

Sonoworld Diagnostic Services Limited

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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?

Requires Improvement



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

We carried out an inspection of Sonoworld Diagnostic Services Limited using our comprehensive methodology on 31 October 2022. This was the first time we inspected the service. We rated it as good because it was caring, responsive, and well led. We rated safe as requires improvement. We do not rate effective for this type of service.

We have not previously rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills. Staff assessed risks to patients, acted on them and kept good care records. The service understood how to manage safety incidents.
- The registered manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. 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 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 appointment.
- Leaders ran services well using reliable information systems. Staff understood the service's vision and values. 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 staff were committed to improving the service.

However:

- The service did not manage clinical waste well.
- Not all the furniture within the clinic was easily wipeable.
- The service did not store and dispose of some of the confidential waste in line with their information governance policy.
- The service did not store some Control of Substances Hazardous to Health (COSHH) items securely.
- The service had not implemented all the actions from the health and safety risk assessment carried out by the external company in August 2022.

The service kept minimal record of pre-appointment checks.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	

Summary of findings

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Summary of this inspection

Background to Sonoworld Diagnostic Services Limited

The service was an independent ultrasound scanning service which provided musculoskeletal, abdominal, gynaecological, head and neck, breast and variety of vascular scans. The service was based in central London and provided services to private patients over the age of 18 years.

The service was registered for the following regulated activity:

- Diagnostic and screening procedures

This is the first time we have inspected this location. The director of the clinic was the sole sonographer working. A registered manager has been in place since the service first registered with the CQC.

Between September 2021 and October 2022, the service has conducted 1730 ultrasound scans. The top ultrasound scanning areas were; abdominal, pelvis and thyroid/ neck.

How we carried out this inspection

We conducted a short-announced inspection on the 31 October 2022 followed by staff interviews on 1 and 3 November 2022. This inspection was conducted using CQC comprehensive methodology. The inspection team consisted of a lead inspector and a specialist advisor. During the inspection we visited all areas of the service. We spoke with both members of staff which included the sonographer and the registered manager. We spoke to three patients. We checked three records.

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

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

- The service must have an effective system in place for waste segregation including using the correct type of bins to dispose of general and clinical waste. (Regulation 12)
- The service must follow their information governance policy to store and dispose of the confidential waste. (Regulation 17)
- The service must store all Control of Substances Hazardous to Health (COSHH) items securely. (Regulation 12)

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

- The service should implement all the actions from the health and safety risk assessment carried out by the external company in August 2022.

Summary of this inspection

- The service should ensure that all furniture within the clinic is easily wipeable.
- The service should keep detail records of pre-appointment checks.






Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Requires Improvement 

We have not previously rated this service. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff.

The mandatory training was comprehensive and met the needs of patients. We saw training management records which indicated staff completed training modules tailored to their roles.

The mandatory training was suitable to the service provided and met the needs of patients and staff. Topics completed included infection prevention control, intermediate life support, safeguarding adults and children, consent and handling information.

Safeguarding

Staff understood how to protect women 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 roles on how to recognise and report abuse. The staff member we spoke with knew to raise any concerns initially with their sonographer, who escalated it to the registered manager. The registered manager acted as the safeguarding lead for the service.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Both staff were trained to level three for safeguarding adults and children in accordance with national guidance. Staff were aware of policies and procedures in identifying female genital mutilation (FGM). None of the staff could recall the need to raise a safeguarding concern in the last year.

Cleanliness, infection control and hygiene

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

Diagnostic and screening services

All staff had received mandatory training in infection prevention and control (IPC) and we saw an IPC policy that complied with national guidance.

All areas we inspected were visibly clean, tidy and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and indicated that areas were cleaned regularly. We noted that flooring and chairs were made from easy clean materials except the privacy screen in the clinic, which was not made from easy to clean material and not compliant with IPC guidance. We informed the provider who took immediate action to replace it and we saw evidence of this.

We observed hand washing posters displayed near sinks. Antimicrobial hand-rub dispensers were sited at strategic points and these all contained gel.

