

Ultrasound Scanning Services Ltd

Quality Report

452 Church Lane
Kingsbury
London
NW9 8UA

Tel: 020 8357 0957

Website: www.ultrasoundservices.co.uk

Date of inspection visit: 05 February 2019

Date of publication: 05/04/2019

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?

Requires improvement



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Ultrasound Scanning Services Ltd is operated by Ultrasound Scanning Services Ltd. The Service offers diagnostic tests in the form of ultrasounds for adults. The service has one treatment room and a reception area.

The service provides scans for; early pregnancy 3D or 4D, gender reveal, upper abdomen, pelvic, kidneys and bladder, testes, thyroid, carotid arteries, musculoskeletal such as muscles and tendons, shoulders and conditions including deep vein thrombosis.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 05 February 2019. We went back to do a planned follow up inspection on 15 February 2019.

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.

Services we rate

We rated the service as **Good** overall.

We found areas of practice that was good at this diagnostic service:

- Staff understood how to protect patients from abuse and recognise different types of abuse.
- The cleaning wipes used for the transvaginal probe were in line with national recommendations.
- The service reported 100% compliance in their handwashing audits.
- Service users with a wheelchair could access the service easily, either via the ramp at the main door or at the side entrance.
- The service complied with the pause and check guidance from the Society of Radiographers.
- The service followed guidelines set out by the British Medical Ultrasound Society, Society of Radiographers for professional ultrasound practice and The National Institute for Health and Care Excellence (NICE) guidelines.
- The service operated seven days a week and provided flexible appointment to meet the needs of their patients.
- Patients we spoke with said that staff were thorough and took the time to explain findings with them.
- Staff we spoke with stressed the importance of treating patients as individuals.
- The service accommodated urgent referrals by ensuring that two urgent appointment slots were available every day.
- Prices of ultrasound scans were clearly visible to service users.
- Ultrasound reports were sent to the patient's GP within two working days for NHS patients.
- The service was managed by the lead radiographer who was suitably qualified for the role.
- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment.

However,

Summary of findings

- Staff were not up to date in mandatory and safeguarding training.
- The service did not hold cleaning logs of the service and we could not see documentation that supported daily cleaning.
- The service did not have access to an interpretation service, we found that this was rectified on our follow up inspection.
- The service did not have a documented vision or strategy.
- The risks in the risk register did not have an entry date or a mitigated date.
- The manager regularly audited the radiographers work but did not share feedback from these audits with staff.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

Professor Edward Baker
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 	The service provides ultrasound scans to NHS and private patients, including early pregnancy scans. We rated this service as good because it was effective, caring, and responsive and well led, although safe requires improvement. We found poor compliance in mandatory training and out of date training in safeguarding.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Ultrasound Scanning Services Ltd	7
Our inspection team	7
Information about Ultrasound Scanning Services Ltd	7
The five questions we ask about services and what we found	9

Detailed findings from this inspection

Overview of ratings	13
Outstanding practice	25
Areas for improvement	25

Good 

Ultrasound Scanning Services Ltd

Services we looked at

Diagnostic imaging.

Summary of this inspection

Background to Ultrasound Scanning Services Ltd

Ultrasound Scanning Services Ltd is operated by Ultrasound Scanning Services Ltd. The service opened in 1998. It is a private service in Kingsbury, Brent. The service primarily serves the communities of Brent and Harrow. It also accepts patient referrals from outside this area. The service is contracted by a local Clinical Commissioning Group to provide NHS ultrasound scans at a nearby hospital.

The service has had a registered manager in post since 04 July 2014 and is registered for diagnostic and screening procedures. This service has not been inspected before.

The service also offers blood tests and osteopathy services, we did not inspect these services.

Our inspection team

The team that inspected the service comprised a CQC lead inspector Monisha Parmar, and a specialist advisor with expertise in radiography. The inspection team was overseen by Terri Salt, interim Head of Hospital Inspection.

Information about Ultrasound Scanning Services Ltd

The service has one treatment room for scanning and is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we looked at the treatment room and the reception area. We spoke with one radiographer, and two administrative staff.

