Essex Ultra Sound & Medical Services Limited

Quality Report

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

Ratings

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

Overall summary

Essex Ultrasound and Medical Services is operated by Essex Ultrasound and Medical Services Limited. It is a diagnostic service located in Canvey Island, Essex. The service has one ultrasound scanning room, an office and a waiting area shared with patients who use other facilities located at the site.

The service has one registered location with additional services provided from five satellite clinics held at GP Practices based in Basildon, Brentwood, South Woodham Ferrers, Maldon and Southend.

The service provides diagnostic imaging through the use of ultrasound imaging to NHS and private patients aged

Summary of findings

18 years and above. Modes of ultrasound scanning included but were not limited to; musculoskeletal, upper and lower abdominal ultrasound, kidney, bladder, scrotal transvaginal and thyroid.

This was the services first inspection since it registered with CQC in November 2016. We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 16 October 2018.

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

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

The only service provided at this location was diagnostic imaging.

Services we rate

Our rating of this service was good overall.

We found areas of good practice in diagnostic imaging:

- The dedicated clinical room used for the patient scanning was clean, tidy and contained the appropriate resources which were stored correctly.
- Equipment maintenance and service records were fully itemised, organised and maintained.
- Appointments were scheduled to meet the needs and demands of the patients who required these services.
- There were processes in place for the escalation of unexpected findings during ultrasound scans. The service had developed links with the local NHS trusts to enable an onward referral for patients.
- Written feedback from patients was overwhelmingly positive.
- We also found the following issues that the service provider needs to improve:
- The providers submitted statement of purpose registered the service to provide diagnostic and screening services to people of 18 and above. Between the reporting period July 2017 to August 2018 the provider delivered these services to 179 young people between 16 to 18 years of age, which was outside the submitted statement of purpose. Once we highlighted this at the inspection the provider stated that they would no longer offer this service to young people between the ages of 16 to18 years.
- We found issues regarding the environment of the clinical room which did not fully support the privacy of the patient.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements. We also issued the provider with one requirement notice that affected diagnostic and screening procedures details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Essex Ultrasound and Medical Services is operated by Essex Ultrasound & Medical services limited. The service provides diagnostic imaging services (ultrasound scans) to the local communities in and around the Essex area. The service is registered to provide diagnostic imaging (ultrasound scans) to patients 18 years and above. We rated this core service as good overall because care and treatment provided was based on best practice and delivered by competent staff. The service controlled infection risk well and had an updated infection prevention and control policy. Patients could access care and treatment in a timely way and in locations to meet their needs. Patient feedback about the service was positive. Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Governance processes were in place to provide adequate assurances of service provision and drove improvements.

Summary of findings

Contents

Good

Essex Ultra Sound & Medical Services Limited.

Services we looked at: Diagnostic Imaging.

Summary of this inspection

Background to Essex Ultra Sound & Medical Services Limited

Essex Ultrasound and Medical Services is operated by Essex Ultrasound and Medical Services Limited. The private service opened in October 2016 and is based in Canvey Island, Essex. The service primarily serves the communities in and around the Essex area.

The service is registered to provide diagnostic and screening procedures (ultrasound scanning services) to people 18 years and above.

The service has had a registered manager in post since October 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Fiona Allinson Head of Hospital Inspection.

Information about Essex Ultra Sound & Medical Services Limited

The service is provided from a primary care centre which has one clinical room and is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited one location. We spoke with eight members of staff including; radiology department assistants (RDA), administration staff a senior sonographer and the registered manager. During our inspection, we reviewed 12 sets of patient records.

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

Activity (July 2017 to August 2018)

- In the reporting period July 2017 to August 2018 there were 16,597 outpatient attendances. Of these 96% (15,913) were NHS funded and 4% (684) were privately funded.
- The service employed one full time sonographer and three part time sonographers (who worked one day a week), an operational manager, business manager, three radiology department assistant (RDA) and 14 dual role administrative staff and RDA qualified. The service had access to sonographers employed by NHS trusts that provided regular sessional work.
- In addition to sonographers, the service had the support and input from two consultant radiologists from a London based NHS trust who provided senior clinical review of the scans and feedback on the quality of reporting and accuracy.

Track record on safety

- There were no never events
- There were no serious events
- There were no clinical incidents.
- There were two complaints, of which neither were upheld.

