

Yorkshire Health Solutions Ltd

Yorkshire Health Solutions

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

This is the first time we have inspected this service. We rated it 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. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, provided relevant health advice, supported them to make decisions about their care, and had access to good information. Key services were available in line with commissioned requirements.
- 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:

- The service's risk register only referred to risks from information based assets such as computers, tablets or mobile phone and had last been reviewed in 2018.
- Some disclosure and barring service (DBS) checks for staff were over three years old and therefore could have been more up to date.
- Information within the complaints log could have been more detailed, to provide context and understanding, should a member of staff who was unfamiliar with the log, be required to deal with a complaint.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	

Summary of findings

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Summary of this inspection

Background to Yorkshire Health Solutions

Yorkshire Health Solutions is an ultrasound diagnostic service located in Barnoldswick, Lancashire. It is owned and operated by Yorkshire Health Solutions Ltd.

The service has been registered with the Care Quality Commission since 29 June 2017 to provide the regulated activity of diagnostic and screening procedures. The service has had a registered manager in post since registration in 2017.

The service carried out ultrasound scanning of patients which included trans vaginal scanning, from allied healthcare settings such as GP surgeries.

For the period of February 2021 to January 2022, the service carried out 86,205 ultrasound imaging procedures.

This is the first time we have inspected Yorkshire Health Solutions.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology between 8 February 2022 and 11 February 2022. The team that inspected the service comprised a CQC lead inspector and a CQC team inspector. The inspection team was overseen an Inspection Manager.

We spoke with three members of staff and the registered manager (who was also a sonographer). We spoke with five patients and reviewed 5 sets of patient records. We reviewed 10 records of patient feedback.

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>.

Outstanding practice

We found the following outstanding practice:

The approach to different community needs and the adjustments made to reach patients better, was innovative and resulted in improved patient outcomes.

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:

Summary of this inspection

- The service should ensure that it has a risk register that would encompass all risks, which is reviewed in a timely manner. (Regulation 17(2)(b))
- The service should consider disclosure and barring service (DBS) checks for staff, are renewed every three years.
- The service should consider ensuring that information contained within the complaints log, could be more detailed. This would assist any unfamiliar staff in understanding the complaint issue with more context and background.
- The service should consider participating in local or national clinical audits or benchmark patient outcomes with external organisations.
- The service should consider developing a written chaperone policy which is readily available and easily accessible, to patients attending scanning locations.

Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good 

We have not inspected safe at this service before. We rated it as good.

Mandatory training

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

Staff told us that they had an induction program when they started their employment and refresher training at timely intervals, depending on the training module. Training was provided online. Staff showed us a computer network shared drive, that included provider policies and procedures they could access.

Mandatory training modules included; conflict resolution, data security awareness, equality, diversity and human rights, fire safety, infection prevention and control, health, safety and welfare mental capacity, moving and handling, preventing radicalisation and resuscitation.

Mandatory training was at 100% compliance at the time of our inspection.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Safeguarding was part of staff mandatory training. Adult safeguarding training at level 2 had a staff completion rate of 100%. The registered manager of the service had safeguarding training at level 3.

Child safeguarding training at level 2 had a staff completion rate of 100%, however this was only for staff background learning. The service did not scan any persons under the age of 18.

Diagnostic imaging

Staff were able to tell us about different types of abuse including radicalisation and female genital mutilation. Staff told us that the designated person in the organisation to report a safeguarding alert to, was the registered a manager, or in their absence another director.

We reviewed the provider's adult safeguarding policy which detailed the process of raising an alert to the relevant safeguarding body.

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. Equipment and premises were visibly clean to a high standard.

We observed that the registered location was clean and had suitable furnishings which were well-maintained.

The provider carried out ultrasound scanning procedures from various allied health care settings such as GP's surgery's and health centres. Although we did not inspect the premises of these other health care settings, we observed that Yorkshire Health Solutions staff ensured any scanning areas were clean and had suitable furnishings which were well-maintained.