Staff were wearing either scrubs or short sleeved uniform, which indicated the service followed 'bare below the elbows' guidance.

We saw a spill kit located in the clinic, to assist staff safely clean any fluids from floors or work tops.

Environment and equipment

Staff did not manage some clinical waste well. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.

Staff did not segregate the clinical waste from general waste. Staff were disposing all type of waste in a general waste bin. The clinical waste bin within the clinic was filled with mix of empty and filled orange waste bags, which indicated that staff were not using the clinical waste bin appropriately. The service was not using the correct type of bins to dispose of general and clinical waste. There were touch bins for general and clinical waste, which meant that for clinical and non-clinical waste staff had to touch the bin to operate, which was a risk for infection and not in line with infection prevention and control (IPC). We informed the provider who took immediate action to replace it and we saw evidence of this.

We saw that the external bulk clinical waste bin was locked and secured, which reduced the risk of tampering or pilferage. The clinic had a service level agreement with an external company for waste collection and disposal.

The design of the environment followed national guidance. The clinic had access to a resuscitation trolley and a first aid box belonging to another provider within the premises. Both the registered manager and the sonographer had completed intermediate life support training or first aid training.

Fire safety equipment and evacuation signs were sited at strategic points throughout the clinic and we saw smoke and fire alarms fitted. We saw that an external contractor had completed a health and safety risk assessment including fire equipment safety checks in August 2022. Several areas of improvement identified from that assessment were still outstanding, for example, we saw fire extinguishers were not wall mounted and were blocked by other equipment in the corridor. The registered manager informed us that they were working with the building Landlord to rectify and building contractors were due in two weeks' time to fix those issues

The scanning room was spacious and had lighting which dimmed to allow ultrasound scans to be clearly seen on a wall mounted visual display unit.

The sonography couch was electrically adjustable and had an electrical safety test label affixed.

Diagnostic and screening services

All other items such as the scanner had completed records of calibration and servicing, which were undertaken by the manufacturer under a maintenance contract

We found some cleaning products out of date and stored in an unlocked cupboard within the clinic. These were not covered by the Control of Substances Hazardous to Health (COSHH) risk assessments provided by the service. There were insufficient control measures in place to prevent or reduce exposure to these hazardous substances. We informed the provider, who took immediate action and moved all cleaning products to a lockable cupboard.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration. Staff completed and updated risk assessments for each patient and removed or minimised risks. However, staff did not keep minimal record of pre-appointment checks carried out over telephone.

The sonographer described how the service assessed patients and we saw examples of completed risk assessments in the patient records we reviewed. However, the clinic keep minimal record of the telephone pre-appointment checks carried out by the staff. Post inspection, we were informed that a formal checklist has been put in place to keep a record of the per-appointment telephone call.

The service had a deteriorating patient protocol that followed national guidance. Staff knew what to do in an emergency and we saw that all staff had completed training in basic life support.

The service had clear processes to escalate unexpected findings and would liaise with the referring clinician if there were any unexpected results.

Staff completed risk assessments for each patient on admission. Staff shared key information to keep patients safe when handing over their care to others.

Staffing

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

The service had enough sonography staff to keep patients safe. The service had a full-time sonographer who was also the director of the company. The registered manager worked part-time.

The clinic had a service level agreement with the other service provider within the building and shared the reception staff service.

The service had no staff vacancies. The service had low turnover rates. The service had low sickness rates.

Records

Staff did not store some of the paper records securely before being uploaded on the cloud and did not discard those correctly. However, records were clear, up-to-date, and available to all staff providing care.

Diagnostic and screening services

During inspection, we found that staff did not store the paper consent forms securely before being uploaded on the cloud-based server. In addition to this, the provider was not following their information governance policy to dispose of the consent forms securely once these were uploaded on the cloud-based server. We informed the staff that this was not in line with General Data Protection Regulation (GDPR). The provider rectified this the next day and a shredder was placed within the clinic to shred confidential waste.

Patient notes were comprehensive, and staff could access them easily. There were no delays in staff accessing their records. Records were stored securely. Ultrasound scan images were stored securely on the cloud-based server. The clinic had a service level agreement with an external company to manage patient records system.