Services accredited by a national body:

- The service currently had no accreditations by national bodies.

Services provided under service level agreement:

- Clinical and or non-clinical waste removal
- Cleaning services
- Interpreting services
- Maintenance of medical equipment

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

Are services safe?

We rated safe as good because:

- The service had a robust track record for safety. There had been no never events or serious incidents reported between July 2017 to August 2018.
- Equipment maintenance and service records were fully itemised, organised and maintained.
- There was one dedicated clinical room used for the patient scanning which we viewed and found it to be clean, tidy and contained the appropriate resources which were stored correctly.
- All new staff completed an Induction programme and told us they felt well supported and prepared for working within this area.

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

- The providers submitted statement of purpose registered the service to provide diagnostic and screening services to people of 18 and above. Between the reporting period July 2017 to August 2018 the provider delivered these services to 179 young people between 16 to 18 years of age, which was outside the submitted statement of purpose. Once we highlighted this at the inspection the provider stated that they would no longer offer this service to young people between the ages of 16 to18 years.
- We found issues regarding the environment of the clinical room which did not fully support the privacy of the patient.

Are services effective?

We do not rate effective.

- We reviewed policies, procedures and guidelines, which had implementation and review dates.
- The policies referenced guidelines from professional organisations such as the National Institute for Health and Care Excellence (NICE) and the Department of Health (DoH).
- Staff showed us they could easily access policies via the service's electronic system.
- The provider had a local audit plan with 17 audits identified. Local audits were completed monthly, quarterly and annually.

Summary of this inspection

Topics audited included but were not limited to, reporting standards, adverse incidents, infection and prevention control patient feedback and waiting times with clear action improvement plans in place.

Are services caring?

Good

We rated caring as good because:

- We heard staff interactions with service users which were supportive and professional.
- Staff explained to us how they had provided comfort to a patient and her partner who had suffered a bereavement by ensuring that they were given the privacy and the time to grieve.
- Staff described how the patient's dignity and privacy were protected through the use of a privacy cover and curtains.
- The service received positive patient feedback with comments such as how gentle, efficient and caring staff were.

Are services responsive?

Good

We rated responsive as good because:

- The clinical room was suitable and appropriate to meet the needs of the patients.
- The service ensured there were appointments available to meet the needs of the patients.
- Clinics were organised to ensure availability in all locations.
- Patients were sent a text to remind them of their appointment.

Are services well-led?

Good

We rated well-led as good because:

- Leaders were visible, approachable and supportive to staff.
- Staff could verbalise who the services Caldicott Guardian was.
- There was a positive culture amongst all staff. Staff enjoyed working for the service and would recommend this as a place to work.
- Team meetings took place on a quarterly basis.

However,

- The providers submitted statement of purpose registered the service to provide diagnostic and screening services to people of 18 and above. Between the reporting period July 2017 to August 2018 the provider delivered these services to 179 young people between 16 to 18 years of age, which was outside the

Summary of this inspection

submitted statement of purpose. Once we highlighted this at the inspection the provider stated that they would no longer offer this service to young people between the ages of 16 to18 years.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Notes

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We rated safe as **good** in diagnostic imaging**.**

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Mandatory and statutory training was provided by a combination of e-learning and face-to-face training sessions. Mandatory and statutory training was made up of 12 modules including adult and child safeguarding, equality and diversity, manual handling, infection control and information governance.
- Medical staff, including consultants, and sonographers held substantive posts with NHS trusts and completed mandatory training with their primary employer. The registered manager oversaw compliance with mandatory training to ensure staff were up to date.
- Chaperone and administrative staff completed mandatory training through a variety of methods including e-learning and face to face.
- Up to August 2018 mandatory training compliance for clinical staff was 100% and administration staff compliance was (66%) eight out of the 12 training subjects were completed, however staff told the inspection team that outstanding training had been booked.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- There were clear internal processes to support staff to raise concerns. The safeguarding policy contained definitions of abuse, signs of potential abuse, the definition of female genital mutilation (FGM) and it raised the awareness of the government's PREVENT strategy. The aim of the strategy is to provide staff with the knowledge to enable them to be aware of the need to safeguard vulnerable people from being drawn into terrorism or exploited for extremist. The policy contained up to date contact details for the local authority and clear guidance on the process staff should follow if they suspect abuse or harm. We reviewed the safeguarding policy which referenced national guidance it was dated April 2018 and had a review date April 2020.
- Staff could access the adult safeguarding policy on the organisation's intranet.
- There had been no reported safeguarding incidents in the reporting period July 2017 to August 2018.
- The service had a named safeguarding lead who was trained to level three safeguarding adults and children. Information submitted by the service demonstrated that 100% of staff had completed adult safeguarding training and 100% had completed child safeguarding levels two with 80% of staff completing safeguarding of children level three.
- The service did not have a chaperone policy, however the patient dignity and respect policy incorporated and defined the role of the chaperone.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well.**
- The service had an updated infection prevention and control policy.
- Staff had completed mandatory training which included infection and prevention training as part of the electronic learning package.

