

Ultrasound Northwest Ltd

Manchester

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?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

- The service had enough staff to care for service users and keep them safe. Staff had training in key skills, understood how to protect service users from abuse, and managed safety well. Staff completed and updated risk assessments for each patient and removed or minimised risks. The service controlled infection risk well. All areas within the service were visibly clean. The service understood how to manage safety incidents and learned lessons from incidents shared with the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of service users and had access to good information. Key services were available to suit service users' needs.
- Staff treated service users 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 service users, families and carers.
- The service planned care to meet the needs of local people, took account of service users' 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 an appointment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of service users receiving care. Staff were clear about their roles and accountabilities.

Summary of findings

Our judgements about each of the main services

Service

**Diagnostic
and screening
services**

Rating

Good



Summary of each main service

Our rating of this service is good. See summary above for details

Summary of findings

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Summary of this inspection

Background to Manchester

Ultrasound Northwest Ltd/Manchester is operated by the provider Ultrasound Northwest Ltd (also known as Babybond) and is a subsidiary of Ultrasound Direct. Ultrasound Northwest Ltd/Manchester have had a manager in post since 2013 who is registered with CQC and were last inspected by the CQC in December 2012 and met all the required standards.

The service provides a variety of ultrasound imaging services, including obstetric scans and diagnostic ultrasounds, to privately funded self-referred service users.

How we carried out this inspection

We inspected this service using our comprehensive methodology. We carried out an unannounced visit to the clinic on 12 May 2022.

This was an unannounced inspection as part of our planned inspection activity. The inspection team was made up of three CQC inspectors and an inspection manager offsite. Overall oversight of the inspection was provided by the head of hospital inspection.

We spoke with the registered manager, two staff members and three service users and their relatives. We reviewed five patient records and five staff records.

During our visit we spoke with five members of staff including the clinic manager, sonographer and two scan assistants. We observed four ultrasound scan procedures with consent and reviewed feedback of previous service users. We reviewed a range of policies, procedures and other documents relating to the running of the service including audits, consent, referral and scan reports.

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 **SHOULD** take to improve:

- The service should strengthen their processes to ensure any service users who may attend for frequent scans are provided appropriate services and advice about the risks of frequent ultrasound scans.
- The service should consider keeping a record of the identification used to validate the age of young people and ensure this complies with consent guidance for people under 18 years old.
- The service should ensure that it has a record of the conversation regarding consent including what was discussed.
- The service should ensure that a legionella assessment is undertaken annually.
- The service should ensure that all cleaning logs are completed daily in all areas of the building.
- The service should consider developing a vision and strategy that includes the quality of the service provided beyond the here year business plan.

Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic and screening services

Good 

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

Are Diagnostic and screening services safe?

Good 

Mandatory training

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

The service ensured that staff received and kept records of staff compliance with mandatory training. Staff employed were part time sonographers who received and kept up-to-date with their mandatory training with their NHS employment. There were two full time sonographers who had been employed for approximately five months. Staff completed in house mandatory training which was provided via the Ultrasound Direct head office.

The mandatory training was comprehensive and met the needs of service users and staff. Mandatory training modules included Safe Working Principles Training, Fire Safety Training Awareness, First Aid Awareness Training, Duty of Care Training, and Chaperone Health Care Training. Managers also supported staff to complete short course training packages for different diagnostic ultrasound techniques.

Managers monitored mandatory training and alerted staff when they needed to provide updated evidence of their training. The records provided showed that staff were monitored for meeting their mandatory training requirements and that all the records viewed showed staff up to date for mandatory training.

Safeguarding

Staff understood how to protect service users 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. However, some potential safeguarding had been completed before receiving appropriate support from the Local Authority.

All staff received training specific for their role on how to recognise and report abuse. Staff completed Mandatory Safeguarding Training Modules included Safeguarding Children and Young Adults Training Level 2 and Safeguarding Vulnerable Adults Level 2. The two designated safeguarding leads in the service had also completed Safeguarding children and young adults training and Safeguarding Vulnerable Adults to Level 3. We observed a section on the staff whiteboard gave 'three tips for safeguarding' to remind staff about safeguarding processes.