Incidents

The service understood how to manage patient safety incidents. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents were and how to report them. Staff told us they would raise concerns and reported incidents and near misses in line with the service's policy. The service had no never events and had no incidents in the last 12 months.

The registered manager understood the obligations under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support.

Are Diagnostic and screening services effective?

Inspected but not rated 

We do not rate the effective domain for this core service.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

The service followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We saw a comprehensive range of policies, protocols and standard operating procedures to support the delivery of services. The registered manager regularly reviewed public sources for national and professional guidance. We saw evidence to show that the service had a system to review policies on a regular basis.

Nutrition & hydration

Staff considered patient's individual needs where drink was necessary for the procedure.

Staff gave patients appropriate information about drinking water before trans-abdominal ultrasound scans to ensure they attended with a moderately full bladder. The service provided water to patient who needed to refill their bladder prior to a scan. This enabled the sonographer to gain effective ultrasound images.

Diagnostic and screening services

Patient outcomes

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

Clinical outcomes for patients were positive, consistent and met expectations. The registered manager explained how the quality of service provision was monitored through a peer review process and comparison against guidance set out by professional bodies such as the British Medical Ultrasound Society (BMUS). We saw the results for the period of January 2022 and July 2022 which showed that out of the 620 scans 687 (95.4%) were excellent and zero were unacceptable. The provider used the results to improve patients' outcomes.

Competent staff

The service made sure staff were competent for their roles.

The sonographer was listed on the Voluntary Register of Sonographers administered by the College of Radiographers and was a member of the British Medical Ultrasound Society (BMUS).

The sonographer was developing a system to have their appraisal completed by an external sonographer.

We saw evidence that the sonographer had kept up to date with the current ultrasound practice. The sonographer and the registered manager were trained in intermediate life support (ILS).

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff explained how they communicated within the team using emails and a secure instant messaging service.

The service worked with a cohort of referring clinicians. The service supported patient if any concerns were identified from a scan and staff would write a referral letter for them to take to their GP or referring doctor. The GP report letters we saw were of good quality.

Seven-day services

Key services were available to support timely patient care.

The service was available Monday to Friday from 8am to 6pm. There was provision for a limited Saturday service.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

The registered manager understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and knew who to contact for advice.

The sonographer understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available.

Diagnostic and screening services

We reviewed three completed consent forms and found these were completed fully.

Are Diagnostic and screening services caring?

Good 

We have not previously rated this service. We rated it as good because:

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 two scanning sessions and spoke with the patients and afterwards. All patients we spoke with said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

The service was able to maintain the privacy and dignity of women during scans. The patients we spoke with confirmed that the scan room door was always closed, they were provided with suitable coverings and a privacy screen while they adjusted their clothing.

Patient feedback survey results for September 2021 to March 2022, showed most patients scored 'excellent' for the service received.

Emotional support

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

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The service users we spoke with told us that appointments felt unhurried and they were encouraged to ask questions. We received positive comments from all the patients we spoke with. Patients were advised to contact their GP or referring clinician to discuss the results of the ultrasound scans in detail.

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.

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients in a way they could understand. Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

The service made sure patient understood their treatment by providing clear information about scan packages and costs on the website and during the appointment booking process.

Diagnostic and screening services

Women were able to request a chaperone, in advance of the scan appointment. The service users we spoke with were aware of this and this was document as part of the consent process. None had felt the need to request a chaperone.

All patients we spoke with confirmed that they had been given clear advice on pricing as part of the booking process and we saw these listed on the clinic website.

Are Diagnostic and screening services responsive?

Good 

We have not previously rated this service. We rated it as good because:

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.

Staff described how the service responded to enquiries and appointment requests by email or telephone and how the sonographer provided patient with appropriate information about scan options and pricing.

The service allowed patient to attend with members of their families or friends for support. The service was available during the week and on weekends by arrangement. Appointment times were flexible. The registered manager ensured that patients who did not attend appointments were contacted.