We witnessed all staff adhering to being 'bare below the elbow' and also, observed the use of personnel protective equipment prior to patient contact. Staff told us that any ultrasound probe covers were discarded after use as clinical waste and all surfaces cleaned before the next patient arrived.

We reviewed IPC audits which were completed for the allied health settings which the service carried out ultrasound procedures from. These included checklists which covered areas such as waste management, hand hygiene, use of sharps, decontamination of equipment and body fluid spillage. The sample of audits that we reviewed were 100% compliant and were all within the required review date.

We reviewed the service's COVID-19 policy and risk assessment documentation. This gave a clear overview of individual responsibilities and measures to be taken to ensure the safety of all staff and patients. In addition, we observed staff use appropriate masks and personal protective equipment at all times.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff competencies to use equipment were assessed and if applicable reviewed. Staff managed clinical waste well.

We observed staff ensure that areas were clean, tidy and free from any clutter. We observed an ultrasound scanning machine in an allied health care setting, which had been serviced and was within the testing date time period.

The registered manager of the service told us that equipment was leased from a large, well known electronic equipment manufacturer and was maintained by an ongoing medical physics and engineering service contract, at regular intervals. We reviewed records of servicing dates, which also confirmed that the servicing contract was in place at the time of inspection.

Diagnostic imaging

The registered manager of the service told us that prior to any service level agreement to rent a room, within an allied health care setting, a full audit was undertaken to ensure the suitability of the room. We reviewed both; a blank audit template and a sample of completed location audits which included sections about; documentation and environmental issues, specially designated areas, waste management, hand hygiene, cleaning equipment and room inspections.

The service only provided ultrasound scanning and therefore, there was no requirement for any signage where ionising radiation exposure would occur.

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 any patient pathologies that were found.

Staff told us that patient details were confirmed and the ultrasound procedure was explained to patients to confirm the location of the scan, prior to the procedure taking place.

We reviewed the service's inclusion and exclusion criteria. There were clear circumstances where ultrasound procedures would not be carried out, for example; persons under 18, suspected cancer and non-NHS patients. The registered manager of the service told us that any patients with complex needs or additional needs were considered at the initial appointment stage and steps were taken to re-refer to a hospital ultrasound scanning setting, as required.

Staff told us about instances where clinical concerns would be recognised during an ultrasound procedure. A sonographer would report on a fast track basis back to the referrer, where pathologies were found. Staff also told us that they would advise the patient to contact their referrer in the next few days, to ensure follow up.

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 and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had 166 members of staff which included; a registered manager, 99 sonographers, 32 health care assistants and 35 administrative staff.

The service told us staffing levels were coordinated from a list of sonographers' availability, they were then assigned to work from an allied health care scanning location. Staff absence or sickness was covered by a standby list, to ensure that sufficient numbers of sonographers and health care assistants were available, for clinics to go ahead.

We observed that staff were friendly and carried out their role in a competent manner

The service did not use any bank or agency staff and did not include any consultant radiologists under practising privileges.

Diagnostic imaging

Sonographers were trained to complete scans in line with the service's ultrasound protocol. The protocols and procedures were based on professional standards such as from the British Medical Ultrasound Society (BMUS). Adherence to the protocols was overseen by lead sonographers, who completed a sampling of clinical audit reports for monthly governance meetings.

Records

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

We observed a sample of patient records during an ultrasound clinic. Records were electronic and included patient information and an electronic copy of the referral form for the sonographer's reference. Also available were any previous scans which the service had carried out on a patient, again for the sonographer's reference, if applicable.

Once the scan had been complete, we observed that the images were available for view within the patient record on the electronic system.

We observed electronic computer systems were password protected. Data security awareness was included as a module of mandatory training. A secure imaging exchange system was in place for encrypted transmission of records to other medical facilities

Medicines

The service did not use any systems and processes to safely prescribe, administer, record and store medicines.

The service did not provide any medications to patients.

Incidents

The service managed patient safety incidents well. Staff could recognise and report incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

There had been no serious incidents or never events within the service within the past twelve months.

