

Baby Ultrasound Clinic Huddersfield





Quality Report

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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.

Overall summary

Baby Ultrasound Clinic Huddersfield is operated by Baby Ultrasound Clinic Limited. The service is an independent healthcare provider offering antenatal ultrasound imaging and diagnostic services to self-funding or private patients over 16 years of age.

All ultrasound scans undertaken are transabdominal and include: an early pregnancy dating scan (from seven to 12 weeks of pregnancy), a 2D reassurance scan (from 13 to 34 weeks of pregnancy), and a 2D gender scan (from 16 weeks of pregnancy). The service also provides 4D gender scans (from 16 to 22 weeks of pregnancy), 3D and 4D bonding scans (from 20 to 34 weeks of pregnancy), and a 2D presentation scan (from 34 weeks of pregnancy).

We inspected the service using our comprehensive inspection methodology. We carried out a short-announced inspection on 22 February 2019. We had to conduct a short-announced inspection because the service was only open if patient demand required it.

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

- This was the first time we have rated this service. We rated this service as Good overall.
- We found the following areas of good practice:
- There were enough staff with the appropriate skills, experience and training to meet people's needs.
- Staff received adult and children safeguarding training specific to their role and knew the procedure to follow if they suspected an incident of abuse.

- There were processes and procedures in place to control infection. The equipment and the premises were clean.
- Patient records were stored securely.
- Staff were caring, kind and engaged well with women and their families.
- They treated concerns and complaints seriously, and learned lessons from feedback, which was shared with staff.
- People could access the service and appointments at a time that suited them.
- The service had a vision for what it wanted to achieve.
- The manager promoted a positive culture that supported and valued staff.

However, we also found the following issues that the service provider needs to improve:

- Policies and procedures were at different stages of review; and not all policies we reviewed onsite were relevant to the Huddersfield location.
- Although information in relation to the risks of ultrasound scanning was correctly provided on the scan consent form, the service internet page showed conflicting information.
- The sonographer did not have their work peer reviewed by colleagues. This was in not line with BMUS guidance, which recommends peer review audits are completed using the ultrasound image and written report.
- The service should formalise their audit programme to provide assurance of the quality and safety of the service.

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

Ellen Armisted

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

The service provided at this location was diagnostic and screening procedures. We rated the service as good overall.

We found staff received training specific to their role. Staff were caring, kind and engaged well with women and their families.

People could access services and appointments at a time that suited them.

However, several policies were in the process of being reviewed; and the registered manager was aware some policy elements did not reflect services provided at this location.

Summary of findings

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Good



Baby Ultrasound Clinic Huddersfield

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Baby Ultrasound Clinic Huddersfield

Baby Ultrasound Clinic Huddersfield is a private clinic operated by Baby Ultrasound Clinic Limited. The service opened in 2016 and is based in Lindley, Huddersfield. It primarily serves the population of Huddersfield and surrounding areas; although the service accepts customers from outside the area. The company operates services at three other locations. The main service hub is in Bolton, which operates the main booking call line, holds key records and documentation. There is also a clinic in Macclesfield (which shares the same staff as the Huddersfield location and is open on different days) and a satellite service in Chester.

The service is registered for the following regulated activities:

- Diagnostic and screening procedures.

The registered manager has been in post since 2016, when the service was registered with the Care Quality Commission.

We carried out a short-announced inspection of the service on the 22 February 2019. We have not inspected the service previously.

Please note: The services at Macclesfield and Bolton both received an inspection by the CQC in December 2018, and January 2019, respectively. Shortfalls in compliance were identified; and this report reflects the progress made since those inspections by the provider.

Our inspection team

The inspection team included a Care Quality Commission (CQC) lead inspector and a second CQC inspector. The inspection was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about Baby Ultrasound Clinic Huddersfield

The service is registered to provide the following regulated activities:

- Diagnostic and Screening.

Baby Ultrasound Clinic Huddersfield is in a converted private property. It is approximately a 15 minutes' drive from the main town of Huddersfield, and a 20-minute drive from Halifax; and has a customer car park. There is no disability access to the service and this information is made clear in the service website.