Diagnostic and screening services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff spoken with were aware of female genital mutilation (FGM) and actions to take to identify a patient at risk. The service displayed posters with advice and guidance around abuse and FGM. We saw that the service had a robust safeguarding policy and a file containing appropriate guidance. Contact numbers available in the office for all staff to access for safeguarding advice and guidance.

The service required all staff to have a Disclosure and Barring Service (DBS) check as part of their recruitment process.

Staff could give examples of how to protect service users from harassment and discrimination, including those with protected characteristics under the Equality Act.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. All areas were clean and an adequate supplies of appropriate cleaning materials were seen on the premises and in each clinic room. The waiting area furniture was of a suitable material allowing easy cleaning. However, we noted that one of the chairs had some damage to the surface area which could result in difficulty controlling infection.

Cleaning records were mainly up-to-date and demonstrated that all areas were cleaned regularly. A list of daily and weekly cleaning tasks was seen on the wall in the kitchen/storeroom area and checklists were found in the clinical areas, toilets and office areas. Cleaning checklists for the kitchen/storeroom area were not up to date with the last date of cleaning showing as two days prior to the inspection.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff providing face masks for service users, partners and children attending the scan. We witnessed staff washing their hands and changing PPE between scans. We saw that hand hygiene audits were completed regularly and showed 100% compliance for all staff.

Staff cleaned equipment after patient contact and completed a cleaning log to show when it was last cleaned. We saw that a COVID-19 cleaning register was in place which showed that scanning rooms and equipment had been cleaned before and in-between any ultrasound scans. Staff could describe what cleaning products were required to clean different pieces of equipment. During our inspection we watched staff clean the clinic couch and equipment.

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 had suitable facilities to meet the needs of most service users' and those accompanying them for a scan. We saw that a portable ramp was available to allow disabled access to the building. However, the location of the scanning rooms meant that access was not possible for anyone unable to climb stairs. Where a service user was unable to negotiate stairs, they would be offered an appointment at a more accessible clinic location. Toilet facilities were available on both the ground and upper floor.

The service had enough suitable equipment to help them to safely care for service users. All equipment was checked by an external company to make sure that it was safe to use. Equipment was calibrated following audits to ensure that

Diagnostic and screening services

good scanning images could be achieved. If there was a fault with a machine or a loss of power to the building the clinic would try and organise an appointment at an alternative clinic for the service user to attend, for the same day. Should the service user not wish to travel elsewhere an apology would be given and their appointment rebooked for another date.

Staff disposed of clinical waste safely. We saw that clinical waste was separated from general waste in colour coded and appropriately labelled bags. Sharps bins were dated and stored safely. The service had a contract for waste disposal and could contact the provider for ad hoc collections if required.

The service had a current fire safety certificate displayed on the premises. There were no records or audits regarding legionella checks available.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. Staff described the actions they would take should a patient become suddenly unwell whilst on the premises, explaining that they would make the patient safe, undertake any initial first aid and call emergency services. The service had a first aid kit available in the reception area.

Staff completed risk assessments for each patient and minimised potential risks to service users. We saw that the service used the 'paused and checked system' as per as per the joint guidance from the Society and College of Radiographers (SCoR) and the British Medical Ultrasound Society (BMUS). We observed posters in the clinical areas reminding staff of these safety checks. We witnessed staff check the service user's name and date of birth and confirming what type of scan they were attending for.

The company website contained information relating to the risks associated with ultrasounds and leaflets relating to the non-invasive prenatal testing process provided. The service followed the 'As Low As Reasonably Achievable' (ALARA) principles, as recommended by BMUS, to reduce potential risks to the service user and foetus.

Staff could explain the process for any incidental findings or where the scans detected any anomaly which required urgent attention. Staff told us that in the case of any urgent findings they would contact, with consent, the relevant GP, early pregnancy unit or emergency department. If needed, they would escort the service user to the emergency department to ensure that they got there in a timely manner. Staff documented in records when they had directed service users to NHS maternity services or primary care if any concerns were identified following scans.

