South East Ultrasound Limited

Marlowe Innovation Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Insufficient evidence to rate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated this location as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients and kept patients comfortable during scans. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to patient information. Key services were available six days a week and extended days when required.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service 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 when they needed it and did not have to wait too long for a diagnostic procedure.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However, we found the following issues:

The sonographers acting as chaperones had not received any training for this role.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	We rated this service as good because: • See overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Marlowe Innovation Centre

Marlowe Innovation Centre is operated by South East Ultrasound Limited. The service opened at this location in September 2018. It is an independent company providing diagnostic ultrasound and screening services to adults in the East Kent communities. This location offers services to patients who are NHS funded (76%) and other-funded (24%). The provider offers one type of modality; ultrasound scans such as the abdomen, women's health, musculoskeletal and testicles. The service also offers other-funded baby scanning services and general health and wellbeing screening. All ultrasound scans offered at this location have no associated radiation risks as probes are placed directly onto a patient's skin or inside an opening during a procedure.

Clinics are operated from this location which is also the head office. This service occupies two rooms on the ground floor, situated within a building shared with other independent businesses; one room is dedicated for ultrasound scans and the second room split into two offices used for management and administration staff. The main entrance to the building had a reception area, with further dedicated waiting areas next to the scan room and offices.

The service employed two directors (one held the role of the registered manager and sonographer), seven administration and information technology staff, 12 self-employed sonographers, one self-employed physiotherapist sonographer and one self-employed radiologist.

The provider also offers services at 10 mobile clinics located in GP surgeries and health centres within East Kent.

The location is registered to provide the following regulated activities:

• Diagnostic and screening procedures

A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have legal responsibility for meeting the requirements set out in the Health and Social Care Act 2008. The service has had a registered manager since 2018.

This location registered with the Care Quality Commission in September 2018 and this is its first inspection. We carried out a planned comprehensive unannounced inspection on 8 September 2021.

How we carried out this inspection

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a team inspector with expertise in radiography. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

During the inspection visit, the inspection team:

- visited the rooms at the location, looked at the quality of the rooms and surrounding environment and saw how staff were caring for patients.
- spoke with the registered manager who was also the co-owner and co-director.
- spoke with five members of staff including two sonographers and three administration staff.

Summary of this inspection

- spoke with nine patients who were using the service.
- reviewed three scan records.
- reviewed three completed complaints.
- looked at a range of policies, procedures and other documents relating to the running of the service.

After the inspection visit, the inspection team:

- reviewed further service information such as performance, training compliance, audits, policies, feedback from patients and staff.

Activity

In the reporting period, 31 July 2020 to 31 August 2021, this location carried out 7,069 scans. Of these, 76% were NHS funded and 24% were other funded.

Track record on safety:

- Zero never events
- Zero serious injury
- Zero incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA)
- Zero incidences of healthcare acquired Clostridioides difficile (C.difficile)
- Zero incidences of healthcare acquired E-Coli
- Five complaints

Services provided at the location under service level agreement included:

- Clinical and non-clinical waste management
- Maintenance and service of medical equipment

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 trust 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 SHOULD take to improve:

- The service should provide relevant training for staff acting as chaperones.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Insufficient evidence to rate	Good	Good	Good	Good
Overall	Good	Insufficient evidence to rate	Good	Good	Good	Good

Good

Diagnostic and screening services

Safe	Good
Effective	Insufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are Diagnostic and screening services safe?

Good

We rated safe as good.

Mandatory training

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

Staff received training in various subjects relevant to their role. Mandatory training was a mixture of face to face training and e-learning. Practical sessions included life support and manual handling. The service's compliance target for mandatory training was 85%.

The registered manager oversaw staff compliance with mandatory training. At the time of our inspection, 94% of all staff had completed mandatory training.

Staff were reminded at least six weeks prior to mandatory training expiring to help ensure they completed training within required timescales.

Staff we spoke with told us they could access required training in a timely manner and were given time to complete training when required.