The service employs a sonographer and a receptionist. These two members of staff work at both the Huddersfield and Macclesfield baby scan locations, which are open on different days. The registered manager was ordinarily based at the main service hub in Bolton; and spent time at other company locations, including the Huddersfield clinic.

During the inspection, we inspected the scanning facilities and reception area. We observed three ultrasound scans, and spoke with five pregnant women and their companions. We spoke with two members of staff; the registered manager and a sonographer. The receptionist was on annual leave on the day of inspection, and the manager was carrying out administrative duties in their absence.

We reviewed 10 patient scan reports, three staff recruitment and training records and service policies and procedures. We also reviewed customer satisfaction and patient feedback surveys (completed between September and November 2018); we found all responses were positive.

There were no special reviews or investigations in the 12 months before this inspection. This was the first inspection of this service since registration with CQC.

Summary of this inspection

Activity during the reporting period from January to December 2018:

- The service performed a total of 1,975 ultrasound scans.
- Seven women were referred to other services for further review following the outcome of their scan.

Track record on safety during the reporting period:

- There were zero patient deaths, never events, or serious incidents. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- There was no duty of candour notifications. The 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.

- No safeguarding referrals were made.
- The service did not cancel any appointments for a non-clinical reason.
- Approximately eight satisfaction surveys were received by the provider each month.
- The service received four (non-clinical) complaints.

Services provided at the clinic under service level agreement:

- Fire risk assessment.
- Social media advertising.

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 safe as good because:

- There were sufficient staff with the right qualifications, training, skills and experience to provide safe care and meet patient needs.
- There were processes and procedures in place to control infection.
- The equipment and the premises were clean.
- Patients were referred for further assessment if any concerns were identified.
- Patient records were stored securely.
- Staff knew the procedure for reporting incidents.

However, we also found the following issues that the service provider needs to improve:

- Although the registered manager was aware to report incidents to CQC, the incident reporting policy did not include the information.
- The safeguarding policy did not include domestic abuse when referring to adult abuse.
- The safeguarding policy did not state that the level of DBS check was dependent on the role for which the staff member was employed.
- Any risks associated with the ultrasound scanning was not clearly stated on the providers website.

Good



Are services effective?

We did not rate the effective domain. However, we found:

- The service provided care and treatment based on national guidance.
- The manager monitored the effectiveness of the service.
- Staff were competent for their roles.
- Staff worked well as a team to benefit patients.
- Staff understood their roles and responsibilities under the Mental Capacity Act.

However:

- Policies and procedures were at different stages of review; and not all policies we reviewed were relevant to the Huddersfield location. The registered manager was aware of this.

Summary of this inspection

- The sonographer did not have their work peer reviewed by colleagues. This was in not line with BMUS guidance, which recommends peer review audits are completed using the ultrasound image and written report.

Are services caring?

We rated caring as good because:

- Staff cared for patients with compassion.
- Patients privacy and dignity was maintained.
- Staff supported patients during their scan and put them and their families at ease.
- Staff involved patients and those close to them in decisions about their care.
- Staff were kind to patients and treated them well.

Good



Are services responsive?

We rated responsive as good because:

- The service planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared learning with staff.

Good



Are services well-led?

We rated well-led as Good because:

- The manager had the skills and abilities to run the service.
- The service had a vision for what it wanted to achieve.
- Staff felt supported, respected and valued; and there was an open and positive culture.
- The service engaged with customers and acted to improve the service provided.
- The service had systems in place to identify risks, and formulated plans to eliminate or reduce them.

However:

- The service should formalise their audit programme to provide assurance of the quality and safety of the service, including peer review.

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	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Notes

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We rated safe as **good**.

Mandatory training

- The service had systems in place to ensure staff had received mandatory training in key skills and made sure that everyone had completed it.
- Staff training was on line and provided by an external company.
- Training courses included infection control, health and safety, Mental Capacity Act, consent, moving and handling assessment, fire safety, and first aid awareness.
- We reviewed the training documentation of the staff working at the location. All records were up to date. We spoke with two members of staff and they confirmed the training provided was specific to their role.

