Ultrasound-Care Scanning Services Ltd

Bromsgrove

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Bromsgrove is part of Ultrasound Scanning Services Ltd and is a private clinic providing ultrasound baby scans and other diagnostic scans in Bromsgrove.

Bromsgrove provides various 2D, 3D and 4D scans of babies before birth using 4D ultrasound scanning equipment and visual aids. They offer early pregnancy scans, gender scans, and 4D ultrasound baby scans for reassurance and keepsake.

The service also provides various diagnostic scans for patients over the age of 18 which include general abdominal scans, deep vein thrombosis scans, prostate scans, kidney scans, bladder scan, ureter and bladder scans, testicular scans, aortic scans, and gynaecology scans.

This was our first inspection of the service since registration. We rated it as requires improvement overall because:

- Not all staff had completed mandatory training to keep patients safe.
- A staff member employed to support vulnerable patients had not received a Disclosure and Barring Services (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Not all staff knew how to make a safeguarding referral to external agencies.
- Managers did not have effective systems in place to identify risks, such as inconsistencies in completing hand hygiene audits and gaps in meetings for shared learning.
- Managers did not provide staff appraisals or have oversight of staff personnel files; therefore, were unable to review or update staff competency.
- Team meetings were not always regularly held to ensure staff were provided with regular updates and had the opportunity to provide feedback.
- The overall governance and risk management of the service required improvement. Managers did not have oversight of all areas, such as mandatory training.

However, we also saw:

- The service had enough staff to care for patients and keep them safe. The service generally controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their dignity and took account of their individual needs. They provided emotional support to patients and families were able to support patients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service during opening hours and did not have to wait too long for appointments.

Summary of findings

- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to Bromsgrove

Bromsgrove is operated by Ultrasound Scanning Ltd. The service in Bromsgrove registered in June 2021 and has not been inspected before. The service provides diagnostic imaging and scans for self-referring patients. The scans include 2D, 3D scans of babies before birth using 4D ultra scanning equipment. The service also offers non pregnancy scans to patients over 18.

The service is delivered by a small team which includes a registered manager, sonographer, chaperone, and a receptionist.

The main service provided by this clinic is diagnostic imaging. The service is within a large health centre facility shared with other health care providers. The service provides parking facilities for patients visiting the service and close by to the town centre with local links to public transport.

The service is open 9am to 6pm on Tuesday and Saturday.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. This was the first inspection of this service since being registered. The inspection team comprised of a lead CQC inspector and a CQC inspector with specialist knowledge of diagnostic imaging. An operations manager oversaw the inspection.

During inspection process:

- We spoke with the registered manager and 5 staff members.
- We spoke with 5 patients visiting the service for scanning procedures.
- We reviewed 5 records.
- We viewed a range of policies and procedures and some audits.

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:

Diagnostic Imaging

Summary of this inspection

- The service must ensure all staff receive mandatory training including safeguarding, the Mental Capacity Act and mandatory training on Learning Disability and Autism. (Regulation 18 (2)).
- The service must ensure staff receive a Disclosure and Barring Service check before staff are employed in line with providers own policies and processes. (Regulation 19 (1) and (2)).
- The service must ensure they are able to access staff records to assure themselves staff are competent and are recruited in line with regulations. (Regulation 17 (1) and (2d).
- The service must ensure they undertake annual appraisals with staff to ensure continuous professional development. (Regulation 18 (2)).
- The service must develop systems and processes to identify clinical risks to the service and develop effective action plans to mitigate these risks. (Regulation 17 (1) and (2)

Action the service SHOULD take to improve:

- The service should ensure staff have access to the local authority safeguarding information. (Regulation 13).
- The service should ensure staff meeting minutes have sufficient detail for staff who do not attend the meeting to understand what is discussed. (Regulation 18).
- The service should ensure all hand hygiene audits are maintained. (Regulation 17).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Diagnostic and screening services

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Is the service safe?

Requires Improvement

This was our first inspection of the service.

