had completed level 2 children safeguarding training. All staff we spoke with said they had completed safeguarding training.
- The service had taken account of the intercollegiate framework and the Government's guidance "Working Together to Safeguard Children." There were four members of staff who had completed child safeguarding training to level 3. Staff said they had access to safeguarding lead within Ultrasound Direct (the company the service was a franchise of) who was trained to level 4 for additional support and advice.
- Discussion with staff, indicated they had a good understanding about child sexual exploitation and female genital mutilation (FGM), in relation to safeguarding people from abuse. They understood their legal responsibilities to act in the case of suspected FGM and child sexual exploitation.

# Diagnostic imaging

- The service had a named lead for children and adult safeguarding. Staff we spoke with knew who the lead was and how to contact them.

## Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, equipment and the premises visibly clean. They used control measures to prevent the spread of infection.**
- All equipment and the environment of the service looked visibly clean and free from dust.
- Staff followed cleaning processes to ensure all equipment was cleaned between each patient contact. Staff completed check lists to evidence cleaning was completed. Staff used paper towels to cover the examination couch during ultrasound procedures, which was changed between each patient.
- Ultrasound equipment was clean and sterilised following national guidelines between each patient contact. Staff described the process they followed, which met the service's policies and procedures.
- Staff were bare below the elbow and wore protective personal equipment (PPE), such as gloves, appropriately. There were hand wash basins in the imaging rooms. We observed staff washed their hands prior to carrying out any patient contact.
- The service had assessed risks associated with infection control. These included assessments of the risk associated with dealing with body fluids, blood, vomit and urine.
- The service had contracts with external cleaning companies to carry out general cleaning of the environment of both the location and the satellite clinics.
- The service carried out audits of infection control and prevention standards. The last was carried out in February 2019 and indicated no concerns were identified with infection control practices.

## Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**

- Ultrasound Direct Southwest Coast in Southampton was in a shared building with other businesses.
- Ultrasound Direct Southwest Coast in Southampton had its own reception area, administration office, waiting area and two ultrasound rooms. The service reported the environments of the satellite units had similar facilities and were suitable for the delivery of the service.
- The service carried out annual risk assessments of the environment at the main location and the satellite units. The provider acted to lessen any risks or hazards identified by the risk assessments.
- The facilities of Ultrasound Direct Southwest Coast were locked when not in use, so the area was not accessible to other users of the building. The department was fitted with intruder alarms which were activated and monitored when the service was closed.
- There were toilet facilities available for patients attending the service. Curtains in the scanning rooms provided privacy for patients who had to change for their scanning procedures.
- All diagnostic imaging equipment was serviced annually, and contracts were arranged to provide prompt servicing and replacement of faulty equipment. Electrical equipment was safety tested annually.
- Staff completed competency assessments to demonstrate they had the knowledge and skills to use the equipment safely.
- Emergency first aid equipment was accessible, and staff received training about who to use the equipment.
- Consumable equipment was stored in secured areas. Processes for ordering and replenishing consumable equipment meant there was enough equipment available at the main location and satellite units.
- Waste was handled and disposed of in a way that kept people safe. There were waste, and sharps bins available. When not in use, staff locked sharps bins away in the storage area.
- Appropriately trained staff followed set processes for labelling, storing and processing blood samples. The

# Diagnostic imaging

service had an agreement with an external pathology company for testing of blood samples, which supported the tracking of the samples sent for processing.

## Assessing and responding to patient risk

- **Staff completed assessments for each patient and took action when they identified risks.**
- Staff followed the British Medical Ultrasound Society practitioner check list for ultrasound examinations 'pause and check' processes to ensure the right person received the right ultrasound investigation at the right time. Staff checked each patient's identity, confirmed the package the patient had booked and confirmed with the patient what the scan package included.
- The service had processes that staff followed in the event of untoward findings during the ultrasound scan process. This included advising the patient to contact their GP, referring patients on to the local NHS early pregnancy unit and advising the patient to contact their midwife. Referral processes to early pregnancy units differed dependant on which unit the patient was referred to. Staff knew about the different referral processes.
- If a growth or anatomical abnormality was found during any pregnancy scan, a full growth report with supporting images was carried out and given to the patient to share with their health care professional.
- All pregnant women who attended the service for ultrasound scans were advised by the sonographer performing their scan to continue to attend their NHS scans as part of their maternity pathway.
- All staff working for the service were required to complete basic life support (BLS) training. Staff we had conversations with confirmed they had completed BLS training. In the case of a medical emergency staff called the emergency services via a 999 call as per the services processes.