Safeguarding

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

Staff had received training on how to recognise and report abuse, and they knew how to apply it.

There were systems, processes and practices to keep patients safe from abuse.

Good

Diagnostic and screening services

The service had a safeguarding policy; each for adults at risk and children and young people at risk which were due for review in August 2022. The policies provided information about what constitutes abuse and what to do in the event of a concern. The policies also contained information on female genital mutilation and PREVENT where people at risk may potentially be exploited for terrorist purposes.

The policies had clear processes for staff to follow in the event of identifying a concern of abuse with contact details for raising a concern. They included a flow chart with contact details for the police, local social services and a contact number for advice relating to safeguarding concerns. A poster was clearly displayed in the scan room.

Two directors who also held roles as sonographers had completed level 3 safeguarding adults and children and young people training. One of the two directors, who was the registered manager, was the safeguarding lead.

All clinical staff had completed the minimum level 2 safeguarding adults and children and young people training. All non-clinical staff had completed level 2 safeguarding adults training even though the required minimum level was level 1.

The service had raised two safeguarding concerns in the 12 months prior to inspection and this showed staff had followed local safeguarding policies that aligned with national safeguarding guidance.

All staff had disclosure and barring service (DBS) checks; enhanced for clinical staff and non-enhanced for non-clinical staff. The service had an automated yearly check arranged through a standing order for all staff.

Cleanliness, infection control and hygiene

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

The waiting and clinical areas were visibly clean and tidy.

The service had adequate personal protective equipment (PPE) such as disposable masks, visors, goggles, aprons and gloves. At the start of the pandemic, the service had difficulty in obtaining PPE when their stocks ran low. The directors saw this as a risk at the time and worked with the local clinical commissioning group to obtain temporary and emergency supplies. The service now had adequate PPE supplies and the directors made sure they had a standing order for PPE with a UK-based supplier.

Staff used PPE appropriately and were bare below the elbow.

The service had an infection control and prevention policy and a hand hygiene policy that were in date. These were adapted and aligned to national COVID-19 guidance.

Staff cleaned the abdominal ultrasound and trans-vaginal scan probes with suitable cleaning wipes after every use to prevent the spread of infection. Staff explained they would place a sheath cover over the trans-vaginal probes prior to use. This aligned with the service's infection control and prevention procedures and manufacturer guidance.

We observed the sonographers decontaminating the couch in between each patient.

Good

Diagnostic and screening services

During the inspection, the sonographers cleaned their hands according to the World Health Organisation's five moments of hand hygiene. The registered manager told us the service carried out hand hygiene audits every six months**.** They provided an example of an audit completed in December 2020 that identified staff did not routinely wash their hands in between scanning patients and then touching hard surfaces or equipment. The results and five moments of hand hygiene were discussed at the review meeting to remind staff of the required standards. The most recent hand hygiene audits showed 100% compliance. The service also introduced non-touch general waste bins to prevent the spread of infection.

The service's handwashing sink had lever operated taps in the scan room which met the standard required by Health Building Note 00:03 Designing generic clinical support spaces. Taps should be lever or sensor operated as this means they can easily be turned on and off without staff contaminating their hands.

The registered manager told us they continued to keep abreast of COVID-19 developments and made sure to adapt the service's guidance to align with any national guidance. The service worked closely with GP surgeries to support COVID-19 screening of patients prior to scans. They continued to undertake appropriate cleaning of their premises with attention to contact surfaces. The service continued to advise patients to wear a face mask when attending, to attend alone where possible or with a carer if required and to arrive on time and avoid sitting in the waiting area after the appointment. We saw hand gel dispensers located in the main entrance and at relevant locations in the building.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service was on the ground floor of a two-storey building that was shared with other services. A shared receptionist was at the main entrance on the ground floor.

All fire exits were clearly signposted and easily accessible in the event of a fire requiring evacuation. Fire safety training formed part of the mandatory training programme. Records showed the fire alarm and fire extinguishers were maintained on a regular basis.