We rated safe as requires improvement.

Mandatory training

Not all staff received mandatory training. The service was not aware of their legal responsibility to provide training on mandatory training on Learning Disability and Autism in line with the Oliver McGowan mandatory training law since 2022.

Not all staff had received and kept up to date with their mandatory training. One staff member who had been in post since January 2023 had not completed any mandatory training. However, the staff member had undertaken practical supervision training with the sonographer and managers and worked under supervision.

Managers did not monitor mandatory training. The manager informed us training modules had different dates for renewal and they did not monitor overall compliance rates. Staff were reminded to complete training if managers remembered. The mandatory training available was comprehensive and met the needs of patients and staff. The required frequency of some refresher courses was not met. For example, training such as basic life support, requires a 12 monthly refresher. The service did not have records showing compliance and some training was 2 or 3 years out of date.

The staff did not complete mental capacity training. Whilst we saw this was discussed at a staff meeting and information sheets had been handed out to staff; there was no formal training for staff or assessment of their competency around this subject. However, knowledge of the Mental Capacity Act (MCA) is required by the Health and Social Care Act 2008 requires all providers of 'regulated activities' in England to register with the Care Quality Commission.

Managers and staff did not complete training on recognising and responding to patients with mental health needs, learning disabilities, autism, or dementia. Training on autism was a legal requirement for locations which provide health and social care, since 2022.

Managers informed us they did not see patients with 'mental health needs' and did not demonstrate knowledge of patients who may be neurodiverse. The service made this statement based on patients self-reporting neurodiversity or mental health conditions in the consultation prior to scans. However, not all patients accessing the service may be aware of, or willing to disclose, specific conditions. In addition, patients could be accompanied by friends or family who may have neurodiversity or mental health conditions.

Other staff had completed training in basic life support, safeguarding children and adults, equality, diversity, inclusion and human rights, conflict resolution and infection control level 1 and 2. Staff understood the importance of the training they had undertaken and implemented learning in practice. For example, staff completed online training with an approved provider and told us they had recently completed training in "how to break bad news" and this was valuable for future use.

Safeguarding

staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, however, staff relied on the manager to make a safeguarding referral.

Most staff received training specific for their role on how to recognise and report abuse. Leaders and sonographers received and completed safeguarding level 3 for children and adults and understood how to keep patients safe from abuse. All staff, except one staff member, had undergone training in safeguarding for adults and children up to level 2 and were able to give examples of how to protect patients from abuse.

Staff understood how to make a safeguarding referral and who to inform in the service if they had concerns. The service was supported by the registered manager who was safeguarding lead and the staff were able to seek support from them. However, the staff did not have access to the full details of local authority. The staff were reliant on the manager to support to make a referral to the local authority.

We saw posters displayed on speaking up and how to report abuse in the main reception and in toilets. The provider had an up-to-date safeguarding policy in line with current legislation. However, the protocol did not have full details for the local authority. The provider rectified this during the inspection, ensuring local authority information was accessible.

We were told if staff suspected a patient was a victim of domestic violence, they would refer to safeguarding. The sonographer told us they would also be confident reporting female genital mutation to safeguarding authorities.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service saw patients over the age of 16; therefore, saw children. Patients aged 16 and 17 were required to be accompanied by a parent or legal guardian. Patients could be accompanied by family, friends, and children. Staff followed safe procedures for children visiting the service.

Cleanliness, infection control and hygiene

The service was visibly clean and well maintained and staff followed infection control procedures Managers had no oversight or process to check stock expiry dates. However, the service presented as visibly clean.

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. The environment was well maintained and clean in line with national guidance. The maintenance of the clinic was part of the service's

contractual agreement with the landlord of the health centre. We saw signed daily and weekly cleaning check sheets to show when equipment was cleaned and facilities within the scanning room to maintain cleanliness. Data from the service showed staff audited the cleanliness of the clinical areas. We saw audits from November 2022, February, and May 2023.