Staff shared key information to keep service users safe when handing over their care to others. We saw that ultrasound reports contained key information relating to the outcome of the scan and heard this being explained during and after the scan. We saw that the service had a specific referral form for service users requiring an appointment at the early pregnancy unit (EPU), where that service user had been referred for a scan by a national pregnancy advisory service. This form was signed by the service user, giving consent for the EPU to share information with BPAS and accompanied a detailed scan report.

Staffing

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

Diagnostic and screening services

The service had enough clinical and support staff to keep service users safe. There was a clinic list available to view online, where staff could be allocated to specific clinics across the region. For some staff this was planned for several months in advance. We were told that if there was a need for emergency cover, and no staff were available in the region, assistance from other regions could be sought.

The manager could adjust staffing levels according to the needs of service users. Clinics were run based on the bookings made by service users. If there was additional demand an extra clinic could be provided if required.

There were two full time sonographers who had doctorates in radiography and sonography from overseas. They had applied to register with the Health and Care Professionals Council (HCPC). In the interim their practice and support to service users was monitored by the registered manager. Staff had an induction and completed competency checks online prior to starting their employment.

Records

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

We reviewed five sets of service users' records; notes were comprehensive, and easily accessed. Service users' records were computer based and included the ultrasound scan images and a sonographer's report.

Records were stored securely. Systems for storing and sharing confidential information were compliant with the Caldicott principles which meant sensitive, or personal information was stored securely. Only authorised staff could access service users records in accordance with their job roles and responsibilities.

Service users were provided with access to their own scanning images via a secure electronic pathway. These images could only be accessed using a personal identifiable number which was sent directly to the service user via the email or mobile number provided by them.

Medicines

The service did not prescribe, administer or store any medicines.

Incidents

Staff in the service had awareness of patient safety incidents. Staff recognised incidents and near misses and knew how to report them appropriately. Lessons learned were shared nationally with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what safety incidents to report and how to report them. We were told that there had been no safety incidents recorded by the service. Managers of the service were responsible for conducting investigations into all incidents. Where the service was through BPAS, BPAS retained the responsibility of monitoring and investigating any incidents in relation to the service users referred by them. The provider submitted a copy of an incident log which stated from March 2022 to May 2022 there had been no reports of incidents. Following this inspection, we were contacted by the service in relation to an incident that had just occurred. All appropriate action was taken including contact with outside organisation and reassurance to both service user and staff.

The service had not had any never events.

Diagnostic and screening services

Staff understood the duty of candour. The service had a folder in the office which had details of the duty of candour process. Additionally, there was posters on the notice board that provided a reminder of these requirements to staff.

Managers advised that if there was an incident, they would provide staff with feedback and they shared learning from other regions. Learning was shared at monthly governance meetings. Feedback was shared via a private social media group. We saw from minutes of historic meetings that learning and suggestions for improvement of services was shared.

Are Diagnostic and screening services effective?

Inspected but not rated 

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver care according to best practice and national guidance. We reviewed a selection of policies, which were provided at corporate level, all of these were within their review date. Policies were accessed electronically.

Managers told us that any changes to clinical guidance, policies, or medical device alerts were communicated by the company headquarters and shared with staff appropriately.

Nutrition and hydration

The service provided water if required. Staff gave women appropriate information about drinking fluids and attending with a full bladder for transabdominal scans or an empty bladder for transvaginal scans.

Pain relief

Staff assessed and monitored service users regularly to see if they were in pain.

Whilst the service does not prescribe or administer pain relief, we observed that the sonographer ensured that the service user was comfortable during the scan and asked them regularly if they were finding the procedure uncomfortable.

Service user outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for service users. The service had been accredited under relevant clinical accreditation schemes.

Outcomes for service users were positive, consistent and met expectations, such as national standards. Service users could access appointments quickly and should untoward findings be found they were referred to relevant organisations for further assessment.