Good

Diagnostic imaging

- The service had a dedicated infection control lead with oversight provided by the Health Protection Agency (HPA). All areas were visibly clean and well maintained. Daily checklists for cleaning were seen from July 2017 to October 2018 and all were completed fully.
- Staff describe to the team how equipment was decontaminated. They had recently changed to a different cleaning spray which the manufacture, had highly recommended for ultrasound probe decontamination.
- Examination couches, chairs and pillows had wipeable covers and we saw disinfectant wipes throughout.
- Personal protective equipment (PPE) such as disposable gloves and aprons were readily available for staff to use.
- Hand washing posters were in appropriate areas demonstrating the hand washing technique.
- An infection control audit for February 2018 demonstrated a 95% compliance. An area of concern identified were staff wearing jewellery whilst working within the clinical environment and not adhering to the 'Bare Below the Elbow' protocol. These national guidelines are for all staff working in healthcare environments to reduce the risk of cross contamination between patients. However, a report submitted by an external stakeholder on a quality visit held 8 to11 June 2018 found that all clinical staff adhered to the 'Bare Below the Elbow' protocol.
- During our inspection, we observed staff were bare below the elbows even when not working clinically.
- Hand hygiene audit results for August 2018 were 97% against the providers' target of 95%. This had been shared at the team meeting and actions put into place to improve staff compliance.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The clinical room was secured by a lock and in an area of the centre that was away from the main reception and waiting area. Disposal curtains were around the couch area and used to protect the patient's dignity and privacy.
- We checked the curtains which were visibly clean and dated as last changed in May 2018. Staff confirmed the curtains were changed every six months or immediately replaced when soiled or dirty.
- There was a music system in the scanning room used to calm the environment.
- The separate dirty utility room was very clean and tidy with and was situated near the clinical scan room.
- Clinical waste bins were clearly identified and located throughout the departments. Different coloured lining bags were in use to ensure correct segregation of hazardous and non-hazardous waste. The service had a service level agreement with a third party for the management and removal of clinical and non-clinical waste.
- Equipment maintenance and service records were fully itemised, organised and maintained.
- The electrical patient equipment reviewed had electrical safety test labels in place which were within date.
- There was a range of fire extinguishers, which were strategically placed.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient.**
- The service had an exclusion criteria in place. This ensured that only patients who were safe to attend the service could do so.
- The service did not have resuscitation equipment in any of the clinical areas, although in some of the areas where clinics were held, there was access to defibrillators which were provided by a third party. The service had a process in place for the management of patients who suddenly became unwell during their procedure. In the event of a cardiac arrest, staff called 999 for an ambulance. Staff were trained in basic life support and would put their training into use until the ambulance arrived. We viewed the resuscitation policy which was in date February 2018 with the review date January 2019.
- The service had a qualified first aider, we viewed the certificate dated April 2018.
- We reviewed 12 sets pf patient medical records and noted patients who underwent a transvaginal ultrasound scan were asked if they had any allergies to latex. Patients were asked to sign a consent form, their reply to their allergy status was documented. The service had both latex and non-latex covers for the transvaginal ultrasound probe and would select the cover according to the response from the patient.