Safeguarding

- Staff understood how to protect women from abuse. Staff had some training on how to recognise and report abuse and knew how to apply it.
- Records showed each member of staff received safeguarding training specific to their role. It was at the required level and included adult and children's safeguarding training. For example, in February 2019 the sonographer received level 2 safeguarding vulnerable adults and safeguarding children training.
- Staff confirmed they received safeguarding training, could reiterate possible types of abuse, and would refer to the registered manager for advice and support if uncertain.

- The registered manager confirmed the procedure they would follow should they or their staff suspect an incident of abuse.
- There was an in-date safeguarding policy, dated February 2019; and the policy included information with respect to safeguarding children and young adults. However, we observed that the policy did not include domestic abuse when referring to adult abuse. The contact numbers of local children and adult safeguarding teams were available to staff, and staff knew how to contact them.
- A safeguarding poster was displayed in the clinic about the possible signs of abuse and reporting obligations.
- In the twelve months prior to inspection no safeguarding referrals were made by the service.
- There was an in-date whistle blowing policy, which detailed actions staff should take if they needed to raise serious concerns.
- Staff had a Disclosure and Barring Service (DBS) check at the correct level for their role. This was to help detect and prevent unsuitable people from working with vulnerable groups, including children. For example, the sonographer had an enhanced disclosure level check; as stipulated in and required by the service's safeguarding policy.
- However, we observed that the safeguarding policy stated all staff should have an enhanced DBS check. This was not correct, as the level of DBS required is dependent on role.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept equipment and the premises visibly clean. They used control measures to prevent the spread of infection.
- All patient areas we viewed were visibly clean; including the reception/waiting area and scan room.

Diagnostic imaging

- Staff completed a cleaning schedule, which showed all areas of the service were frequently cleaned.
- There were infection and prevention control policies in place, and these included a hand hygiene policy (dated December 2017 to December 2019).
- A handwashing sink, liquid soap, paper towels and a bin were available in the scan room. A poster instructing staff on how to correctly wash their hands was located above the hand wash basin. We observed staff were bare below the elbow.
- We saw staff washed their hands using the correct hand hygiene techniques before and after patient contact. They also used disposable gloves, which were changed between patients.
- All ultrasound scans were performed transabdominally and involved minimal contact with patients. The sonographer followed the manufacturer's guidance for the routine cleaning of equipment. Staff cleaned the ultrasound equipment before and after each patient. We observed staff appropriately cleaning the equipment and machine during our inspection.
- A large disposable paper towel was used to cover the examination couch during the scanning procedure. We observed staff changing the towel at the end of each women's appointment.
- In the twelve months prior to our inspection there had been no incidences of healthcare acquired infections.
- The scan room was spacious. Blinds were used to darken the room, which meant scans could be observed clearly. The room had four radiators which were in use on the day of the inspection. An additional heater was used to ensure the room maintained its warmth.
- The scan room was locked to ensure no one had access whilst the scan was in progress. This meant the patient's privacy and dignity was maintained.
- A health and safety at work poster was displayed in the reception area.
- There was an in date first aid policy in place, and a first aid notice was on display. The first aid box was accessible to staff, and the contents were within their expiry date.
- Equipment was maintained under a service level agreement, this included the ultrasound machine. The service engineer was visiting the location and serviced the machine during our inspection.
- Records showed electrical equipment was serviced and safety tested to ensure it was safe for use; dated February 2019.
- A fire safety and evacuation procedure was displayed in reception area and staff were aware of the procedure to follow. Fire extinguishers were accessible and checked weekly to ensure they were in working order.
- Emergency lighting checks were recorded and up to date.
- There were adequate stocks of consumables (gloves, rolls of disposable couch paper), and storage facilities.
- Substances which met the Control of Substances Hazardous to Health Regulations (COSHH) (Health and Safety Executive, 2002) were stored securely.