Managers used information from the audits to improve care and treatment. Managers told us that they collected audit information which was fed back to headquarters for analysis and any required actions identified as a result of the audits was fed back to the manager and implemented as required. Clinical audits were undertaken on a regular basis by

Diagnostic and screening services

headquarters and results shared with the service and staff as appropriate. The service conducted monthly audits of scan image quality. In monthly reports for January February and March 2022 all scans were indicated as meeting acceptable quality, standard and report quality measures. The audit report noted that 'Overall, images and reports were to a high standard.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of service users.

Managers gave all new staff a full induction tailored to their role before they started work. This included ensuring that they had the appropriate training to undertake the role.

Managers supported staff to develop through yearly, constructive appraisals of their work. Copies of appraisals viewed showed a supportive conversation with the aim of making sure service users' needs were met. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Meetings and lessons learnt were available in the service and shared by a private social media group. These were anonymised to maintain service user confidentiality.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. This included support to maintain professional practice.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

The service and other healthcare professionals worked together as a team to benefit service users. They supported each other to provide good care.

Staff held regular and effective meetings to improve the care of service users. They had weekly meetings with BPAS and regular meetings with the fertility service providers that used their service.

Seven-day services

Services were available to support timely patient care.

Services were available seven days a week, with opening times being largely dependent on the demand for the service on those days.

Health promotion

Staff gave service users practical support and advice to lead healthier lives.

Diagnostic and screening services

The service had a variety of information leaflets and posters in the waiting areas and toilets, providing information relating to pregnancy as well as mental health support groups. Various health screening scans and blood tests were available in the service.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported service users to make informed decisions about their care and treatment. They followed national guidance to gain service users' consent. They knew how to support service users who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff received training in understanding how to make sure that consent was obtained and how to make sure that service users' capacity was determined if necessary, to meet the Mental Capacity Act.

Staff gained verbal consent from the service user prior to any procedure. For service users under 18 years and for any trans vaginal scans, the service would use a written consent form as well obtaining verbal consent. Staff explained that as the service user books the appointment for a specific scan and has attended the appointment, they take that as consent. There was no specific record within the service users notes as to the nature of the discussion in order to obtain verbal consent. Staff stated that they will ask service users, prior to scanning, to confirm what scan they have attended for as confirmation of understanding. If the appointment is booked by a third party, then the appointment details and terms and conditions are sent to the person prior to attending for a scan.

We saw that a separate consent form was used for service users between the ages of 16 and 18. However, there was no specific process for validating the age of service users, which could lead to children under 16 being scanned unknowingly. We were told that the staff would challenge anyone if they felt that they were under sixteen years of age.

Are Diagnostic and screening services caring?

Compassionate care

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

Staff were discreet and responsive when caring for service users. Staff took time to interact with service users and those close to them in a respectful and considerate way. We observed three scans and one non-invasive prenatal (NIPT) blood test being undertaken during the inspection. At each of these the service user had brought their partner with them, and on two occasions a child was also present. Staff within the service had completed chaperone training in order that they could provide this service where required.

We heard staff introduce themselves by name prior to the scan and blood test being undertaken and they explained the process at each step.

Service users said staff treated them well and with kindness. During our inspection we spoke to three women and their partners who all told us that they were happy with the way in which they had been treated.

Diagnostic and screening services

Staff followed policy to keep patient care and treatment confidential. We observed that clinic doors were closed for scans to prevent scans being observed and conversations being overheard outside of the scanning room.

The service advised that they were aware of the difficulties in maintaining confidentiality when service users were waiting in the reception area, due to the proximity of the reception desk/phones to the seating area. The manager advised that plans were in place to move the phone lines to another of their clinic locations, where they could be in a separate area from the waiting room.

Emotional support

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

Staff gave service users and those close to them help, emotional support and advice when they needed it. We saw that staff were aware of the anxiety that service users may have prior to their scan and they tried to reduce their anxiety by explaining processes and giving them positive information as early as possible during the scan.

We saw that there were information leaflets provided for service users who had had pregnancies of unknown location diagnosed at scans. Pregnancies of unknown location is a term used to classify a pregnancy when an internal (transvaginal) scan has been performed and no pregnancy has been visualised either inside or outside the womb. The service provided information to service users that gave details of where to go for support if needed.