- The service had clear procedures in place to guide staff on what actions to take if any suspicious findings were found on an ultrasound scan.
- The service was aware of the British Medical Ultrasound Society and Society of Radiographers 'paused and checked' checklist which is recommended to be completed prior to an ultrasound scan.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- The service employed one sonographer and three part-time sonographers (worked 1 day a week). The service had access to a pool of sonographers employed by NHS trusts that provided regular sessional work, one business manager and one operational manager, three radiology department assistant (RDA) and 14 dual role administration/RDA's.
- The service used an electronic rota to ensure the clinics had the appropriate staff with the right skills. Clinic's had set minimum staffing levels of one sonographer and a RDA, in addition to administrative staff.
- In addition to sonographers, the service had the support and input from two consultant radiologists from a London NHS trust who provided senior clinical review of the ultrasound scans and feedback on quality of reporting and accuracy.
- Information provided prior to the inspection indicated the provider had a low vacancy rate, with one full time vacancy; an administration post.
- We reviewed the employee files all files contained Disclosure and Barring (DBS) checks, references and passport/birth certificate.
- The service did not use agency staff, the provider utilised a pool of bank sonographers. Staff told the team, how they utilised an electronic application to keep each other updated and to inform the team if they were unwell and unable to attend work, enabling staff to come forward and provide cover.

Records

- **Staff kept detailed records of patients' care and treatment.**
- The service used a combination of paper and electronic records. Paper records were used by sonographers during the ultrasound scan to record essential information (for example, measurements). Reports were communicated to the GP via an electronic system, for GP's who did not have this in place reports were scanned and sent via a secure NHS email.
- Paper records were stored securely in a locked room and transferred onto the electronic patient data base system.
- The service completed a records audit to review the quality of the scan images and reporting of the scan in October 2017. The results showed 95% of all reports and 89% of all images reviewed were of a high quality. Each sonographer was sent a copy of their review showing the scores they achieved and with comments for any improvement where required.
- Prior to the procedure patients were asked 12 clinical safety questions, around past and current general health and medications, we found three out of the 12 were not completed correctly prior to or after treatment by staff. We highlighted this to the manager who assured us that this would be discussed at the next team meeting.

Medicines

- The location did not order, store or use controlled drugs as part of its work.
- The location did not have any non-medical prescribers within the organisation and did not use any patient group directives (PGDs) within its work.

Incidents

- **The service managed patient safety incidents well.**
- There were no never events reported for the service from July 2017 to August 2018. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There were no serious incidents reported for the service from July 2017 to August 2018. Serious incidents are events in health care where there is potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.
- Due to no report clinical incidents taking place in the 12 months prior to our inspection, we were unable to gain

assurance that effective investigations or root cause analysis took place. In addition, we could not gain assurance that effective learning from incidents took place due to a lack of examples.

- The service reported no incidents meeting the requirements of duty of candour from July 2017 to August 2018. Duty of candour (DoC) is a regulatory duty under the Health and Social Care Act (Regulated Activities Regulations) 2014 which states 'As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology'. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.
- Staff we spoke with knew their responsibilities in raising and reporting concerns. Although there was no electronic system in place a paper record was completed. Staff we spoke with did not understand the duty of candour process, however when asked about being open with patients they all agreed they would apologise if patients had concerns. The registered manager could explain the process they would undertake if they needed to implement the duty of candour following an incident which met the requirements.
- The service had an incident reporting policy with implementation and review dates. The policy guided staff on the reporting procedure for incidents, the grading of incidents and the investigation process expected for the more serious incidents.

Are diagnostic imaging services effective?

We do not rate effective in diagnostic imaging.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- We reviewed policies, procedures and guidelines information, with referenced guidance from professional organisations such as National Institute for Health and Care Excellence (NICE) and the Department of Health (DoH).
- Staff easily accessed policies via the service's electronic system.
- The provider had a local audit plan with 17 audits identified. Local audits were completed monthly, quarterly and annually. Topics audited but were not limited too were reporting standards, adverse incidents, infection and prevention control, patient feedback and waiting times.

Nutrition and hydration

- **Staff gave patients enough food and drink to meet their needs and improve their health.**
- There were no nutritional requirements for patients requiring an ultrasound scan, however water coolers were in the centres and staff could access tea, coffee and biscuits if needed.

Pain relief

- **Staff assessed and monitored patients regularly to see if they were in pain.**
- Staff told us that they would ask patients if they were comfortable during the procedure but no recognised pain assessments took place as the procedures were usually pain free.