We saw cleaning schedules were in place and were up to date. The service had daily, weekly, and monthly cleaning schedules in place. Cleaning included probes between scans, beds, chairs, screens, and scanning machines. Cleaning records were up-to-date, and managers monitored this. We saw a shared cleaning regime displayed on the wall which was signed for.

Staff cleaned areas with wipes after a scanning procedure and new paper roll was applied to the bed before the next patient.

Although we did not observe any transvaginal scans on the inspection day, staff told us that they covered transvaginal probes with condoms during use and disinfected with a disinfectant product after use, in line with British Medical Ultrasound and manufacturers guidelines.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff were arms bare below elbows and followed infection control principles. We saw staff washed their hands in-between patients and signs were in place. Managers told us they undertook hand hygiene audits and imaging audits. However, there were gaps in these audits from February 2023 until the date of our inspection in May 2023.

We saw a copy of the property lease during our inspection and maintaining the environment and cleaning of facilities were a part of the contract. However, single use items and consumables were not monitored.

Environment and equipment

The design, maintenance and use of facilities and premises kept people safe. Staff were trained to use specialist equipment.

The service had suitable clinical equipment to support the patients they scanned, such as a sonography machine. The service had a brief asset management policy which outlined 2 medical devices used by the service, the ultrasound scanning machine and ultrasound probes. We saw separate documents which listed the serial numbers of the devices and confirmation of servicing or repair. We also saw a document entitled 'Quality Assurance of Ultrasound Machine' which outlined daily and weekly checks of ultrasound equipment. The list of medical devices did not contain other specific equipment such as gloves used for clinical activity or the patient couch. Managers told us these items were provided by the third-party provider which owned and leased the clinical rooms.

Staff had access to a first aid kit which was kept in reception. We checked the equipment, and all items were in date and suitable for use.

We saw equipment underwent portable appliance testing by an external contractor and was next due in July 2023.

The design of the environment followed national guidance. The environment shared part of the health centre shared by various health care providers with a shared central desk and an assessable car park. The service was clearly sign posted.

Requires Improvement

Diagnostic and screening services

The service had enough suitable equipment to help them to safely care for patients Staff carried out daily safety checks of specialist equipment. Staff checked equipment before use. A quality assurance check was in place for scanners, and this was completed daily. We saw information for April 2023 had been completed by managers. An external contractor serviced the scanning machine. We saw the service record during our inspection and equipment was checked January 2023.

The service had suitable facilities to meet the needs of patients' families. The service rented an area within a larger healthcare facility. Patients could access a shared waiting room and communal facilities.

Environment risk assessments, including health and safety, fire and first aid arrangements were in place. The service displayed fire test days and details of fire marshals in the centre, for staff and patients to refer to. This was a part of the contractual agreement for the lease of the clinic.

Staff disposed of clinical waste safely. We saw clinical waste bins were marked and dated correctly. The service lease agreement detailed who was responsible for disposal of clinical waste. This was an agreement in place for the building and shared facilities. We saw a copy of the lease for waste management procedures.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff responded promptly to any sudden deterioration in a patient's health. If a patient deteriorated staff followed a protocol, which stated they should call 999 in an emergency. Patients were advised to see the GP if they had any concerns following a scan. The service displayed a resuscitation flow chart for staff to follow in the event of an emergency.

If the sonographer was concerned about the findings on an anti-natal scan, they would ensure that the patient's midwife was informed. If a medical emergency, such as an ectopic pregnancy, was seen on a scan, staff told us that they would call an ambulance for the patient.

The sonographer had access to another sonographer to seek advice or assistance.

Staff completed assessments for each patient on arrival. Staff completed a pre-screen assessment before a scanning procedure. All records and information included full details of the patient, medical history, and any associated risks or any ongoing health concerns.

Staff shared key information to keep patients safe when handing over their care to others. Images were given to anti-natal patients on same day by the sonographer. The sonographer shared information appropriately with other healthcare professionals.