Staff told us that when an abnormal finding had been detected during a scan or from a blood test, they would always contact the service user following their referral to additional services, to check how they were and to make sure that they had been followed up.

Staff described ensuring that partners of service users were given support in addition to the service user as they can also be stressed and anxious ahead of the scans.

Understanding and involvement of service users and those close to them

Staff supported service users, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure service users and those close to them understood the scanning process and findings were explained fully.

Staff talked with service users, families and carers in a way they could understand, and we saw that interpreter services were available should this be required.

Service users and their families could give feedback on the service and staff supported them to do this. Service users could provide feedback via the website, Trustpilot or via a survey sent by the service. We saw feedback comments from service users which included the following comments; “the sonographer was very professional and put us at ease at a very worrying time”; “an amazing service and a lovely feeling of being treated kindly”.

Service users gave positive feedback about the service. We spoke with three service users and their partners during the inspection, all gave positive feedback about their experience. Service users felt that the booking process was easy to use.

Diagnostic and screening services

Are Diagnostic and screening services responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the local population. We were told that the service scheduled clinics in response to demand for appointments. Service users could book with alternative clinics should there be a lack of availability at their first choice of clinic.

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for service users in need of additional support or specialist intervention. Staff told us that they had access to an interpretation service via telephone and would utilise google translate when interpretation was required urgently. They had a diverse staff team who spoke several different languages and could be called on to translate when required.

Meeting people's individual needs

The service was inclusive and took account of service users' individual needs and preferences. Staff made reasonable adjustments to help service users access services. They coordinated care with other services and providers.

Staff made sure service users living with learning disabilities received the necessary care to meet all their needs. Staff understood the diversity of service users' needs and when to obtain appropriate support and guidance.

The service could arrange for information leaflets to be available in languages spoken by the service users and local community, should these be requested.

Managers made sure staff, and service users, their relatives and carers could get help from interpreters and translation and interpreter services as required.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Managers monitored waiting times and made sure service users could access services when needed. Service users could book appointments online at a time which suited them, including same day appointments.

Managers worked to keep the number of cancelled appointments to a minimum by arranging alternative staff to cover sickness and/or offering an appointment at an alternative location if possible. The clinic very rarely cancelled appointments. Sonographers provided cover between clinics.

Diagnostic and screening services

When service users had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. Staff flexed appointments to allow for rescans to take place quickly where they were needed.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included service users in the investigation of their complaint.

Service users, relatives and carers knew how to complain or raise concerns. The service's website gave details of complaints processes. The clinic clearly displayed information about how to raise a concern. Service users were directed to raise their concerns in the first instance to staff or the manager.

Managers investigated complaints and identified themes. We reviewed three complaint responses arising from different issues raised from service users and saw these were acknowledged and responded to in an appropriate way. There was evidence that managers used information from review of complaints to improve the service.

Service users received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff understood the policy on complaints and knew how to handle them. Staff could access the complaints policy as needed. The policy outlined how to deal with a complaint, the escalation process and how complaints would be investigated.

Are Diagnostic and screening services well-led?

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for service users and staff. They supported staff to develop their skills and take on more senior roles.

There were two company directors of Northwest Ultrasound Ltd, one being the registered manager, having oversight of the Manchester location. The registered manager had day-to-day responsibility for service provision at the location, with these services provided through a franchise arrangement with Direct Ultrasound Limited. The registered manager described close working arrangements with the parent franchise company, with all the service's working documents, systems and processes identified as the parent company's corporate policies and procedures. There was also access to administrative support and to leadership advice from the franchisor company when required.

The registered manager was knowledgeable with experience of the range of services and types of scans provided at the location. The registered manager also had previous experience of working in NHS phlebotomy services.

There were 12 ultrasound clinic locations across the North of England working in similar franchise arrangements, the registered manager had daily contact and operational support from others working in these clinics. The service could also access the franchisor's regional, management team for response to any service queries the service may have.

Diagnostic and screening services

Locally in the Manchester clinic there was a team of administrative staff and two full time sonographers who reported to the registered manager. Staff we spoke with described the registered manager as being available, and there was routine sharing of information in daily discussions, as well as in a one-to-one meeting.