All entrances and exits were wheelchair accessible, including the three toilets on the ground floor.

The service acquired a new ultrasound scanner in July 2021 and a new equipment check was carried out before and after it was delivered. The service had a contract to carry out regular preventative maintenance every 12 months and kept a log of this. The log also recorded any faults and the service reviewed this to monitor any trends. Records confirmed all equipment had a current repair contract in the event of equipment failure.

The scanning room had good lighting which could be dimmed to allow ultrasound images to be clearly viewed. A large screen on the wall showed the scan images to the patient and those with the patient during their scan.

There was a separate and dedicated waiting area for patients on the ground floor of the building.

We saw well stocked clinic store cupboards with equipment needed for ultrasound such as contact gel and paper towels. The sonographer told us they had enough equipment and supplies to provide a high standard service.

Good

Diagnostic and screening services

The service had access to resuscitation equipment and sonographers were trained in basic life support in line with a service of this type. Staff had access to a first aid kit and a body fluid spillage kit if required.

Staff handled clinical and non-clinical waste in a way that kept people safe. The service used a colour coded system to separate and dispose waste. Waste was stored in secure, colour coded bins which both met the required standard of health technical memorandum 07-01 management and disposal of healthcare waste. Records showed an approved contractor collected the clinical and non-clinical waste on a weekly basis.

We saw a small-sized carbon dioxide fire extinguisher in the stock cupboard with no expiry date label. We raised our concern to the registered manager. They explained this was an unused equipment item they inherited and told us they had arranged to safely remove it. The registered manager showed us confirmation of disposal after our inspection.

Assessing and responding to patient risk

Staff identified, responded to and removed or minimised risks to patients. Staff identified and quickly acted upon patients at risk of deterioration.

Sonographers had clear processes to follow and escalate unexpected or significant findings during a scan. A poster showing the actions to take and the key contacts within the NHS was displayed in the service's office.

Sonographers told us they would contact 999 if an emergency situation arises on the premises.

We observed staff using the Society of Radiographer 'Pause and Check' system to ensure that the right patient received the right scan at the right time. They used this system for each patient that had undergone several procedures.

Sonographers told us they would advise women to attend their NHS scans as part of their maternity pathway.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care. The registered manager regularly reviewed and adjusted staffing levels and skill mix, and gave new staff a full induction.

The service was led by the registered manager who was also a director and a sonographer. Their time was shared between clinical practice and non-clinical responsibility. The service shared a receptionist with the other services within the building.

The service had a self-employed radiologist and had access to them for clinical advice and to review scans showing unexpected findings.

The registered manager made sure they reviewed and adjusted staffing levels according to the number of patients booked for scans.

Staff told us they received an induction when they first started work at this service.

The service did not use any bank or agency sonographers.

Good

Diagnostic and screening services

Records

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

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

The service received referrals from GPs electronically. Referrals included relevant information such as patient details, the scan requested, referral reasons, a GP's name and date of referral.

Sonographers kept electronic scan images and scan reports securely on a password protected computer. We observed staff locked the computer by password when not in use.

Staff followed local and national guidance when sending scan reports electronically to GPs. The service had plans to implement an electronic system widely used by GPs within East Kent. This would help the electronic transfer of scan reports and they would be able to refer to GPs in real time.

Medicines

The service did not store or use any medicines.

Incidents

The service knew how to raise and manage patient safety incidents should they occur.

The service had an incident policy that was in date. The policy outlined the various incidents that would result in harm and had a form that could be used to report an incident.

The sonographer could clearly describe what would constitute an incident or a never event. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systematic protective barriers, are available at national level, and should have been implemented by all healthcare providers.

The service had zero incidents or never events in the 12 months prior to inspection.

Are Diagnostic and screening services effective?

Insufficient evidence to rate

We did not rate effective as there was not sufficient evidence to rate.