We reviewed the services duty of candour policy, which covered; speaking to a patient as soon as possible after something has gone wrong with their care, apologising to the patient where required and also informing patients about near misses which have the potential to result in harm but do not.

The policy also required that staff would report errors at an early stage so that lessons can be learned quickly, and patients are protected from harm in the future. We spoke with staff, who could tell us about the services incident management requirements, in their own words.

Are Diagnostic imaging effective?

Diagnostic imaging

Inspected but not rated 

We inspect but do not rate effective in diagnostic imaging services.

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

Diagnostic ultrasound scan procedures were carried out in accordance with national guidelines such as from the British Medical Ultrasound Society (BMUS). Protocols and procedures were based on guidance from the Royal College of Radiographers and also, the Royal College of Obstetricians and Gynaecologists for any pelvic or transabdominal scans.

We reviewed the services protocols and guidance for carrying out ultrasound scans. Specific protocols and guidelines were detailed for scanning different areas of a patient's body, along with follow up actions if required. There were clear guidelines for the style and content of reporting scanning outcomes, including if any urgent findings were made.

We reviewed the services soft tissue sarcoma flow chart, which detailed a pathway for suspected cases. This demonstrated an awareness of potential clinical findings of significant importance. Soft tissue sarcomas are a group of rare cancers affecting the tissues that connect, support and surround other body structures and organs.

Nutrition and hydration

The service provided diagnostic ultrasound scan procedures and hydration and nutrition assessments were not routinely carried out due to the nature of the services provided.

Patients were only present on site for a short period of time, therefore food and drink was not routinely offered; however, patients were offered refreshments such as water, if requested.

Pain relief

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

The registered manager told us that no medication was prescribed or used by the service. If patients were medicated, this would have been by other medical professionals such as their GP.

Scans would be stopped; patients could change position or the procedure could be rebooked if pain was experienced at any time.

If any pain symptoms were identified patients were advised to seek support from their general practitioner (GP) or attend a local acute hospital for treatment.

Patient outcomes

Diagnostic imaging

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

The service did not participate in any local or national clinical audits or benchmark patient outcomes with any external organisations. Patient outcomes were measured through mediums such as; patient feedback and complaints.

Staff told us that the service was currently going through an imaging services accreditation scheme, however had not achieved it, as of the date of inspection.

Staff gave us an example of where improvements had been made following audit and patient experience, which related to the improved use of privacy screens prior to, and after a scanning procedure.

Multidisciplinary working

The service worked together as part of a team to benefit patients. They supported each other to provide good care.

Staff told us that administrative staff supported clinical staff with effective communication. At the stage of booking an appointment, administration staff gathered all relevant patient details, confirmed a preferred scanning location and informed patients of any pre-requisites for the procedure to take place, such as; having a full bladder or an empty stomach.

We observed that sonographers and health care assistants had access to all relevant information, prior to and ready for a patient's appointment. This information included patient identifiers and also a scanned copy of the imaging request referral form.

Staff told us that once a scan had been completed, the findings would be sent to the referrer. If any findings during the scan were urgent, then a special mailbox was used to alert administration staff, to quicken the process accordingly.

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.

The registered manager told us about a focus on recruiting sonographers, health care assistants and staff who demonstrated required skills at application and interview. The recruitment process also included a mandatory requirement of two clinical references.

The registered manager told us that all sonographers are registered with either; the Health and Care Professions Council, Voluntary Register of Sonographer or Society of Radiographers and undertook continual professional development. This ensured staff were competent in the service they worked within. We observed during inspection that any health care assistants worked under the observation of a qualified sonographer.

The registered manager told us that disclosure and barring service (DBS) checks were carried out upon recruitment and reviewed every three years. During our onsite inspection however, we did observe a DBS record which had not been reviewed within a three year period

Diagnostic imaging

Staff told us that appraisals were held annually, however they could approach the registered manager at any time, for support or guidance, as required.

Clinical audits were carried out on a monthly basis by senior radiographers. This looked for good image quality and ensured that scans included all required areas. Any findings, trends or patterns were discussed within clinical governance board meetings.