Staffing

The service had enough staff to deliver the service. However, not all staff were trained appropriately, and some Disclosure and Barring Service (DBS) checks were not available.

Requires Improvement

Diagnostic and screening services

The service had enough staff to keep patients safe. However, some staff members had not had a DBS check to ensure they were safe to work with patients. Managers did not demonstrate oversight of this concern when we raised it, but stated they would initiate a DBS application. We requested further information following inspection and an application was submitted on 3 May 2023.

The service had not identified this as a risk to patient safety or a risk for their recruitment processes.

The service employed a sonographer through an agency. Managers had checked the sonographers' skills and training, which had been gained from working within the NHS.

The sonographer was able to access support from a sonographer from another site if there were concerns or imaging issues.

Managers provided an induction for new starters. Staff were made aware of the clinic policies and processes and how to access them.

The registered manager reported no staff sickness over the last 12 months. If sickness occurred, the service was able to deploy staff from other branches to support the service.

Records

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

All patient notes were comprehensive, and staff could access them appropriately. Records included contact details and consent forms with a pre-screen assessment that noted medical history and other concerns.

The service kept records for 12 months. Patients were informed before a scan of the how records were kept. The service used paper patient records and images were stored electronically, and available on paper, if requested. Patients were able to request an image on a DVD. Images were download and stored on a storage device to access if an image was required in emergency. The sonographer discussed the process with the patient before a scanning procedure.

Records were stored securely in a lockable cupboard and scans were stored electronically and password protected. There were no delays in staff accessing patient records.

However, we did see patient information on an unlocked computer which was accessible to other patients and visitors. Managers resolved this during the inspection and following this incident, learning was shared verbally with all staff.

Medicines

The service did not use any medicines.

Patients were advised to go to their GP if they required any medication.

Incidents

Requires Improvement

Diagnostic and screening services

The service had a process to raise an incident or concern and staff described how they would manage safety incidents. Managers reported that learning was shared with the team, however, we saw there was not a process embedded.

Staff knew what incidents to report and how to report them. However, managers informed us the service had no incidents to report with the last 12 months. Data reviewed during the inspection showed the only concerns about the service were raised as complaints about the quality of the service.

The service had no never events to report from May 2022 to April 2023. Never events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented.

Whilst the service had no reported incidents and managers did share some learning; this was not always embedded to practice to ensure improvements were made. For example, during meetings with staff, learning was shared about awareness when having confidential conversations with patients. However, we observed confidential patient information was left on an unlocked computer in view of other patients. Staff demonstrated an understanding of reporting serious incidents in line with the service's policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. The duty of candour is a requirement in regulations to be open and transparent with people receiving care applying to every health and social care provider that CQC regulates. The service did not have any reported incidents where the duty of candour would apply, however, staff responded openly to issues and complaints raised by patients.

Staff met to discuss general feedback and look at improvements to patient care. Staff were involved in team meetings. learning from concerns raised with imaging and patient experience and discussions took place during team meetings. However, meetings were not always regular.

Is the service effective?

Requires Improvement

This was our first inspection of the service. We rated effective as Requires Improvement.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Managers monitored this regularly and shared guidance with staff. We viewed up to date guidelines for procedures for example, guidance for undertaking foetal and bladder scans.

All policies and procedures were available in paper folders, so staff knew how to access them. All policies and procedures were up to date and reviewed and the next review was due July 2023.

Requires Improvement

Diagnostic and screening services

Policies and procedures were developed in line with national guidelines from the College of Radiographers and the British Medical Ultrasound Society. For ultrasound, staff followed the as low as reasonably achievable (ALARA) principle avoiding exposure to radiation which is using settings so that the output of the machine is not too high while still getting a diagnostic image. This means the service was able to scan to produce a good quality image while minimising the risk to the patient.

Nutrition and hydration

Due to the nature of the service; staff did not provide patients with food or drink during their appointments. However, patients could access water when visiting the service.