Evidence-based care

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

Good

Diagnostic and screening services

All sonographers had access to up to date policies, procedures and clinical guidelines which were available in electronic or paper format. The registered manager made sure staff kept up to date and followed guidance.

We reviewed and found the service's policies, procedures and guidelines were based on guidance produced by the Royal College of Radiologists, British Medical Ultrasound Society and the National Institute for Health and Care Excellence.

The service communicated policy and guideline updates to all sonographers via electronic alerts.

We saw all policies were in date, except one related to urgent reporting guidance. However, when we raised this with the registered manager, it was evident that the content of the guidance remained relevant. The registered manager took immediate action to review the guidance and updated the review date on the document during the inspection.

We were told all policies were reviewed yearly and the service was in the process of doing so. Policies included consent, hand hygiene, personal protective equipment, data quality, fire safety and information governance.

The service had re-started to offer baby scans such as 3D/4D and gender scans, in line with royal college and professional society guidance. They also offered pregnancy scans such as reassurance scans (from early pregnancy right through to term). The service had a two-step checking process to ensure pregnant women were attending their NHS maternity appointments and scans. All women completed a patient information form, which checked they were booked with a midwife as well as their obstetric history. Sonographers would subsequently have a conversation with women and ensure they were booked with midwifes and attending NHS appointments. Pregnancy scan reports and the service's website made clear that any pregnancy scans are supplementary to, and not a replacement for, NHS maternity care.

Nutrition and hydration

Patients had access to free water while waiting for their scan. The service did not provide food for patients as they were only attending for a short time.

Patients receiving a kidney scan were asked to drink one litre of water 45 minutes before the scan. Patients advised us this was discussed at booking and the information was also included in the appointment letter they received regarding what to expect from the scan. The booking team contacted these patients the day before the appointment as a reminder and we saw staff checked again when the patient arrived on site.

Pain relief

Staff did not formally assess pain level but we saw staff asked patients if they were comfortable during the scan.

We observed staff helping patients to comfortably position themselves during scans, by using cushions and padding, to minimise any discomfort patients may experience during the investigation. Staff also regularly checked on patients during scans to ensure they were comfortable and able to maintain the position.

Patient outcomes

Staff monitored the effectiveness of care and treatment and used the findings to make improvements.

The registered manager monitored the standard of scan reporting and image quality and made sure they carried out monthly scan audits. The provider benchmarked the audit results with its other locations to ensure they achieved consistency in the services they offered.

There was a peer review system that looked for trends if the image quality was not sufficient and there was a team rota to sought second opinion when required.

The service used the British Medical Ultrasound Society's peer review audit tool to score the accuracy of the ultrasound scan reports. The service carried out audits on 5% of the scans performed and three aspects of the examination were reviewed; the clinical questions, the images and the report and advice given to the patient. Each was categorised into a score of three for good, two for acceptable and one for poor. Any discrepancies, if identified, would be discussed with the sonographer at the time of the review and shared at team meetings.

Audits from April 2020 to March 2021 showed the service carried out a peer review in accordance with the service protocol. All areas of the scan process were scored as three for good.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance, provided support and development.

Sonographers do not have a protected title and therefore did not need to be registered with the Healthcare Professionals Council (HCPC). However, all sonographers in this service were registered with the HCPC and had a voluntary registration with the Society of Radiographers.

The registered manager carried out yearly staff appraisals. Records in September 2021 showed the appraisal completion rate was 100%.

Multidisciplinary working

Healthcare professionals and administrative staff worked together as a team to benefit patients.

The registered manager, sonographers as well as administrative staff supported each other to provide good care. Staff told us they worked well as a team and provided each other with support when required.

Sonographers could access support if they needed help regarding a scan. Directors were available either via telephone or email, if they were not on site. Staff told us they responded to queries promptly.

The registered manager continually worked with local GPs and the local commissioning group to improve referral information. They regularly met to discuss and adapt the referral templates so that information completed was clear such as the reason for referral. The registered manager said they were working with primary care services and the local commissioning group to facilitate learning sessions at GP study days.