Seven-day services

Imaging services were available regularly to support timely patient care.

The service operated five days per week over Monday to Friday.. The service offered a range of times and locations, to accommodate patient preferences. Dependent on the locality and specifics of the community, the service operated on a flexible basis to allow for patient 'walk in' scanning, although this was for some hard to reach groups and always following a required clinical referral.

Health promotion

Staff did not routinely give patients practical support and advice to lead healthier lives.

The registered manager told us they did not routinely offer health promotion advice due to the specific ultrasound scanning nature, of the services provided.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were aware of key consent and mental capacity issues. They checked and affirmed patients' consent to scanning procedures. They were aware of patients who may lack capacity to make their own decisions and what to do in the circumstances.

The service carried out ultrasound scans following a referral by another health care professional. The patient would then contact the service to book an appointment. The service therefore worked on the basis of implied consent i.e. the patient contacted to book an appointment themselves.

Staff told us that they were aware of implied patient consent provided, by attending for the appointment, however they still explained the scanning procedure to the patient in full and checked that this is what they were expecting.

We reviewed the service's consent policy which described the purpose of the document and the types of consent applicable. An example consent form was attached to the policy for staff reference, however the service did not take any signed patient consent forms

The registered manager of the service told us that; in line with the service's vision and strategy, any patients with complex needs, including about the understanding of scanning procedures, would be signposted to an NHS hospital setting instead.

Are Diagnostic imaging caring?

Diagnostic imaging

Good 

We have not inspected caring at this service before. We rated it as good.

Compassionate care

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

Staff told us that they introduced themselves to patients and clearly explained the scanning procedure to take place. We witnessed staff interacting with patients when they were called into the scanning room. They were friendly, polite and professional.

Patients were reassured by staff if they wanted the procedure to stop at any moment, to just say.

In the scanning room, we noted that there were privacy curtains provided for the benefit of patients, however due to the nature of the scanning, patients were usually fully clothed.

We reviewed 10 patient surveys. We noted that the ten separate surveys we reviewed were all were complimentary about the caring and kindness of the service. All surveys sampled felt the service was respectful.

Emotional support

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

Staff told us they were aware of providing patients with emotional support, by asking how they felt about their scan and if it was what they were expecting.

If there were any untoward findings from a scan, staff told us that they supported patients by suggesting they contact their referrer, within the following 48 hours.

In reviewing the 10 separate patient surveys, we further noted that all felt they were given the opportunity, to ask questions and receive appropriate responses, from the scanning staff.

Understanding and involvement of patients

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

Staff understood the need to involve patients in any decisions that were made about their care.

Diagnostic imaging

We observed that a healthcare assistant was within the scanning room at all times, to support the sonographer who was carrying out the scan. The healthcare assistant acted in the role of chaperone, if required. We did not observe, however, any information for patients about asking for a chaperone, within the allied health care location we visited during this inspection.

Are Diagnostic imaging responsive?

Good 

We have not inspected responsive at this service before. We rated it as good.

Service delivery to meet the needs of local people

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

The service provided ultrasound scanning to NHS patients that had been referred by healthcare professionals. It did not provide ultrasound scans to children and young persons, under the age of 18. The service was commissioned by a number of clinical commissioning groups (CCG's) within the North of England.

The service provided ultrasound scanning from allied healthcare settings. Prior to any agreement to rent a room within an allied healthcare setting, audits were completed to ensure the room and location would be suitable for patient and staff safety.

The service operated from allied health care settings in the North of England five days per week. Staff told us that following a referral by a healthcare professional, patients would contact the service and arrange an appointment which would be at a convenient time for them.

The registered manager of the service told us that there was a high focus on engaging with the different communities that the provider served. The service considered the demographic and location of a local population and identified ways to help meet any specific needs.

An example of this approach was the identification of harder to reach communities and tailoring the scanning service provided in that locality. This meant a 'walk in' type appointment system could be offered and patients could, on occasion, be referred and have an ultrasound on the same day.