Images from the scan were provided the same day. Service users we spoke with confirmed they were able to book appointments on a date convenient for them.

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.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Managers made sure and patients, loved ones and carers could get help from interpreters or signers when needed.

The service made reasonable adjustments to patient's additional needs. For example, the couch in the scanning room could be height adjusted as required. There was a ramp available and a lift to access the basement floor where the clinic was located.

The service ensured appointment slots were booked with enough time for patients to ask questions. The service utilised online booking through their website.

Access and flow

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

Diagnostic and screening services

Patient were able to self-refer and book appointments online, by email or telephone. Service users had same day access to their scan images.

The clinic monitored waiting times and made sure patients could access services when needed and received the scans within agreed timeframes. We saw evidence to show that the average wait time for an appointment at the service from the time of referral by a doctor was one week.

The registered manager worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, staff made sure they were rearranged as soon as possible.

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. However, the clinic did not display any information within the clinic about how to make a complaint.

Staff described their process for handling and investigating formal complaints, which followed their policy. The complaints policy included timescales of when the complainant would get a final response. There had been one complaint in the last 12 months.

Service users knew how to complain or raise concerns. However, the clinic did not display any information for patient about how to make a complaint and no information was available on the website.

Are Diagnostic and screening services well-led?

Good 

We have not previously rated this service. We rated it as good because:

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The lead sonographer and the registered manager of the service led the service and had the skills and abilities to run the service. The leadership team understood the priorities for the service and managed those appropriately.

Vision and Strategy

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

The vision and strategy were focused on customer care and quality of services. Staff understood the service's primary focus on care and comfort.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Diagnostic and screening services

We observed a culture of openness and teamwork and found that both the lead sonographer and the registered manager worked towards the goal of a positive patient experience. Service users we spoke with praised the care and attention they received. The team reported a positive working environment open to suggestions and improvement.

The service published treatment prices on their website. The team were enthusiastic about receiving patient feedback and encouraged patients to provide both negative and positive comments.

Governance

The service had an appropriate governance system. The registered manager and staff 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 basic governance system which was appropriate for the size and scope of the service. The registered manager discussed quality and safety performance issues at regular review meetings where certain governance topics were discussed and training in policies was provided, these meetings were recorded. An audit programme was in place to monitor the quality of services being provided. Staff underwent the appropriate employment checks.

The business had agreements with third party organisations for the delivery of activities that supported the sonography, such as cleaning, waste disposal and information technology. The service level agreements between the service and external companies were overseen by the registered manager.

Management of risk, issues and performance

Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The registered manager had oversight of the service's risks and understood the challenge of risks in terms of quality, improvements, and performance. There was a policy for risk management and the service undertook various risk assessments. We saw risk assessments for fire safety, health and safety, infection control and legionella. The service was responsive to the areas of improvement and took actions to rectify risks identified during the inspection, such as unlocked COSHH products, unsecure storage and disposal of confidential waste and issues around shared resuscitation trolley.

The service had a business continuity plan and valid insurance covering both public and employer liability, including professional indemnity insurance for registered professional staff.

Information Management

The service collected data to help understand performance, make decisions and improvements.

The information systems were integrated and secure. Patient information held by the clinic was stored in electronic form, Scan images were stored on a cloud-based server with an external company which ensured that the data was secure and accessible.

The service had an information governance policy which outlined the purpose for processing personal data and disposal methods. However, the clinic was not following its information governance policy in relation to storage and disposal of consent form. See records section above for further details.

Diagnostic and screening services

Engagement

The service actively and openly engaged with patients to help improve services for patients.

Patients were engaged with informally over the telephone and in-person when they attended their appointment. The service encouraged patient to provide feedback using survey forms provided as well as social media reviews or directly by phone or email.

We saw positive examples of feedback that was consistent with comments made by service users to us.

Learning, continuous improvement and innovation

The registered manager was committed to continual learning and to improving their service.

The practitioner encouraged feedback to help ensure the service was meeting the needs of their patients.

The practitioner had oversight of the service's risks and understood the challenge of risks in terms of quality, improvements, and performance.