Environment and equipment

- The service had suitable premises and equipment that promoted the privacy and dignity of women using the service.
- The reception desk and waiting room area were located on the ground floor of the premises and seating was available for seven people.
- The scan room was on the first floor and accessible by stairs with a handrail. We discussed with the manager the accessibility of the service for those patients with limited mobility. The manager told us this was discussed with the patient when arranging their scan. The information was also made clear in the service website. Where there was a concern with accessibility an alternative scan location would be offered.
- The toilet facilities were located on the ground floor and accessible to people with limited mobility.
- Staff completed risk assessments for each patient.
- Staff completed an e-learning course in health and safety, including basic first aid. The service had a policy for what steps to take should a patient or visitor have a medical emergency. This included contacting the emergency services, if required.
- In the 12 months prior to our inspection, there had been no unplanned urgent transfers of a patient to another health care provider.
- The service website stated that the ultrasound scans did not replace routine NHS hospital scans.
- The service website was inconsistent in the message it provided to women about the risks of scans. It informed them "there is no evidence to suggest that the scans are

Diagnostic imaging

harmful in any way. However, it is vital that you are aware of the risks associated with the procedure before coming to any decision on the matter.” This information was brought to the attention of the provider at the time of inspection.

- The registered manager told us that to minimise any potential risk, the ultrasound machine output was as low as reasonably achievable. The service provided no more than three keepsake scans per patient, and up to 30 minutes was allocated for an appointment.
- Processes were in place for detection of possible abnormalities, such as no fetal heartbeat. A report was completed following the baby scan and staff would advise patients to show the report to their midwife or attend an NHS antenatal care provider. Staff members told us of incidences where they had contacted the patients midwife and GP following unexpected scan findings.

Staffing

- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- The service employed a sonographer and a receptionist. These two members of staff worked at both the Huddersfield and Macclesfield service locations; which had different opening times.
- The registered manager was based at the main service hub in Bolton, and spent time at the Huddersfield clinic.
- There was a lone working policy. On the day of our inspection, the receptionist was on planned leave and the manager was covering their duties. This ensured the sonographer was not working alone, in accordance with the policy.
- All new starters had an induction, which included orientation, training, and shadowing of colleagues. The manager and sonographer (who was relatively new to the service) confirmed this.
- Bank and agency staff were not used by the service. Staff worked across the organisation to cover holidays and sick leave, as required.

Records

- Staff kept detailed records of patients’ care and treatment.
- There was a records management policy and a data protection policy in place.

- Scan appointments were made and recorded electronically from the central Bolton office location.
- Except for consent forms, all patient records were stored electronically.
- The consent forms were stored safely and securely. A process was in place for the destruction of these records after three years.
- Staff obtained consent to share reports with the patient’s midwives or GP (if required) as part of the scan consent process.
- We reviewed 10 ultrasound scan record reports. We saw information was provided for the patient to share the outcome of their scan with their midwife, and or GP.

Incidents

- The service had systems in place to manage patient safety incidents.
- The service had an in date, adverse incident reporting policy and this contained the types of incidents to report. However, although the registered manager knew to report incidents to CQC this was not reflected in the incident reporting policy.
- In the reporting period January to December 2018, the service did not report any incidents. Staff understood the types of incidents they might report, and who they would report them to. They also understood their responsibilities to raise concerns.

Are diagnostic imaging services effective?

We do not currently rate diagnostic imaging services for effective.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance.
- Staff were aware of current best practice national guidance.
- The sonographer completed scans in accordance with legislation, national standards and evidence based guidance. This included the safe use of diagnostic ultrasound equipment from the British Medical Ultrasound Society (BMUS).

Diagnostic imaging

- Policies and procedures were at different stages of implementation and update. The updated documents included safeguarding children, contained current guidance and evidence based practice.

Nutrition and hydration

- The service had a small refrigerator stocked with bottled water. The price list for the drinks was on display.
- Women attending for early pregnancy scans were advised to have a full bladder.

Patient outcomes

- The manager monitored the effectiveness of care and used the findings to improve them.
- Patient outcomes were monitored through patient feedback and reviews posted on the service's internet page. This information was used by the manager to monitor service provision and ensure they provided a quality service.
- We reviewed customer satisfaction and patient feedback surveys (completed between September and November 2018); all responses were positive.