Meeting people's individual needs

The service was inclusive and was focussed on patients' individual needs and preferences. Staff were aware of how adjustments to help patients access services, could be made.

The registered manager told us that people's individual needs were considered, when renting scanning locations.

Diagnostic imaging

The provider's website included a range of information for patients in relation to ultrasound scan procedures and supporting information. Staff could access an interpreter or sign language service if required, which would be established at the point of booking.

We reviewed mandatory training which demonstrated that all staff had completed training in the key areas of equality, diversity and human rights.

At the point of booking, if it was identified that an individual's needs could not be met within a local scanning location, then staff would proactively alert the referrer so a re-referral could be made to an appropriate NHS hospital scanning location. For example, this happened with patient's who had additional mobility needs, such as use of a hoist to transfer.

Access and flow

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

Patients could access the service from a referral by a healthcare professional who deemed that an ultrasound scan was a necessary part of diagnostics. Patients contacted the service and were given a choice of locations and times for a scan.

We spoke with some patients, who described a difficulty in contacting the service via telephone to book their scan. The service was aware of this and was looking at increasing phone capacity to improve the issue.

We reviewed the service's performance indicators, which detailed information about; rejected referrals and whether the patient had been seen within both; 10 or 20 working days.

The 10 or 20 day KPI reflected the exclusion policy of the service which included scanning for any suspected cancer for the two week pathway.

For the period of April 2021 to December 2021, 100% of patients were scanned within 20 working days of the service accepting the referral.

We reviewed documents which included quality metrics were shared with the service's commissioners to ensure contract compliance.

Learning from complaints and concerns

It was encouraged and 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 patients in the investigation of their complaint.

Concerns, compliments and complaints were fed back to the service by an online surveying tool. This was supported and encouraged by staff at the end of a scanning procedure, by providing the patient with a leaflet, detailing how to access the survey.

Diagnostic imaging

We reviewed 10 patient feedback forms that had been completed. All were positive about the service. We noted questions about the service included, among others:

- Were you given a choice of location?
- Were the appointment centre staff helpful/friendly?
- How suitable was our clinic room for your examination?
- Did the staff performing your examination treat you with respect?
- Were you given enough privacy for your examination?
- Do You have any comments that may help us improve the quality of the service we offer?

We reviewed the service's complaints log. In the previous 12 months, prior to inspection there had been a total of 31 complaints. We noted that for most complaints there were; relevant dates, a summary of the complaint, whether it was upheld or not and any actions that happened as a result.

We did however review some complaint records that were not clear on the context or specifics of the complaint issue. This meant that they may be reduced staff learning from any complaints or there could be difficulty in an unfamiliar member of staff having all of the required information to deal with a complaint further, in another member of staff's absence.

We reviewed minutes of team meetings, that reminded staff about issues that had been raised in complaints, for future practice and learning.

Are Diagnostic imaging well-led?

Good 

We have not inspected well-led at this service before. We rated it as good.

Leadership

Leaders had effective 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 patients and staff. They supported staff to develop their skills and take on more senior roles.

There was a clearly defined and visible leadership for the service, with two directors and an operations manager in post. We reviewed the organisational structure and noted that employees were suitably qualified and competent to carry out the leadership roles within the service

The registered manager articulated the challenges to the service well and described the strategies in place to ensure the service ran smoothly. This included management and servicing of equipment and expansion into new geographic localities.

Senior leaders told us they promoted an 'open door policy' for staff to contact them without delay about any issues they had. Staff told us they had confidence in their line management, the leadership of the service and also, that the directors of the service were approachable to raise issues or concerns with.

Diagnostic imaging

The registered manager told us that management staff are grown within the company and developed internally. As an example of this, the service's operations manager, had progressed within the company to their current role

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability and expansion of services. Leaders and staff were aware of how to measure their progress.

Senior leaders told us that they planned for the service to maintain current standards and grow through expansion into new local areas.

The driving vision for the service was to both; reduce footfall within hospital settings for normally fit and well persons and also, to reach more geographically isolated patients.