We spoke with three patients and two relatives.

During our inspection, we reviewed three sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC. We did not find that the service was meeting all standards of quality and safety it was inspected against.

Activity (February 2018 to January 2019)

- In the reporting period February 2018 to January 2019 there were around 3,900 outpatient total attendances in the reporting period; of these 30% were NHS-funded and 70% were other funded.

The service employed one full time radiographer, and two-part time radiographers. The service also employed two receptionist staff.

Track record on safety

- There were no never events
- There were no clinical incidents of no harm, low harm, moderate harm, severe harm, or death
- There were no serious injuries.

There were no incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

There were no incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

There were no incidences of hospital acquired Clostridium difficile (c.diff)

There were no incidences of hospital acquired E-Coli

There was one complaint received by the provider in the reporting period.

Summary of this inspection

An osteopath service specialising in musculoskeletal, spine and nutrition operated from the additional clinic room at the provider.

Services accredited by a national body:

- Ultrasound Scanning Services Limited was not accredited by a national body.

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?

We rated it as **Requires improvement** because:

- There was poor compliance in up to date mandatory training, but staff we spoke to at the follow up inspection said that all mandatory training had been booked in, and was due to be completed in the coming month.
- There was poor compliance with up to date safeguarding training level one and level two, but this had been rectified since the inspection.
- Not all staff were trained in safeguarding children and therefore we were not assured that staff could recognise a vulnerable child. However, all staff had now been booked in for level one and level two safeguarding training.
- The provider did not hold cleaning logs or documentation for areas that had been cleaned. Staff we spoke to during the follow up inspection told us that the provider was starting to produce cleaning logs.

However;

- Staff understood how to protect patients from abuse and recognise different types of abuse.
- The service was clean and the equipment was well maintained.
- The cleaning wipes used for the transvaginal probe were in line with national recommendations.
- The service reported 100% compliance in their hand washing audits.
- The service complied with the pause and check guidance from the Society of Radiographers.
- Staff were competent in the escalation process in line with the providers policy for an unwell patient.
- The service had enough staff with the right qualifications, skills, and experience, to keep patients safe and provide the right care treatment.
- The provider had a lone working policy in place, and reduced lone working by ensuring administration staff were always present after hours.
- There were no reported incidents in the reporting period between February 2018 and January 2019.
- There were no never events in the reported period between February 2018 and January 2019.

Requires improvement



Summary of this inspection

Are services effective?

CQC does not apply a rating to effective for this type of service. However, we found the following:

- The service followed guidelines set out by the British Medical Ultrasound Society, Society of Radiographers for professional ultrasound practice and The National Institute for Health and Care Excellence (NICE) guidelines.
- The manager regularly audited the radiographer's scans.
- Clinical professional development was encouraged and the manager was currently undertaking a Master of Science degree in musculoskeletal ultrasound.
- The service operated seven days a week and provided flexible appointments to meet the needs of their patients.
- The provider provided water to patients, friends and family.

Are services caring?

We rated it as **Good** because:

- Staff cared for patients with compassion.
- Patients that we spoke with said that the radiographers were friendly, informative and made them feel at ease.
- Staff reacted well to patient emotional needs, for example providing tissues to patients who needed it and allowing patients, family members and relatives time alone to digest information.
- Patients family and relatives that we spoke with said that they would recommend the service to their own friends and family.
- Patients we spoke with said that staff were thorough and took the time to explain findings with them.
- Staff we spoke with stressed the importance of treating patients as individuals.

Good



Are services responsive?

We rated it as **Good** because:

- The service accommodated urgent referrals by ensuring that two urgent appointment slots were available every day.
- Clinic times were extended to accommodate patients that presented with a bleed in an emergency.
- Service users could access this service when they needed to and could self-refer.
- Prices of ultrasound scans were clearly visible to service users.
- Ultrasound reports were sent to the patient's GP within two working days for NHS patients.
- Patients had access to water which was available in the waiting areas.