The service did not routinely provide food and drink to patients due to the type of service. However, patients were able to buy a snack or a drink from the main reception and access drinking water.

Patient outcomes

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

The service carried out quality audits monthly by sampling images and scans.

Feedback from patients indicated patients were happy with their image quality. The provider responded with shared learning when images were poor.

Managers and staff used patient feedback and results from internal quality audits to improve images. Leaders shared patient feedback and audits during staff meetings, on a quarterly basis. We saw evidence of this in the minutes reviewed of the February 2023 meeting.

The service reviewed had a lower-than-expected risk of returning visits for a scanning procedure as most patients experienced a positive outcome.

Competent staff

Managers did not appraise staffs' work performance.

Managers told us staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The sonographer we spoke with on the day of our inspection additionally worked with the NHS and was experienced in this role. However, we were unable to access staff personnel files to identify if staff did have appropriate skills, experience, and qualifications to undertake their roles when they were recruited. We saw training files for each individual member of staff. Most of the staff were trained and competent and this was recorded in their files.

Managers told us the staff records were held by a third-party recruitment service and they could not access these files. We reviewed a contract between the clinic and the human resources (HR) service which stated access to specific information about HR files could be accessible during opening hours; with a maximum of a 4-hour timeframe for the

provision of such information. Managers had developed a 'Fit and Proper Persons employed' policy dated 2022 which stated that sonographers recruited through agencies would have their qualifications checked by the agency but also must produce copies of their certificates of professional training to the service managers; a copy of which would be retained.

The service had full induction in place tailored to their role before they started work. However, we saw a new member of staff had been trained by managers to carry out their practical day to day duties but had not completed any mandatory training modules.

Managers told us they assessed staff through a practical supervision to develop their skills and competency to meet patient's needs. This included being familiar with policies and cleaning regimes and providing care to patients with dignity. However, we saw no yearly appraisals completed with staff.

Managers informed staff with information from British Medical Ultrasound Society, which promotes ultrasound within healthcare and updated them on National Institute for Health and Care Excellence (NICE) guidelines.

There were team meetings held every three months. Staff attended meetings and were able contribute to decisions and worked together with managers.

Managers identified some additional training needs for staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had recently completed training on how to break bad news through a third-party training provider.

Managers identified poor staff performance promptly and supported staff to improve. Managers told us they discussed poor imaging during staff meetings to encourage improvement and better patient outcomes for shared learning. We were not assured poor practice was recorded in staff files as we were unable to review these during our inspection.

Multidisciplinary working

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

The service had processes to inform other health professionals in the event of complications or concerns being highlighted during a scan. Patients were advised to see their midwife or GP if they had any concerns. The service worked with other clinics within the same provider to share information and promote good patient outcomes.

Staff could call for support from a sonographer from another service, if a staff member required any advice or support.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. We saw leaflets available in waiting areas for flu vaccines, information on baby scanning and living a healthy lifestyle.

We saw information displayed appropriately in toilets about reporting to safeguarding and domestic abuse with contact information displayed.

Requires Improvement

Diagnostic and screening services

The service provided clear written information about the scanning services provided in leaflets, available on site and electronically on the provider website.

Staff assessed patient's health at every appointment and provided support for individual needs and to live a healthier lifestyle. The staff spoke with patients before scanning procedures took place to identify overall health.

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. Staff did not receive training in the Mental Capacity Act.

Staff had not received any training in understanding how and when to assess whether a patients had the capacity to make decisions about their care. The service had an up-to-date policy accessible to staff.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service completed a pre-screening assessment when booking an appointment, which was reviewed by the sonographer during patients' visit. The sonographer explained any associated risks to having a scan before asking patients to sign a consent form. This included an ID check and signed consent before a scanning procedure.

Staff made sure patients consented to treatment based on all the information available. Patients were informed before appointments. Patients were able to refer to the website for frequently asked questions in relation to various scans and information.

Staff clearly recorded consent in the patients' records. We saw pre-screening of patients including any associated health risks completed before all appointments.