## Staffing

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

- There were no medical staff or nurses employed at Ultrasound Direct Southwest Coast. Sonography staff were either radiographers or midwives who had completed additional training to carry out ultrasound examinations.
- Although sonography and support staff mainly worked at either the location or one of the satellite units, staff would work across all units to ensure enough staff to meet the demands of the service.
- The service used local demographic data to determine the number of scans likely to be booked to identify the number of staff and ultrasound sessions required for each unit.
- The service did not use agency staff. To cover unexpected staff absence, staff worked flexibly to cover shifts over the location and satellite units or clinics were rearranged with patients having the choice to rearrange their appointment for an alternative date or have their scan carried out at one of the other units.

## Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up to date and easily available for staff providing care.
- Staff followed the service's reporting guidelines. This provided clear instruction to staff about the detail required in reports and how they should be worded so patients understood the report.
- The service held all patient records electronically. Patient records were uploaded to a 'cloud based' record keeping system. Patients received copies of their reports and scans electronically before leaving the premises.
- When requested by the patient the service provided paper copies of reports and scans for health professionals such as the patient's GP or midwife.
- Reports and scans about any unexpected findings were printed and given to the patient to share with relevant health care professionals.
- The service carried out record keeping audits to identify any areas of improvement and promote consistency across the service carried out at the location and the satellite units.

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## Medicines

- Staff did not store or administer medicines at this service.

## Incidents

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately.
- Staff knew how to report incidents using the service's incident reporting procedure. They understood the types of incidents that needed to be reported.
- There had been three incidents across the service (the location and satellite units) reported in the twelve months prior to the inspection. Our review of records showed these were investigated and, where appropriate, learning was shared across the organisation through email communication, discussion and staff newsletters.
- Discussion with staff evidenced they understood their responsibilities towards the Duty of Candour legislation. Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The service reported they had no need to invoke the duty of candour process in the 12 months preceding the inspection.

## Are diagnostic imaging services effective?

Not sufficient evidence to rate 

## Evidence-based care and treatment

- **The service provided care and treatment based on national guidance evidence of its effectiveness.**
- The service based its policies and procedures on the National Institute for Health and Care Excellence (NICE) guidelines for the ultrasound examinations they performed and on the Royal College of Obstetricians and Gynaecologists (RCOG) guidance.

- Most policies and procedures were developed by the organisation that Ultrasound Direct Southwest Coast was a franchise of. However, staff said they could directly influence the review and development of the policies and procedures. The service adapted the policies to meet the needs of the service and local populations.
- Staff had access to policies and guidelines electronically. There were processes for regularly reviewing and updating policies. There were processes for regularly reviewing and updating policies.

## Nutrition and hydration

- Warm and cold drinks and snacks, such as biscuits, were available for patients.

## Pain relief

- **Staff assessed patients' pain and acted to reduce levels of pain.**
- The service did not provide pain relieving medicines. However, the use of pillows and positioning of patients supported reduction of any discomfort patients might experience during ultrasound examinations.

## Patient outcomes

- **The service used processes to monitor the effectiveness of the service provided.**
- The service had a programme of audits, two of which supported monitoring of the effectiveness of the service.
- The service carried out peer reviews on 5% of the sonographer's ultrasound reports. This was to provide assurance about the quality, accuracy and consistency of reporting across the service. This met the guidance by the British Medical Ultrasound Society about the number of peer reviews that should be carried out.
- Annual complaints audits identified areas of the service where patients did not feel outcomes met their expectations. This supported the service to identify and act on areas for improvement.

## Competent staff

- **The service made sure staff were competent for their roles.**



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- All staff using the ultrasound equipment were trained radiographers, with a Health and Care Professional Council (HCPC) registration or registered midwives with a Nursing and Midwifery Council (NMC) registration. The service held records which showed when staff needed to renew their registration with the HCPC or NMC. This ensured the service only employed professionally registered staff to carry out ultrasound examinations.
- Staff who carried out blood tests completed venepuncture training at a recognised professional training facility. This ensured patients had blood tests carried out by staff who had the skills and competencies to do so safely.
- The service followed recruitment policies that included checks with the Disclosure and Barring Service (DBS), obtaining of references and interviews. This gave the service assurance staff had the necessary skills and experience and were suitable to work in a health care environment.
- Staff received annual appraisals. Between March 2018 to March 2019, across the service (the Southampton location and the satellite units), 92% of staff had a completed annual appraisal. These meant three staff out of 46 staff did not have an appraisal completed in that 12-month period.
- All new staff completed an induction programme and worked under supervision until they had completed induction.
- All sonography staff completed competency assessments, which provided assurance they had the skills and knowledge to use the equipment and carry out ultrasound examinations.
- Some sonography staff completed training to equip them with skills to carry out specific ultrasound examinations, such as ultrasound of testes and scrotum, abdominal aorta scan, carotid scan and scans to identify peripheral arterial disease.