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**
- The service monitored patients who did not attend (DNA). Between April 2018 to July 2018, 3% of patients' DNA'd, below the providers threshold of less than 5%. Staff told us they would contact the patient to find out why they were unable to attend.
- Clinics were staffed with one sonographer and one radiology department assistant (RDA).
- All sonographers underwent regular peer review audits. These retrospective audits reviewed the quality of the ultrasound scans produced and the quality of the reports produced by sonographers. The results were broken down and shared with the individual sonographer with improvement comments if required. Out of 131 scans 95% of the reports and 88.5% of images achieved an A* or A.
- Patients were given a satisfaction survey to complete after their treatment with questions related to the quality of the service, the clinic locations, staff attitudes, any appointment delays and whether they would recommend the service. The information was collated

and presented at monthly meetings. This formed an integral part of the key performance indicators (KPIs) the provider had to present to the commissioners of the service monthly. The patient feedback audit for July 2018 showed 100% of patients would recommend the service, said the standard of care was good and the clinic locations were good, however 2% of patients experienced appointment delays and one patient found the reception staff unhelpful.

Competent staff

- **The service made sure staff were competent for their roles.**
- All staff we spoke with told us that they had completed appraisals within the past few months. They told us that training requirements were identified and their managers supported staff development.
- Staff had defined roles and responsibilities and completed competencies that were applicable for their specific role.
- All staff were supported through an induction process, however the induction checklist provided post inspection was dated October 2013.
- All the sonographers were advanced practitioners and registered with a professional body the Society of Radiographers.
- From July 2017 to August 2018, information submitted by the service showed that all the sonographers had undergone registration and validation checks. Revalidation is a process where medical practitioners, nurses and midwives practicing in the UK are subject to revalidation to prove their skills are up-to-date and they remain fit to practise. It is intended to reassure patients, employers and other professionals, and to contribute to improving patient care and safety.
- The service employed one full time sonographer. The remaining sonographers were employed on a sessional basis as they worked in the surrounding NHS trusts where training and continuous professional development took place. Information submitted by the service stated the service held copies of the training certificates for the other sonographers used by the service which we saw in staff files. Information provided pre- inspection demonstrated that the lead sonographer for the service completed bi-monthly supervision visits to all the other sonographers and observed their clinical practice.

Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients.**
- We were told that all staff members on all levels worked well with each other to ensure patients had a positive experience at the service. Staff told us if there were any shortages of staff in any areas, other members of the team would help.
- External stakeholder feedback about staff from the service was positive.
- Reports were communicated to the GP via an electronic system, for GP's who did not have this in place reports were scanned and sent via a secure NHS email. Ultrasound images were also uploaded on to an electronic system which could be accessed by NHS healthcare professionals to identifying correct treatment decisions.

Seven-day services

- The centre was open six days a week Monday to Saturday.
- To meet additional capacity the service would offer additional evening appointments.

Health promotion

- As these services were held at primary care centres, patients had access to a wide variety of health promotion leaflets included but not limited to, diabetes, high blood pressure, heart disease and diet.

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 had access to a consent policy. The policy referenced the Mental Capacity Act (MCA) 2005 and provided guidance for staff regarding processes for assessing capacity and obtaining consent in both adults and children. The policy had been regularly reviewed and was due for further review in April 2019.
- Apart from one senior sonographer the remaining sonographers worked at NHS trusts, where consent training was included. Radiology department assistants (RDA)s had received consent training as part of the in -house chaperone training.

Good

Diagnostic imaging

- The inspectors viewed the consent forms for diagnostic ultrasound for testicular and transvaginal scans, separate consent forms were used for 3D/4D bonding scans, or baby souvenir scans.
- We reviewed 12 sets of medical records each contained a completed and signed consent form.

Are diagnostic imaging services caring?