Competent staff

- The service made sure staff were competent for their roles.
- The service had an induction policy, which explained the process for new employees and staff reviews.
- Staff completed induction training specific to their role. They shadowed existing staff and observed practice until they were confident and competent. Monthly reviews were carried out by the registered manager during the probation period and completed on a quarterly basis following successful completion of the probationary period.
- The sonographer confirmed they had an induction when they joined the service and were trained to use the ultrasound machine by an external company.
- We reviewed the training and recruitment records of staff. The sonographer had worked in diagnostic for several years before this employment and worked at this service for just over a year.
- The sonographer had received training from the International School for Medical Imaging and Technology (iSMIT)). They were also a member of the Society of Radiographers and had attended a British Society of Sonographers workshop.

- The manager informed us that the sonographer did not currently have their work peer reviewed by colleagues but were considering this. This was in not line with BMUS guidance, which recommends peer review audits are completed using the ultrasound image and written report.
- Six monthly team meetings had taken place and we reviewed the 2018 minutes. The information showed a brief description of what was discussed and the registered managers follow-up actions.

Multidisciplinary working

- Staff worked as a team to benefit patients.
- We observed good staff interaction and a positive working environment at the service.
- The sonographer and receptionist worked between two locations, and the manager provided receptionist cover for holidays when needed.
- There were contact telephone numbers for relevant agencies should a patient referral be necessary. For example, the local safeguarding team.

Seven-day service

- The service was open on a Tuesday, Friday (11am to 8pm), Saturday (10am to 7pm) and Sunday (11am to 6pm). They also opened at additional times, should patient demand require it.

Consent, Mental Capacity Act

- The service had an in date Mental Capacity Act policy. The manager confirmed that if they were concerned about a patient's capacity, they would not proceed with the scan and ask them to see their midwife.
- There was a consent policy. The sonographer had received training in consent. The training records showed that staff had training in mental capacity at induction.
- The consent form was explained to each patient by the sonographer and their understanding of the reason for their attendance. The sonographer ensured the consent form was completed prior to the scan.
- Consent included disclosure of scan results to a third-party healthcare professional involved with their continuing care; for example, a midwife or GP.

Are diagnostic imaging services caring?

Diagnostic imaging

Good 

We rated caring as **good**.

Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service had a privacy and dignity policy for staff to follow.
- The scan room was digitally locked when the room was in use to ensure the patients' privacy and dignity was maintained. We saw that patient comfort was also maintained throughout their scan.
- Staff spoke with patient and their families in a way they could understand; and in a compassionate, respectful and considerate way.
- We spoke with people attending the service and they told us they were happy with the service provided.
- We reviewed patient feedback surveys; which were all positive Peoples comments included, "Very happy with the service..." "Very kind and helpful."

Emotional support

- Staff provided emotional support to patient to minimise their distress.
- All patients we spoke with gave positive feedback. Staff told us if a possible anomaly was detected, they would support the woman and their families and inform their NHS antenatal provider.
- Patients we spoke with knew to contact their midwife or antenatal care provider if they had a concern about their pregnancy. Information provided by the service reiterated this.
- We saw staff supported patients during their scan and put them and their families at ease.

Understanding and involvement of patients and those close to them

- Staff involved people and those close to them in decisions about their care.
- We observed the sonographer explaining scan images to women and their companions. Information was communicated in a way the women and their families could understand.

- Families we spoke with attending the service confirmed staff involved them and explained the process in a way they could understand.
- Following the scan, the women and their families had several images to choose from. We observed they were not rushed when choosing which images to have.
- Information regarding the different types of scans and packages available for people to purchase was available on the providers website.