## Multidisciplinary working

- **Staff worked together as a team to benefit patients.**
- The service worked to develop links with local external organisations to improve patient pathways,

particularly with the NHS in the event of unexpected findings. Discussions with staff evidenced links with individual departments such as early pregnancy assessment units (EPAU) and antenatal screening departments.

- The service encouraged women to bring their hand held pregnancy records to appointments, so in the event of unexpected findings, contact could be made with the relevant midwife.
- Staff followed processes to ensure woman accessed foetal medicine services if necessary, following findings of scans and non-invasive prenatal testing (NIPT) tests.
- The service had a contractual agreement with a pathology service that did the NIPT testing. This included plans for tracking of the sample and receipt of result.
- Following general scans (not pregnancy related) reports detailed either “no further action” or “medical follow-up recommended”. In the event of the outcome being “medical follow-up recommended”, with the permission of the patient, the report and scan were sent to their GP for action.

## Seven-day services

- **The service was available seven days a week across the location and satellite units.**
- The core hours of business at the Southampton location were Monday to Friday 9am to 5pm, Saturday 9am to 4pm and Sunday 9am to 4pm. Across the location and four satellite units appointments could be made available into the evenings to enable patients attend after working hours.

## Health promotion

- Health promotion literature about healthy pregnancy was available for patients to view.

## Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- Staff understood their responsibility to gain consent from patients. They recognised and respected a

# Diagnostic imaging

patient's choice if they chose not to have any imaging when they arrived for their appointment. Staff followed a structured process to gain and record consent and permission from patients prior to the ultrasound examinations.

- Staff explained the imaging procedure to patients and obtained additional verbal consent before proceeding with the ultrasound examination.
- Staff were aware about their responsibility in relation to patients who lacked mental capacity. They said if they had any concerns about a patient's capacity to understand the ultrasound procedure, they would not proceed with the procedure and seek permission to contact the patient's GP for assessment.
- Staff understood that patients over the age of 16, but under the age of 18, who passed the 'Gillick test' to demonstrate they had capacity to provide consent to treatment, could legally give consent and permission for ultrasound examinations. However, in practice staff sought consent and permission from both the patient and their parent before proceeding with the ultrasound procedure. Staff told us there had been no instances where patients under the age of 18 years had attended the clinic without a parent supporting them. They had not experienced any situations where the patients and their parent were not in agreement with the carrying out of the proposed examination. Staff understood that in this situation they needed to apply the principles of Gillick competence to test whether the patient had capacity to provide consent to treatment.

- People told us they were treated professionally and with courtesy. They commented staff were friendly and helped them feel relaxed and reassured. They said staff introduced themselves which they appreciated.
- Staff ensured patients had privacy. For patients who needed to change for their imaging, there was curtained screening in the imaging rooms to provide privacy.
- The service had a chaperone policy and all patients had the opportunity to request a chaperone which was accommodated.
- Staff explained they allowed plenty of time for patients and took account of their concerns and respected their decisions.
- Patients comments received from thank you messages and patient surveys were displayed on a notice board. Comments included "friendly staff" and "very friendly, make you feel relaxed."
- The position of the reception area meant conversations at the reception area were not overheard by patients in the waiting area.

## Emotional support

- **Staff provided emotional support to patients to minimise any distress.**
- Staff offered a personal approach to their care and helped patients to relax if they were anxious.
- Patients told us staff were very reassuring and helped to relieve their anxieties. They commented that staff had the time to explain and provide reassurance and that the service was worth every penny for the reassurance it provided. Comments displayed from patients included "make you feel relaxed when it can be a very stressful time."
- Discussion with staff indicated, that in the event of unexpected findings during a scan, additional time was given to the patient to help them understand the findings and understand the next steps such as referral to early pregnancy units, foetal medicine services or access their GP services. Staff used a range of information to signpost patients to appropriate support agencies in the event of unexpected findings.

## Are diagnostic imaging services caring?

Good 

### Compassionate care

- **Staff cared for patients with compassion and dignity.**
- Feedback from patients we spoke with confirmed that staff treated them well and with kindness.

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

- **Staff involved patients and those close to them in decisions about their care.**
- Patients said the sonographer described the imaging process in a way they understood.
- Detailed information about the available imaging processes were detailed on the organisation's website. This included the price list, so patients knew what they had to pay for their imaging.
- In the event of unexpected findings during a scan, staff explained to patients and made sure they understood the reasons for referral on to other health care services.