Staff had access to up-to-date policy on the Mental Capacity Act.

Is the service caring?

Good

This was our first inspection of the service. We rated caring as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their dignity, and took account of their individual needs. However, staff did always protect the privacy of patients.

Staff were responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff care for patients with a kind and compassionate attitude during a scanning procedure. The reception area was open, and conservations were held discreetly.

Staff mostly kept patient care and treatment confidential. However, we observed confidential patient information was left on an unlocked computer in view of other patients.

Requires Improvement

Diagnostic and screening services

Staff built a rapport with all patients before a scanning procedure. Patients were kept well informed during a scanning procedure.

Patients said staff treated them well and with kindness and patients reported that staff were caring and friendly.

We spoke to 5 patients who told us staff were available, compassionate, and caring. Patients informed us staff treated them with respect and dignity during a scanning procedure.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw patient being cared for with compassion and staff provided emotional support and time was given to the patient during a scanning procedure. We saw patients were given follow up advice and signposted other services for example midwives and GPs (General Practitioner).

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff provided emotional support to patients when they became upset during a scanning procedure and provided time to the patient and their partner.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff told us this training had been valuable and they would be confident to support distressed patients.

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 sonographer was experienced and developed rapport with patients during a scanning procedure. Patients reported positive feedback of the staff were caring and kept well informed.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. Staff understood and respected the needs of individuals and were able adapt if there was specific need such as an interpretation service.

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. The sonographer involved the patient and explained the scanning procedure. The patient was given an opportunity to ask questions if they had any concerns.

Staff talked with patients, families, and carers in a way they could understand. They communicated clearly with patients and were able to book a translator online before an appointment if this was a requirement. The sonographer provided assurance during a scanning procedure.

Requires Improvement

Diagnostic and screening services

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were able to give feedback to the service by patient feedback form and submitting information through the company website. We saw evidence of feedback collected from staff.

Staff supported patients to make informed decisions about their care. Staff advised patients if they were concerned to visit their GP. The service had access to various leaflets for patients to take away for support.

Patients gave positive feedback about the service; we saw positive comments recorded in patient feedback forms and reviews left on the internet this was shared with the staff during meetings.

Is the service responsive?

Good

This was our first inspection of the service. We rated responsive as good.

Service delivery to meet the needs of local people.

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services, so they met the changing needs of the local population. Managers were able to increase staff numbers, if the number of bookings increased, to meet the needs of patients, all of whom were self-funded.

Facilities and premises were appropriate for the services being delivered. The service was a part of a health care centre and was suitable for the patients visiting the service. The service was spacious and had appropriate facilities for patients with disabilities. The facilities were step free and accessible for wheelchair users.

The service had systems to help care for patients in need of additional support or specialist intervention. The sonographer was able to contact other sonographers over the telephone if advice was required.

Managers monitored and took action to minimise missed appointments. The service did not cancel appointments, patients were able to cancel appointments and able to change time or date for their scanning procedure.

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 how to meet the information and communication needs of patients with a disability or sensory loss. Staff demonstrated an awareness of patients with a specific need and ensured they were screened before an appointment. Managers and staff assessed patients before appointments to identify any needs.

Requires Improvement

Diagnostic and screening services

The service had information leaflets available in different languages spoken by the patients to reflect the local community. Staff were able to translate written information for patients visiting the service using tools on the internet.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff were able to access an interpreter before an appointment if this was required.

Patients had access to a water cooler and were able to purchase snacks or drinks from the reception area.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within the agreed timeframe and national targets. Patients were able to book appointments over the telephone or website. The service catered for a same day appointment for patients. The service undertook approximately 35 scanning procedures a week. There was no waiting list for appointments.

Managers and staff monitored waiting times for patients who attended for an appointment and made sure patients were assured if there was a delay.

No appointments were cancelled by the service.

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, however the complaint responses were not always detailed or sufficient to support shared learning. The service included patients in the investigation of their complaint.