Are diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

Service planning and delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of local people.
- The service provided private ultrasound scans for people wishing a scan and this was additional to their NHS care. Information about the service was available on the internet.
- Staff monitored key performance indicators (such as, number and nature of scans, referrals to NHS antenatal care providers) and patient feedback, to develop and improve the service.
- The service was approximately 15 minutes' drive from the town centre of Huddersfield, and a 20-minute drive from Halifax. The service had its own off-street parking and additional car parking facilities were available nearby.
- The scan room was on the first floor and accessible by stairs with a handrail. The manager told us access limitations were discussed with patients when arranging their scan. The information was on the service website and information relating to the providers other locations, where disability access was available.
- The service was flexible to meet patients' needs. The service usually opened on a Tuesday, Friday, Saturday and Sunday. However, they could operate on additional days, should patient demand require it.

Meeting people's individual needs

- The service took account of patients' individual needs.

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- The length of individual appointment allowed patients sufficient time to read and sign the consent form and ask questions prior to and following their scan.
- Staff took account of the needs of different people including those with protected characteristics under the Equality Act, and those in vulnerable circumstances.
- A patient had recently visited the service and extra time was scheduled for their needs to be met when lip reading.
- The consent form was available in English and Urdu and the registered manager and sonographer were both fluent in Urdu. The manager told us that other than English, Urdu was the language frequently used in Huddersfield. They also said that information in other languages would be obtained if requested.

Access and flow

- Women could arrange an appointment over the phone or via the provider website seven days a week.
- The receptionist arranged scan appointments for all four locations. This was done by phone or using the internet.
- Appointments were clearly documented on an electronic system with the woman's details and the type of scan to be undertaken.
- Women paid a non-refundable deposit when booking their scan appointment. This information was clearly documented on the service's website.
- During the reporting period January to December 2018, 1,975 ultrasound scans were performed at the location. No appointments were cancelled or rearranged by the provider for a non-clinical reason during this timeframe. Seven women were referred to other services following their scan.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- We saw that the service actively encouraged patients to provide feedback and raise any concerns they might have; and patients were able to complete feedback forms and leave reviews of the service on their website.
- From January to December 2018, the service received four complaints about non-clinical issues. Staff knew the procedure to follow should they receive a complaint and would inform the manager.

- Staff were aware of learning from the complaints; an example given by staff included the reformatting of a disc and re-uploading the scan images. The procedure in this instance was performed with no extra cost to the patient. The staff now ensure the scanned images have uploaded to disc before giving these to patients.

Are diagnostic imaging services well-led?

Good 

We rated well-led as **good**.

Leadership and culture of service

- The manager had the right skills and abilities to run the service.
- The manager completed mandatory training to ensure they had the skills and abilities to carry out their role. Training included the skills and knowledge necessary to cover reception staff when they were on leave.
- The registered manager had the overall responsibility for the service. They told us they kept up to date with industry developments, and regularly reviewed the British Medical Ultrasound Society's website for new articles.
- The registered manager planned to undertake a post-graduate sonographer course to provide additional support to the business.
- Staff told us the manager was visible and visited each location regularly.

Vision and strategy

- The service had a vision for what it wanted to achieve and plans to turn it into action.
- The vision of the service was to build a brand that is recognised and trusted.
- The service had a business plan and actions to be taken to achieve its vision. Actions included analysis of online exposure and a review of the businesses strengths, weaknesses, opportunities and threats. The business had an advertising strategy and pricing policy.

Culture

- The manager promoted a positive culture based on shared values.
- Staff we spoke with felt supported, respected and valued by their manager.

Diagnostic imaging

- Staff said they were happy working at the service and felt comfortable raising concerns directly with the manager.
- Staff confirmed they had meetings with their manager to discuss learning and development opportunities and any concerns they might have. We saw the service held and documented team meetings.
- At the time of inspection, the sonographer for the location had been on leave for three months, and not yet worked at the organisation for a year; as such, they had not completed an annual appraisal.
- There was an up to date duty of candour policy in place at the service; and staff we spoke with said they would be open and honest with patients should anything go wrong.
- In the reporting period January to December 2018, there were no duty of candour notifications.