The service aimed to continue to build and grow links with secondary care providers, for better patient experience and outcomes. Leaders told us that the key points for the service's strategy, which we also reviewed. These were to; continually look for improvement, meet key performance indicators for ultrasound service commissioners and maintain the current standards of performance.

Culture

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

Leaders told us that the service operated an open-door policy for staff and that feedback was encouraged on the good, bad and indifferent aspects of the service, from staff point of view. Feedback had been sought previously by staff surveys, however on reflection, the service felt that individual meetings provided better feedback.

We reviewed a staff appraisal template and the appraisal policy. Appraisals were described as a formal part of an on-going cycle of review, planning, development and evaluation for all staff. We noted that a staff appraisal included the following; achievement against previous task and objectives, next year objectives, personal effectiveness and staff personal development plan

Senior leaders told us that a low staff sickness record evidenced that staff were cared for as individuals and also described, a recently implemented car leasing scheme through salary sacrifice for the benefit of staff.

We reviewed the services duty of candour policy, which detailed an open and transparent process clearly defines the importance of being open and apologetic when this happens.

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.

Diagnostic imaging

We reviewed the services clinical governance policy. The aim of the policy was described as ensuring clinical excellence from the use of audit, patient feedback, information security, appraisal, education and continuing professional development.

Senior leaders described to us the clinical governance board in place and also, that governance related policies were reviewed on an annual basis. Clinical policies and procedures were updated every two years or for example, to take account of updated professional guidance.

A panel of senior leadership met on a monthly basis regarding the identification of trends and patterns and also, to review complaints. Any improvement or learning was shared in updated policies, procedures and in team meetings.

Key performance indicators were measured and reported to commissioners on a regular basis.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They did not always record relevant risks and issues and identify actions to reduce their impact. Staff were encouraged to contribute to decision-making for the improvement of services.

Leaders told us about the most prevalent risks to the service and how they effectively managed these, for example by continued professional learning and development. Risks were escalated by staff to either of the co-directors or the operations manager.

During inspection, we requested a copy of the service's risk register. On review of the documents received, the risks only related to information asset risk from equipment such as mobile telephones and computers. The document also identified that none of the risks had been reviewed since 2018.

The service did not measure itself against other ultrasound providers, however the registered manager told us that commissioner feedback meetings did provide opportunities for verbal benchmarking against other providers.

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 secure but only somewhat integrated. Data or notifications were consistently submitted to external organisations as required.

We observed electronic computer systems were password protected. Data security awareness was included as a module of mandatory training. Patient information and images was transferred via a secure image exchange.

We observed during inspection however, that staff training records could only be accessed by a different system. This could make it difficult to see a whole overview of a staff member's training compliance without looking at different systems.

Diagnostic imaging

The provider collected information and made notifications to commissioners about the service, such as; the number of patients referred, waiting times and flow of patients to enable timely scanning appointments. The registered manager told us that they were responsible for notifications to relevant bodies and were aware of what was required to be reported.

Engagement

Leaders and staff actively and openly engaged with patients and staff and to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Leaders told us about the use of an online service for patient surveys which gathered feedback, noting that there was a good response overall, to this medium.

The service used this feedback to help identify any trends or patterns for improvement. An example of feedback that had been actioned related to patient parking and parking enforcement at allied health care settings.

Leaders told us that they actively engaged in service adjustments, for different groups and communities. For example, to better meet the needs of specific groups of patients who may not attend appointments regularly, scanning clinics would work flexibly on a 'walk-in' type basis. This was aimed for hard to reach groups and always following a required clinical referral.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation

Leaders acknowledged that staff were a valuable source of knowledge for the service and this could translate into direct service improvements. An example of this, was the implementation of seasonal opening times for lighter and darker nights with the aim of improving staff and patient safety, when arriving or leaving the allied health care setting.

The registered manager told us that staff members are encouraged to share learning and innovation, should they have any specific interests or knowledge.

As an example of this, we were told that one staff member is undertaking a postgraduate course in recognising hard to see ultrasound pathologies and has sought to share the learning with smaller groups of the team, within meetings.