There were development opportunities available for staff in the service. The manager was exploring opportunities for the sonographer staff to complete mini ultrasound courses offered at local universities over the summer months.

Vision and Strategy

The service did not have a clear written a vision for what it wanted to achieve and a strategy to turn it into action.

The service submitted a three-year plan this covered workforce planning, acquisitions, growth and innovation. They described this as their vision and strategy.

The service intended to invest in ensuring that it supported training and usage of intelligent tools and clinical placement, which included support to franchisees, to grow their business and support their staff with new technology. However, this was a business plan designed by the overall franchise to support franchisees. There was no vision or strategy available at the local level based on quality and service user care.

An informal vision discussed by staff and the manager was to be service user focused and to meet their individual needs. This was not outlined in the three-year business plan.

Culture

Staff felt respected, supported and valued. They were focused on the needs of service users receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where service users, their families and staff could raise concerns without fear.

The culture in the service appeared positive and staff were open and friendly in their communications with clients and each other. Staff were focused on providing a service which focused on the client's needs at the centre, which was tailored to meet the needs of different service users. Staff were proud to work for the service and felt valued, they were supported by the manager for their daily activities and achievements.

During inspection we observed how staff responded to face to face and telephone contacts and we saw there was clear information provided in a relaxed and encouraging manner, to help service users feel at ease.

Staff were aware of the different backgrounds service users had and were culturally sensitive to any varying needs that were identified. Staff had completed awareness training in equality and diversity and applied this knowledge in daily practice in the service.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

Diagnostic and screening services

The service worked within a corporate governance structure, attending monthly governance meetings with the franchisor. Information was provided in reports to monthly governance meetings, including details of any safeguarding, incidents and key information regarding ultrasound services. Local level governance was not in place as the overall organisation provided monitoring and data for the manager.

The service had a comprehensive range of policies which referenced relevant national guidance. There was a process to ensure policies were regularly reviewed, those we saw during inspection were all up to date. Leaders shared any information from governance meetings directly with staff in follow up emails and weekly team meetings. The registered manager also shared information with staff on a daily basis during work related conversations.

Staff were clear about their roles and responsibilities in the service and followed the various systems and processes related to their roles. Staff met monthly and the team meeting included a review of clinic performance and any issues or concerns.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The registered manager benchmarked the clinic's performance against others that the provider had franchises with. Information from organisational audits showed the clinic performed well against others.

All staff demonstrated they had an awareness of the main risks pertinent to the clinic and were taking action to mitigate these risks. For example, service users were followed up directly when referrals were made, or advice was given.

The clinic had a range of risk assessments in place including infection prevention and control, premises, health and safety. Managers had reviewed these during the COVID-19 pandemic and completed additional COVID-19 risk assessments for each of the existing risk assessment areas.

The clinic had valid insurance in place such as employer's liability and medical malpractice liability insurance and these were displayed in the waiting/reception area.

Staff did not work alone in the clinic at any time.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The clinic had policies for the storage of online records and images which staff followed. All scan reports and images could be accessed from laptops and computers in the clinic through a secure server. The privacy policy was available on the website and outlined to service users how their data was used.

There was a system to monitor the quality of scan reports, staff could directly report any concerns with scans straight to the registered manager for review and follow up.

Diagnostic and screening services

The registered manager monitored the performance of the clinic and make decisions about any required improvements.

The registered manager was responsible for ensuring all notifications were sent to CQC as and when required

Engagement

Leaders and staff actively and openly engaged with service users, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for service users.

The service actively engaged with service users to seek feedback following their appointments. Staff reviewed any feedback on social media and the service website, using information to identify any improvements.

Managers engaged with staff as a matter of routine and staff were involved in discussions about how to improve the service and experience.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Communication in the service was open and focused on making improvements where these could be identified. Although there was no formal quality improvement programme, staff were invited and able to contribute their ideas in team meetings for developing the service. One example had been to introduce fortnightly scheduling system which improved rota planning for staff, and identified any need for staff cover.

The service had recently introduced a new provision, working together with a national pregnancy advisory service to implement a best practice approach.