The service had complaints procedure in place and mostly responded to concerns in a timely manner. Patients knew how to complain or raise concerns. Patients were able to submit their concerns or complaints through the provider website or email. The provider responded to concerns within a timely manner. However, there was minimum detail in complaint responses, and this did not always cross reference to shared learning.

We saw some learning from concerns shared within minutes of staff meetings with responses to patients. For example, there was a reminder to staff about being discreet when they were having a confidential conversation.

The service clearly displayed information in patient areas about how to raise a concern.

Staff understood the policy on complaints and knew how to handle them. Staff understood and knew how to respond to concerns. For example, if a patient appointment was delayed, staff spoke with patients, apologised, and reassured them.

Managers investigated complaints and identified themes. We saw complaints investigated and managers responded with a telephone response. Managers listened and acted on the concerns appropriately.

Requires Improvement

Diagnostic and screening services

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We saw follow ups of concerns with a response to patients made verbally, as an apology.

Managers shared feedback from complaints with staff and learning was used to improve the service. The management team shared learning during team meetings and encouraged feedback from patients to improve. We saw evidence recorded following a telephone call of a concern raised about a poor image, this had been rectified and the patient was refunded. The staff understood how to report incidents and seek support from managers.

Staff could give examples of how they used patient feedback to improve daily practice. We saw patient feedback forms available, and staff encouraged patents to feedback. Patients could also submit feedback on the internet.

Is the service well-led?

Requires Improvement

This was our first inspection of the service. We rated well-led as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff.

There was a registered manager based at the location to manage the facilitation of clinics.

The leadership team worked collaboratively and were visible during inspection and available during opening hours to support staff. Staff informed us the managers and directors were approachable and visible if support was needed. The managers took into consideration when service was busier with bookings on some days more than others and were available to support with staffing if required. Staff had clear responsibilities set by managers to meet patient needs.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The service had vision and strategy in place to provide patients with warm and compassionate care and patients to be treated with sensitivity and dignity meeting patient satisfaction. Directors and leaders met quarterly to discuss their shared vision across 3 locations. This included how to improve a culture that supported leaning and innovation, improvement of staff engagement and reviewing the leadership strategy.

Culture

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

Requires Improvement

Diagnostic and screening services

Managers and staff created a positive experience for patients visiting the service. They had developed an open and honest culture. Staff informed us they were supported by the management team and were able contribute to change and improvements within the service.

We saw positive interaction between managers and staff and support being given. The staff told us they felt valued and supported.

The team was diverse and reflected the diverse community. Staff felt they were able to report any concerns or feedback to their manager.

We saw a positive culture demonstrated with patients showing a calm and an informative interaction between staff and patients. Patients informed us the staff were approachable and caring during their visits to the service.

We saw staff were keen to ensure patients were treated with high standard of care, putting patients at heart of the care given.

Governance

Leaders did not operate effective governance processes throughout the service.

Managers were responsible for service oversight. However, we saw gaps in governance which resulted in missed opportunities for identifying and reducing risk, and to share learning effectively.

For example, the registered manager did not have systems or processes to enable effective oversight of mandatory training or staff appraisals. This led to one member of staff having undertaken no mandatory training at all; and other staff not receiving legally required training such as working with people with autism.

We did not see evidence of governance meetings being held and there did not seem to be an opportunity for discussions between other sites run by the provider.

Managers had limited access to staff files in the clinic. We were informed personnel files were overseen by a human resource company, this meant we did not view any staff supervision records or appraisals. We asked to review these as part of our inspection to check competency of staff; however, we were unable to view staff files. Managers did not identify staff that did not have a Disclosure and Barring Service (DBS) checks until our inspection.

Managers told us they shared learning following complaints and reviews of images. However, minutes from staff meetings showed no set action plans to drive improvement.

Managers were aware of their duties ensuring care to the patients. However, improvements were required with processes to provide safe care and treatment. For example, managers did not understand their regulatory responsibility to ensure infection prevention and control equipment was suitable and safe for use.