## Are diagnostic imaging services responsive?

Good 

## Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of the local people.**
- Ultrasound Direct Southwest Coast was not commissioned to provide any NHS services. It solely provided a service to patients paying privately.
- The environment was appropriate and comfortable for patients. There were play facilities for children accompanying patients. Patients we spoke with were consistently positive about the environment and organisation of the service.
- All appointments were by appointment only. Patients made appointments either by the online booking service or telephoning the service.
- Across the location and satellite units, the service was open seven days a week. This gave patients choice of days, times and clinics they could attend.

## Meeting people's individual needs

- **The service took account of patients' individual needs and put them at the heart of services.**

- The service could arrange appointments to suit the specific needs of patients, for example taking into consideration their work commitments or travel constraints.
- The imaging equipment was located on the ground floor and was accessible for people with limited mobility. The service did not have mobility aids such as hoists. Staff said they had not had any incidents where a patient needed a hoist to access the ultrasound table. Ultrasound tables could be lowered to assist patients access the table and there was enough room in each the scanning rooms for patients using wheelchairs to manoeuvre next to the couch to transfer themselves to the couch.
- The service used online translation services to support patients whose first language was not English. Staff explained the learning they had taken from supporting a patient who was deaf and a British Sign Language (BSL) user. This included booking a double appointment for them and asking them to bring a British Sign Language interpreter with them.
- The service provided examples about how they supported people with impaired vision to have a clear viewing of the ultrasound pictures.
- Scanning rooms were arranged so patients could have family members accompany them and view the scans at the same time as the patient.
- Written information about the service was available at the clinic. This was in English and languages most commonly used by the population living in the local area.
- Information about the service provided by Ultrasound Direct Southwest Coast, including information about the ultrasound imaging available, frequently asked questions, such as how long to expect to wait and how long till results were available, was detailed on a website developed and provided by the franchising company. However, information on this website was only in English. This meant information on the website was not fully accessible to patients who did not a good understanding of the English language.

## Access and flow

- **People could access the service when they needed it.**

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- The service offered appointments that patients could make by telephone or through the online booking system.
- The service projected demand for pregnancy ultrasound scans using publicly available local population data, and the service's historical data, that indicated the service scanned about 25% of the local population. Clinic opening times and staffing were planned according to this data.
- The service did not have a waiting list. The service could decide to see patients at the start or end of a list if a patient requested a scan urgently for example if the patient had concerns about lack of foetal movement.
- Patients received their ultrasound reports and scans before they left the clinic.
- The service acted to ensure appointments were carried out at the pre-booked time. Patients said their scans were carried out at the appointment time.
- Out of hours information about how to access ultrasound services was displayed on the entrance door, practice leaflet and telephone answer machine. This included how to access urgent and emergency support.
- The service had a prioritising system for booking appointments which ensured patients who required urgent scans, for example patients experiencing first trimester bleeding and cramping or reduced foetal movement, had scans carried out in a timely manner.
- Between 1 January 2018 and 31 December 2018 around 30 patients had their appointments delayed for non-clinical reasons. This was due to adverse weather conditions and all appointments were promptly rescheduled to meet the needs of the individual patients. There had been no cancellations of procedures in the same period.
- There had been 41 formal complaints received by the service in the period 1 January 2018 to 31 December 2018. This equated to a total of complaints received from 0.3% of all scans carried out. All complaints were responded to using the service's complaints process.
- The service carried out annual audits of all complaints received. The main themes identified from the 2018 audit was staff not being friendly or attentive enough and waiting times. The service acted on these themes. They made changes to the booking processes and reminded staff through discussion and email correspondence about the behaviours expected from them.
- There was a named member of staff responsible for investigating and responding to complaints.
- 'How to make a complaint' leaflets were available for patients. Patients could also raise concerns through the service's website and social media feedback processes.

## Are diagnostic imaging services well-led?

Good 

### Leadership

- **Managers leading the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- At the time of the inspection the registered manager had left employment and had applied to CQC to cancel their registration as manager of the service. The provider had identified two members of staff to take on a shared role as manager of the service and submit applications to the CQC to be registered managers of the service. There was no evidence the vacant registered manager post had adversely affected the running of the service.
- The two managers had clearly defined roles. One was responsible for the management of the clinical provision of the service. The second had responsibility for the administrative management of the service. They had managerial responsibility for the location and the satellite units.

### Learning from complaints and concerns

- **The service investigated concerns and complaints and shared lessons learnt with all staff.**

# Diagnostic imaging

- Staff said that both the managers and the service's director were approachable and supportive.