Sometimes a sonographer would have to give women bad news about their pregnancy. When this happened, the sonographer would ring their GP and local hospital obstetric department to discuss the findings with a woman's consultant or midwife in the early pregnancy clinic. This made sure women had rapid follow up with their NHS team.

Good

Diagnostic and screening services

Seven-day services

Services were available to support timely patient care.

The service was provided between 9am and 5pm daily, Monday to Friday, and Saturday from 9am to 1pm. The service made sure they could always allocate urgent and same-day appointments when required.

Consent and Mental Capacity Act

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their role and responsibility under the Mental Health Act 1983 and the Mental Capacity Act 2005.

We saw the sonographers obtained and recorded verbal and written consent from patients before undertaking a scan. They described the importance of gaining consent from the patient before undertaking any procedure.

The service had a consent to examination policy. The policy was reviewed on a yearly basis and was in date. Staff followed local guidance that aligned with national guidance to gain patients' consent.

Staff were up to date with mandatory training on the Mental Capacity Act 2005. Staff showed an understanding of mental capacity and what actions to take if they had concerns about a patient's capacity. They knew how to support patients who lacked capacity to make their own decisions or experiencing mental health issues.

Are Diagnostic and screening services caring?

Good

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

We observed the sonographers interacting positively with patients. They spoke with patients sensitively and appropriately depending on individual needs.

The sonographers had a friendly and professional approach, they put patients at ease. They introduced themselves by name and explained each stage of the procedure during the appointment.

We saw sonographers treated patients with privacy, dignity and respect. They made sure the door to the scan room was locked during procedures. Patients could undress and dress in private before and after the scan in the scan room.

Two sonographers always worked together for all procedures. One of the two sonographers acted as a chaperone but they had not received training for this role.

Good

Diagnostic and screening services

We observed administrative staff answering patient enquiries and interacting with patients in a friendly manner, via the telephone. Calls were made in the office and patients' conversations could not be overheard.

Feedback from the nine patients we spoke with during the inspection and written feedback we reviewed about the service confirmed staff treated patient well and with kindness. Patient comments included, "ladies were very professional and treated me with upmost respect, excellent team", "made me feel very at ease, information given was spot on" and "fantastic service, very informative, efficient and friendly staff".

After the inspection, we reviewed the service's patient satisfaction data collected in July 2021. The service had received 37 responses; 33 of the 37 stated they had an excellent overall experience and the remaining four stated good.

Emotional support

Staff provided emotional support to patients to minimise their distress.

We observed staff providing reassurance and comfort to patients throughout the scan and keeping the patients informed of how the scan was progressing.

Patients were also given an opportunity to ask questions during the scan and in the consultation after the scan. Sonographers said that talking to patients during the scan helped to manage the patients' anxiety.

Sonographers told us they would stop any procedure immediately if the patient became too anxious or requested it. They would then either offer the patient another appointment or contact the referrer.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand the procedures and make decisions about their care.

All patients we spoke with said they had received information in a way they understood. They also told us they were kept informed of what the procedure entailed, risks, sides effects and next steps.

We observed staff talk to patients using plain English and where appropriate, staff involved patients and those close to them in discussions about options for the procedures. For example, staff made sure the spouse of a patient with early onset dementia who attended alone knew the details of their future appointment.

The service encouraged patients to contact the service with any concerns. We saw this was also contained in the appointment letter sent to patients. Appointment letters also included information about each scan. Sonographers gave a detailed explanation of the scan and allowed time for patients to ask questions before, during and after the scan.

Are Diagnostic and screening services responsive?

Good

We rated responsive as good.

Good

Diagnostic and screening services

Service 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 was planned to support commissioners and local health economies where NHS services did not have the resources or were not meeting national standards in providing a diagnostic screening service.

The service also provided reassurance in early pregnancy and identifying foetal abnormality earlier than routine scanning that complemented NHS services.