We raised concerns about out-of-date consumables found in a room shared with another service and the registered manager told us these belonged to the health centre that the clinic was located in

Managers and staff carried out other audits however these were limited and did not capture clinical performance effectively. The managers monitored waiting times and delays during appointments. The staff monitored appointment in-between scans. The service completed hand hygiene audits however, there were gaps. For example, there was no evidence of hand hygiene audits between February 2023 and the date of our inspection.

Managers shared information from these audits to practice. This was discussed within team meetings when these were held.

Managers shared and made sure staff understood information from the audits. We saw managers share learning with imaging staff. This included clinical information and the quality of the image to encourage staff to learn and improve. Not all policies contained sufficient information for staff to fulfil their roles. For example, we saw a safeguarding policy in place, however, it did not have full details of the local authority processes or details on how staff could access advice or report concerns. The manager updated details of the local authority during inspection, and we saw it being displayed.

Management of risk, issues, and performance

Leaders did not identify or escalate all risks and issues. They had plans to cope with unexpected events.

The service had a risk register which identified risks relating to the running of the business.

No clinical risks were identified.

Where risks were detailed, controls were in place to mitigate against the impact from the risks. The risk register included, breakdown of electronic equipment, risk to reduction in service disruption, workload. However, the register did not reflect how often areas were reviewed to maintain consistently.

Not all risks were assessed and managed. This included risks such as safeguarding due to not all staff having DBS checks, access to staff personnel records to maintain oversight, risks associated with using a third-party building, gaps in mandatory training and maintaining patient confidentiality.

Information Management

The service collected some data and analysed it. The information systems were integrated however not always secured. Managers could not access all required information such as personnel records.

Staff completed training in GDPR (General Data Protection Regulation) and were aware of records and information safety. However, the reception computer was left unlocked and accessible to the public during inspection which meant unauthorised people could have accessed patient information. This was resolved during the inspection.

All patient records were accessible to staff. Patient scans were stored electronically and printed off for patients to take away. All records were password protected.

Staff were able to access records of patients if required. We saw staff utilise information on computer and were able to print securely, such as policies or documents.

Engagement

Requires Improvement

Diagnostic and screening services

Leaders and staff actively and openly engaged with patients and staff, to plan and manage services. Team meetings were infrequent, and minutes were not detailed enough to share.

We saw that meeting minutes for January and April 2023 were available for staff to access in a file. However, the details contained in the minutes were minimal and not sufficiently detailed to provide insight for staff members who did not attend the meeting.

Leaders and staff worked with peers within the same organisation by learning from each other. For example, the patient feedback form was shared by services under the same provider. We saw this was effectively used and staff encouraged this with patients during visits.

Leaders and directors met quarterly across all sites to develop their vision and strategy and looked for ways to improve. Staff were not always kept up to date with changes within the service, due to poor meeting minutes and infrequent meetings.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services. However, the provider did not have processes in place to support learning and improvement.

We saw reviews of patient scans were used at staff meetings to encourage improvement. Staff informed us they were able to contribute ideas to improve patient care during meetings to improve the service.

The service learned from other services under the same provider and shared knowledge across services. However, improvement of processes, such as governance meetings and learning forums were not always in place.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must develop systems and processes to identify clinical risks to the service and develop effective action plans to mitigate these risks. (Regulation 17 (1) and (2)).

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service must ensure all staff receive mandatory training including safeguarding, the Mental Capacity Act and mandatory training on Learning Disability and Autism. (Regulation 18 (2)).

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The service must ensure staff receive a Disclosure and Barring Service check before staff are employed in line with providers own policies and processes. (Regulation 19 (1) and (2)).

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

The service must ensure they are able to access staff records to assure themselves staff are competent and are recruited in line with regulations. (Regulation 17 (1) and (2d)).

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service must ensure they undertake annual appraisals with staff to ensure continuous professional development. (Regulation 18 (2)).