## Vision and strategy

- **The service had clear aims for what it wanted to achieve, and workable plans deliver them.**
- The Ultrasound Direct Southwest Coast statement of purpose set out the aims and objectives of the diagnostic imaging services. This detailed that "Ultrasound-Direct Southwest Coast is a franchise company which provides affordable, easy to access, private diagnostic ultrasound and screening services to the local community with results on the same day. Ultrasound and screening services are available on a self-referral pre-booked and referred basis." The aims and objectives related to the location and the satellite units.
- The service had a set of core values to support the delivery of aims and objectives of the service. These were improving the experience of patients, improving patient care and safety, ensuring clinical excellence and effectiveness, and valuing our staff and partners.
- Staff demonstrated in conversations a commitment to the aims and objectives of the service.

## Culture

- **Managers and staff promoted a positive culture, creating a sense of common purpose based on shared values.**
- Discussion with staff indicated, that the culture of the organisation was of a professional team striving to deliver excellent patient care. Although staff worked across five different sites, and for many staff working for Ultrasound Direct Southwest Coast was not their main place of employment, staff said there was an emphasis on working as a team rather than as individuals working at different sites.
- Staff said they felt well supported. For example, shift rotas were set four weeks in advance and accommodated staff's other work and personal commitments.
- The service operated a no blame culture had had a whistleblowing policy. Staff said they could ask questions, raise concerns and were respected.

- The service had a duty of candour policy and staff evidenced in discussion a good understanding about their responsibilities towards the duty of candour legislation.

## Governance

- **The provider systematically improved service quality and safeguarded high standards of care.**
- The service had structures in place across the location and satellite units to deliver safe and caring services. These included systems for reporting incidents and accidents, auditing performance, appraising staff and reviewing policies.
- The service had processes to monitor the working arrangements with an external pathology service that tested and reported on the blood samples taken by the service.
- Peer review of ultrasound reports supported consistency and quality of reporting.
- The service held formal governance meetings annually, where all aspects of the running of the serviced were reviewed and actions for improvement and development were identified. The service reviewed the actions for improvement on a less formal basis throughout the year. Information from formal and informal governance meetings were shared with staff through email communication and face to face discussions.

## Managing risks, issues and performance

- **The provider had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- Although the service did not have a formalised risk register, they completed risk assessments across the location and satellite units for all aspects of the delivery of the service, including environmental risk assessments and assessments of risks related to working practices. Assessments detailed actions taken to lessen risks and dates for review of the assessments.



# Diagnostic imaging

- Staff had completed environmental risk assessments for all areas of the diagnostic centre, these included the actions taken to lessen any identified risks and the date for review of the risk assessment.
- The director described the top three risks to the service as being challenges to the business from providers of other similar services, unexpected staff absence due to sickness and failure of equipment. The director described how the service addressed these risks to ensure the service continued to be delivered. This included the availability of a mobile ultrasound scanner that could be delivered to any of the satellite clinics within three hours, relocation of staff to clinics or relocation, at the company's expense, of patients to alternative clinic sites.
- The service had a programme of audits, including audit of complaints and records to monitor performance of the service.

## Managing information

- **The provider collected, managed and used information to support all its activities, using secure electronic systems with security safeguards.**
- Patient data was held on electronic records, which could be accessed by staff working across the various clinic sites. Access to electronic records were password protected.
- Most management information was also held electronically and could be accessed by relevant staff across all the clinic sites.
- Reports and images were shared with patients before they left the clinic. Patients were given electronic codes to access their reports and scan images that were stored on a secure cloud-based system.

- Where unexpected findings needed GPs or midwives to be notified, this was only done with the patient's permission. In this situation copies of the reports and scan images were given to the patient to hand over to their GP or midwife.

## Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- Patient feedback was requested three days after their appointments through an automated web-based review. Patients could also give their views about the service through suggestion boxes at the clinic, the comments and visitor book at each clinic and through reviews on social media. The service gave examples where they had made changes or alterations to the way the service was delivered in response to patient comments. This included baby changing facilities and privacy curtains or screens in ultrasound rooms.
- Communication with staff was through a variety of sources including email correspondence, communication folders at the clinics, a closed social media group and midyear meetings when business development of the service was discussed.

## Learning, continuous improvement and innovation

- **The provider was committed to improving services by learning from when things went well or wrong and by promoting training.**
- The service took account of patients comments and made changes to improve the service in response to their comments. This included staff training about breaking bad news and training about the timing and reporting of scans for patients having fertility treatment.
- The service took account of the demographics of the local populations by introducing information leaflets and booklets in different languages.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should consider working with the franchising company to make information on the website accessible to people who do not speak or understand English.