The service had plans to widen access to ultrasound scanning for the local population such to expand and offer private health and wellbeing scans.

Patients could park for free in the car park on site. The service was accessible by public transport and was within walking distance of a railway station.

Meeting people's individual needs

The service took account of patients' individual needs and made reasonable adjustments to help patients access services.

The service had facilities to accommodate patients who used a wheelchair or had limited mobility as the scan room was on the ground floor. There were three accessible toilets on the ground floor. The car park had adequate disability access spaces. The environment and facilities were suitable for a wheelchair user or a person with disabilities.

The service made sure to allow an extended appointment time to suit individual needs. For example, those living with dementia or who had a disability.

The scanning couch could accommodate a bariatric patient of up to 240 kilos.

A telephone interpretation service was available for patients who did not speak English.

The service used "The Hospital Communication Book" which is a guide to help staff communicate with people with a range of different needs. It included useful information such as food and drink pictures, alphabets, pictures of procedures and body parts. Staff and patients could use this interactive guide to communicate with each other when patients attend for a scan.

We observed staff shared information and communication support needs with GP services for patients with a disability, impairment of sensory loss. The service made sure health and social care information was accessible, which aligned with the Accessible Information Standard.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to scan and scan to results were in line with national standards.

Good

Diagnostic and screening services

The service matched the service delivery to the needs of their patients. GPs referred patients to the service electronically and patients could book appointments directly by telephone. The maximum wait time for patients to have a scan was two weeks, however data showed patients were offered scans within three days of referral.

The service kept two appointment slots free for urgent appointments each day. This meant it was sometimes possible to book a scan on the same day. Alternatively, the service could offer an appointment at another location run by Southeast Ultrasound Ltd.

The directors reviewed patient referrals before the patient arrived at the clinic. If they saw a patient required something that was not routine, they made sure support was available at the time of appointment.

On arrival, patients booked in with the administration staff and sat in the waiting area before being called for their scan. Records showed that the patients' referring GP was provided with a written report of the results of the scan.

An electronic system was used to monitor the number of patients who did not attend for their scan. From January to June 2021, 4% of patients did not turn up for their scan. These were for various reasons and the service followed up with the patients and referring GPs to make sure another appointment was rebooked where required.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

There were processes to ensure patients and their relatives could make a complaint or raise concerns and were aware how to do so. The service's website also contained information for people on how to contact the service if they want to make a complaint or provide a compliment. Patients could also provide feedback online.

The service's complaints policy was in date. It had clear and detailed actions for staff to follow if a patient wished to make a complaint.

The service had received five written complaints from 31 July 2020 to 31 August 2021. We reviewed three complaints and all were dealt with in line with the service's policy. There were no specific themes or trends. We saw the service learned lessons and changed practice. For example, the service made sure the service's consent form incorporated consent for all procedures using one standard template instead of different versions.

Are Diagnostic and screening services well-led?

Good

Leadership

The directors and registered manager had the skills and abilities to run the service.

Good

Diagnostic and screening services

Leaders understood and managed the priorities and issues the service faced. They maintained their skills through continuing clinical practice. Both directors were also sonographers and one of the directors also held the role of the registered manager.

The directors and senior sonographers were visible and approachable in the service for patients and staff. There was always one director on site and would cover the team as an extra sonographer for any unforeseen staffing absences.

Leaders supported staff to develop their skills and take on more senior roles. For example, the service recently promoted two administrative staff to team leader roles.

Vision and strategy

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

The service had ambitions to expand their services and widen access to meet the needs of the local communities. Leaders monitored their demands and worked with relevant stakeholders to provide a service where there was a gap.

Leaders jointly worked with primary care services and the local NHS trust to enhance and support patient care. This met their vision, “to be recognised as a trusted partner and a centre of excellence for ultrasound providing the highest quality, patient-centred service” and mission, “we work together to deliver high quality services across boundaries that enable GPs and patients to quickly establish how the next steps in their care is delivered”.