Good

We rated caring as **good**

Compassionate care

- **Staff cared for patients with compassion.**
- On the day of the inspection there were no ultrasound clinics booked. However, we observed the administrative team answering calls and queries from patients. These ranged from rearranging an appointment to a location nearer the patient, reminding an elderly patient to contact the GP for the results of the scan that they attended the previous week and explaining to a patient the kind of preparation that was required prior to the ultrasound scan and ensuring that they could get to the location.
- A radiology department assistant (RDA) described to us how they would maintain the patient's dignity and privacy through use of a privacy cover and curtains.
- A quality report undertaken by an external stakeholder 8-11 June 2018 on two of the satellite clinics found the staff for both clinical areas were kind and treated the patients with respect. They took time to explain what the procedures were and ensured that patients were as comfortable and relaxed as possible.
- The stakeholder observed the staff interactions with patients. The RDA checked the patients name and date of birth. The sonographer and RDA introduced themselves and the sonographer took a brief history from patients and asked whether they had been scanned before. Full explanations of the examination were given. Paper roll was used to protect patient clothing from gel. Feedback from patients was obtained from the service verbally. We saw 48 compliments from April and May 2018. Comments ranged from 'very grateful for being seen so quickly, so grateful to be slotted in so soon' and 'thank you for the lovely service so helpful, very efficient service.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- We reviewed patient feedback from April 2018 to July 2018 and noted comments 'grateful for the support as was very hesitant to have the scan'', thank you for making me feel at ease', very reassuring and very kind'.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- We observed that staff answered patients' questions appropriately, and in a way, they could understand.

Are diagnostic imaging services responsive?

Good

We rated responsive as **good** in diagnostic imaging.

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.**
- Clinical commissioning groups (CCG's) and the senior management team were involved in the planning of the service. Services were delivered at primary healthcare facilities which meant services were provided to local people in their local setting negating the need to travel considerable distances for an ultrasound scan. We observed the appointment teams checking with the patient that they were able to attend the clinic.
- As the clinics were based in primary healthcare services car parking facilities at these locations were free for patients to use.
- The service offered a range of appointment times, days and locations to meet the needs of the patients who required the service. Female patients were offered the choice of a female sonographer, particularly for internal scans and male patients were offered the choice of a male sonographer if the scan involved genitalia.
- To meet contractual requirements the service was expected to meet key performance indicators (KPI's) around waiting times for routine scans of three weeks. The percentage of patients seen within two weeks of the

initial referral met the 75% threshold. Data provided for April 2018 to August 2018 showed between 85% and 95% of patients were seen within two weeks of the referral.
- Appointments for private ultrasound scans were booked using the provider's website or patients could contact the administration team who would book them into a location which best suited their requirements.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- Patients who required translation services were identified to the service on point of contact. The services signposted the patients to the local NHS trust hospitals patient liaison service to arrange an interpreter for patients with auditory impairments or where translation services were required.
- Patients who were hard of hearing and required access to hearing loops would have appointments booked into satellite clinics that had the facility.
- The service had a clear exclusion criterion which included a comprehensive list of who they were unable to provide the services too. This included but was not limited to, non- ambulant people, persons with complex needs, people with learning disabilities, persons under 16 years old, service users who require an image guided biopsy and persons requiring ophthalmology scanning.

Access and flow

- **People could access the service when they needed it.**
- Access to the service was monitored daily through key performance indicators (KPI's) monitoring in conjunction with the local clinical commission group (CCG).
- People could access the service when they needed it. Patients were offered a choice of appointment and to a nearer location to their home address if required.
- Referrals were received from GP's by e-referral, email, choose and book and fax. We were told that referral by fax was discouraged and more practices used a secure NHS email address. For assurance, when results were faxed to GP Practices a confirm receipt would be requested.
- Patients awaiting ultrasound examination were classed as either routine or urgent, specified by the referring clinician. The service aimed to offer routine appointments within three weeks and urgent appointments within two weeks.
- To meet contractual requirements the service was expected to meet quality performance indicators around waiting times for routine scans of three weeks. The percentage of patients seen within two weeks of the initial referral met the 75% threshold. Data provided from April 2018 to July 2018 showed that between 85% and 95% of patients were seen within two weeks of the referral and 100% were seen within three weeks.
- Waiting times for urgent ultrasound scans were between one to two weeks. Data provided from April 2018 to July 2018 demonstrated that 100% of patients were seen within two weeks.
- From July 2017 to August 2018 the service cancelled three clinics, one due to adverse weather conditions, one due to clinician illness and one due to personal circumstances. The manager told us that additional clinics were booked to accommodate the patients who had been cancelled.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- The service had a complaints policy with implementation and review dates.
- Information provided before the inspection showed there had been two complaints, both were resolved informally. Staff explained to the team how complaints were managed, the responses included an apology to the patient, any lessons learnt from the complaint and actions implemented.
- The service had a complaints policy with a review date April 2020.
- Complaints were monitored through key performance indicators' (KPI's) monitoring in conjunction with the local clinical commission group (CCG).

Are diagnostic imaging services well-led?