Governance

- The service had systems in place to improve service quality and standards of care.
- The registered manager was the lead for governance and quality monitoring at the service. They were clear about their governance and quality monitoring role, and associated responsibilities.
- Staff were clear about their roles and understood what they were accountable for and to whom they were accountable.
- The service measured quality through analysis of patient feedback; which included complaints, compliments, and effectiveness of care.
- The provider should formalise their audit programme to provide a robust oversight of the quality and safety of the service; including peer review.
- During inspections of two other of the provider's locations (inspected in December 2018 and January 2019), out of date policies were identified. Following those inspections, the provider had started to review and revise their policies. At this inspection, we found that several of policies had recently been reviewed and amended; these included, data protection, records management, risk management, and complaints policies. Other policies we reviewed were in date, and the manager told us they continued to update all their policies to ensure they were relevant to the location and service provided.

- The safeguarding policy included information about staff having a DBS check. However, the information did not reflect that the level of DBS check staff should have would be dependent on their role.
- There was a recruitment and selection policy. We reviewed staff recruitment records. The records included checks completed by the provider prior to staff commencing employment, and this included a CV and the required two satisfactory references for each member of staff. We saw staff had been Disclosure and Barring Service (DBS) checked. Following the inspection, the manager provided evidence that the DBS checks were at the required level for the staff members.

Managing risks, issues and performance

- The service had systems to identify risks and planned to eliminate or reduce them.
- The service had an in-date risk management policy; sent to CQC following the inspection.
- Information provided prior to inspection showed the service had an environmental risk assessment which was reviewed and updated. Each risk had a separate risk assessment and was reflected on the risk register. The headings on the risk assessment included potential risk, action taken to minimise the risk/further action necessary, action by whom (the manager), date the risk was identified and a completion date.
- The risks monitored include contact with bleach and other cleaning products, the use of display screen equipment, fire, and lone working. All risks were in date.
- At the location, monitoring checks of the identified risks were monitored and recorded. These included the fire extinguisher and alarms.
- An annual audit was performed that monitored outcomes, (such as number and nature of referrals), clinical issues, and incidents, and staff adherence to governance procedures and policies.
- Team meetings were held every six months. We reviewed team meeting minutes from May 2018 and November 2018. Although the notes were brief, we saw that staff had the opportunity to raise issues or concerns. Staff confirmed they also discussed issues on a day-to-day basis (as they occurred) and were kept informed about developments.

Managing Information

- The service collected and used information to support its activities; and used secure electronic systems.

Diagnostic imaging

- We saw that the scan machine and computer at the location were password protected and paper records were stored securely. The service's data protection policy had been updated in February 2019 to reflect current procedures and practice.
- The service utilised a secure online portal that allowed for sharing of information across service locations.
- We saw that the service's consent form had been updated to reference the General Data Protection Regulations.
- The service advertised services online and had a contract with a third-party advertising company.
- The service's website clearly advertised the scan packages and price for the services they offered.
- It was the registered manager's responsibility to submit statutory notifications to regulatory bodies, including CQC. Although this information was not included in their notification policy, the manager did send notifications to CQC.

Engagement

- People who accessed the service were encouraged and given the opportunity to provide feedback about the service they received. This was either via comment card feedback on the day of their scan visit, or via the providers internet page following their visit.
- We reviewed feedback surveys completed between September to November 2018 and saw all the comments were positive.
- Positive comments were also seen on the providers internet page, which we saw the manager followed it up with personal responses.
- We saw that staff engaged well with patients and visitors to the service.

Learning, continuous improvement and innovation

- The service used patient and staff feedback, including leaning from complaints to improve its service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should continue to review its policies to ensure they are relevant to the location and service provided.
- The provider should ensure the incident policy includes information that incidents will be reported to CQC.
- The provider should ensure that the safeguarding policy includes domestic abuse when listing the types of adult abuse.
- The safeguarding policy should include the level of DBS check staff should have; dependent on their role.
- The provider should ensure any risks associated with the ultrasound scanning is clearly stated on their website.
- In line with BMUS guidance, the provider should ensure that the sonographer has their work peer reviewed by colleagues.
- The provider should formalise their audit programme to provide a robust oversight of the quality and safety of the service; including peer review.