The service’s vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood the service’s vision and strategy and knew how to apply them in their daily roles and responsibilities.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and inclusivity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could easily raise concerns.

There were high levels of staff satisfaction. Staff were proud of the provider as a place to work and spoke highly of the culture. Staff felt respected, supported and valued. The service provided opportunities for career development. The service had an open culture.

Staff we spoke with were positive about their role. They felt very valued and respected in their roles. We observed staff working with compassion and pride and there was good teamwork on the day of inspection.

Administrative staff told us they were well supported and were given opportunities to develop into taking on a more senior role. For example, two administrative staff were promoted to be team leaders.

The registered manager and staff told us they regularly organised social events out of work as team building experience. At the time of the inspection, we saw a poster promoting a concert evening for staff.

Good

Diagnostic and screening services

The service promoted a culture of openness and honesty. Staff felt able to escalate concerns and issues to managers within the service.

There was a positive reporting culture and staff told us the service had a 'no blame' approach to incidents. Staff were supported and encouraged to learn from incidents.

The provider promoted equality and inclusivity practices. Staff praised the leadership support and efforts taken to make them feel valued as a team and as individuals. The service had a whistleblowing policy and this was in date. Staff told us they could freely raise any concerns if required.

Governance

Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The registered manager had overall responsibility for governance and quality monitoring.

The service used peer review to audit the quality of the ultrasound image and reports. Records showed in the last 12 months the service undertook monthly peer reviews which aligned with the provider's protocol.

All sonographers had the professional qualifications required by the role. This was confirmed by their identification, professional qualifications and disclosure and barring service certificate.

Details of public indemnity insurance for this service was clearly displayed in the management office.

The service discussed and learned from complaints and compliments, and risks at quarterly team meetings, or sooner if required. All staff told us they also had daily opportunities to discuss and learn if required.

Managing risks, issues and performance

The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.

The service had arrangements for identifying and recording risks. The risk register identified what the risk was, the severity level and action taken. There was a review date for the risks identified.

Risks identified included slips and trips, storage height, equipment failure and infection and prevention control.

The service worked with all external agencies to make sure service contracts were met. For example, the registered manager monitored clinical waste was safely disposed and in a timely manner.

There was a business continuity policy for unforeseen events such as power and equipment failure. There was a back-up generator in the event of power loss.

Information management

Good

Diagnostic and screening services

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

The service was aware of the requirements of relevant legislation and regulations to manage personal information. The service had reviewed its systems to ensure the service was operating within General Data Protection Regulations.

The service managed information securely. The computer used for storing appointments and clinical information related to the scan was protected by passwords. The computer was locked when not in use so confidential information could only be accessed by those who had the authority.

The website for the service provided information about the service and key contact details.

Engagement

The service engaged well with staff, patients and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

The service gathered patients' views and experiences to improve the service provision. Feedback was gathered through comment cards or online submission via the service's website. The service had plans to gather feedback electronically via the local IT system when this was implemented in the next two months.

There were regular staff and management team meetings to gather staff views. We saw the most recent minutes from these meetings included subjects such as training, learning opportunities, policy and procedure updates, service and staff development, business and finance matters. Staff told us they were always listened to; they said leaders acted quickly on any issues and provided them with feedback.

The service continually worked with local GP services and commissioning groups to provide appropriate scans and improve the quality of referrals from healthcare professionals.

The registered manager told us they were planning to provide teaching sessions on the quality of referrals to GPs and the service was working with the local clinical commissioning group to implement this.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well or wrong, promoting continual learning and training.

Staff provided examples of improvement or changes they had made to processes based on patient and staff feedback. This included ensuring detailed information was contained in the appointment letter such as giving patients the option to rearrange appointment times and locations and encouraging patients to contact the service if they had any questions or concerns.

All staff were committed to continually learning and improving services. Leaders encouraged open conversations about learning and they made sure staff received relevant training if required.