Good

We rated well led as **good** in diagnostic imaging**.**

Good

Diagnostic imaging

Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- The clinical lead had overall leadership of the service supported by the operational manager, business manager and senior sonographer.
- Staff we spoke with told us that the leaders were visible, accessible, approachable and supportive. A member of staff told the inspectors when they needed to reduce their hours it was agreed and how supportive the manager was.
- We were told that each member of staff had their own memory sticks to use with the relevant templates. There was no patient identifiable information. These were locked away in a secure box and placed within a locked cupboard, they were checked at the end of each day.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**
- The service had a clear vision to offer a value based service to meet the needs of the patients. The strategy for the service showed that it aimed to continue to grow and offer a comprehensive quality assured private ultrasound scanning service to a wider range of patients.

Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- All staff we spoke with told us they felt respected and valued by their managers and colleagues. Many of the staff had worked for the service for a number of years and were part of an established team. Staff told the inspectors that they were able to approach any members of the senior team for help and advice. We were told morale was good and staff met on the occasional Sunday afternoon.
- Staff told us that they delivered high quality care and that they would recommend the service to their families and friends.
- The staff had their own secure social media group, this allowed them to keep in contact with each other and was used to cover the service if a member of staff was unwell and unable to attend work.

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- We viewed a number of policies, Emergency Policy, Consent Policy, Incident reporting policy that the provider had in place. The policies had implementation and review dates, they contained references from national bodies such as the National Institute for Health and Clinical Excellence (NICE).
- Clinical governance meetings were held quarterly. We reviewed the minutes of the meetings November 2017, March 2018 and July 2018, topics discussed were case studies, staff welfare, protocols, information governance and audit results.
- A quality report undertaken by an external stakeholder submitted by the provider described how the registered manager had recently given a presentation to staff on female genital mutilation (FGM) to raise awareness.

Managing risks, issues and performance

- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- The service held a risk register with identified risks. The registered manager had oversight of the management of the identified risks through the clinical governance meetings. Some of the risks identified were, slips, trips and falls, manual handling, display screen equipment, contingency plans and management of a faulty scanning.
- Risk assessments were completed on a standard template to ensure consistent information was used. Each risk had an identified risk handler and actions. There were review dates on all risks. We saw examples of clinic risk assessments and office risk assessments, all had been completed with adequate information, and updated with any additional measures taken to reduce the risk.
- Two members of staff had recently undertaken fire warden training.

Good

Diagnostic imaging

- We viewed the team meeting minutes for July 2018, where staff were informed about the change in colour of the fire wardens jacket to pink and the role of the fire warden.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- The service had checked systems and processes were in place for their compliance with the General Data Protection Regulation (GDPR) introduced from May 2018. The General Data Protection Regulation (GDPR) is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union (EU).
- The registered manager was the Caldicott Guardian, we viewed the Caldicott tiger certificate dated September 2018. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. All NHS organisations and local authorities which provide social services must have a Caldicott Guardian. Staff were able to verbalise the role to the inspectors.
- Staff were able to describe to the team how they would manage a breach. We viewed minutes of the March 2018 clinical governance meeting where GDPR had been discussed.

Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- Quarterly team meetings were held we reviewed the minutes of the meetings for March 2018, and July 2018. Topics discussed were referrals, reports, consent, ordering of consumables, uniform policy, staff wellbeing and booking of the patients with the appropriate sonographer.
- Patient satisfaction surveys were reviewed monthly. The patient feedback audit for July 2018 showed 100% of patients would recommend the service, said the standard of care and the clinic locations were good, however 2% of patients experienced appointment delays and one patient found the reception staff unhelpful.
- The service sent out a satisfaction survey to GP's, however we were told that very few were returned.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- Commissioners of the service met with the provider monthly to discuss the quality performance indicators where quality improvements were discussed.
- We were told that the service would like to explore the introduction of a musculoskeletal clinic (MSK) joint injection clinic.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that they act in accordance with the registered Statement of Purpose.

Action the provider SHOULD take to improve

- The provider should ensure that the clinical room has the appropriate privacy blinds at the window.

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 12 CQC (Registration) Regulations 2009 Statement of purpose 12 - (2) The registered person must keep under review and where appropriate revise the statement of purpose. (3) the registered person must provide written details of any revision to the statement of purpose to the Commission within 28 days of any such revision.