Good



Summary of this inspection

- Patients were given the opportunity to make anonymous comments about the service via feedback forms left in reception.
- We observed that patients were seen promptly, and that there were no waiting lists for private patients.
- The treatment room had a slave monitor so that patients, family or friends could see the scan images whilst the scan was taking place. A slave monitor in radiography is an additional screen where ultrasound images can be displayed live; for patient, friends and family.
- Chaperone information was clearly displayed in the waiting area and the treatment room.
- The service had a couch for patients with a weight limit of 260kg which was suitable for bariatric patients.
- All appointments were 20 minutes long so that the patient could use the treatment room to adjust to any news and information regarding their scan.
- The service had a one week waiting time for an ultrasound for NHS patients.
- There were no waiting times for private patients, who could be seen on the same day of making an appointment.
- We observed that the service ran on time and that there were minimal waiting times for patients.
- Within the reporting period of February 2018 to January 2019 there was over 1,800 compliments received by the service.
- Within the reporting period of February 2018 to January 2019 there was one complaint received by the service, which was resolved in the time as stated on the complaints policy.
- Information on how to make a complaint was readily accessible to patients.
- Service users with a wheelchair could access the service easily, either via the ramp at the main door or at the side entrance.

However;

- There were no leaflets for counselling or dealing with unexpected news.
- The service did not have a procedure for treating patients with a learning disability or dementia. Staff told us that these patients were not routinely seen at the service.
- The provider did not have access to an interpreter service for patients whose first language was not English, however the provider had not come across a situation where an interpreter was required. On the follow up inspection we found that the provider now had an interpreter service.

Summary of this inspection

Are services well-led?

We rated it as **Good** because:

- The service was managed by the lead radiographer who was suitably qualified for the role.
- Staff we spoke with described the manager as visible and approachable.
- Staff we spoke with felt supported, respected and valued.
- All staff were clear about their roles and understood what they were accountable for and to whom.
- The service had a second back up ultrasound machine to use in emergencies, if the main machine broke down.
- We observed that relevant policies and key records were easy to locate and accessible to relevant staff.
- Patient surveys were in use and questions were sufficiently open ended to allow people to express themselves.

However;

- The service did not have a documented vision and strategy.
- The manager regularly audited the radiographers work but did not feedback on these findings.
- The risks in the risk register did not have an entry date or a mitigated date.

Good







Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Requires improvement 

Mandatory training

- **The service provided mandatory training, through an external provider, in key skills to all staff and made sure required staff completed it.**
- There was a comprehensive mandatory training programme, but not all staff had completed this.
- Mandatory training included training in health and safety, fire and safety, infection control and prevention, moving and handling and the Mental Capacity Act 2005.
- Some staff had not completed their mandatory training since 2017. Staff we spoke with said that a lot of their time was consumed on their university course. However, completing a university course should not discharge the providers responsibility of ensuring all mandatory training was completed.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- Staff were able to give examples of abuse and had an awareness of female genital mutation and modern slavery.

- The service had a dedicated adult safeguarding lead and did not scan patients under the age of 18.
- The safeguarding lead had training in safeguarding level 1 and level 2 but this had expired. However, the safeguarding lead had completed this training post inspection.
- We spoke to administrative staff who told us that children often attended the service with their mothers. Not all staff were trained in safeguarding children and therefore we were not assured that staff could recognise a vulnerable child.
- Staff we spoke with were aware that they needed to be trained to safeguarding level one and two and were in the process of booking this training in for all staff.
- We observed staff using the three points of identification (ID) check as set out by the society of radiographers. We saw that pause and check posters were up on the wall as a reminder to staff.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept their equipment and environment clean at all times.**
- The service used control measures to prevent the spread of infection. We observed staff using cleaning wipes to wipe down the couch between patients and observed staff using personal protective equipment (PPE) such as gloves when treating patients. Staff told us they wore PPE where necessary and we noted that all staff adhered to the bare below elbows guidance in clinical areas.
- We observed measures in place for maintaining good infection control such as cleaning wipes, paper rolls,

Diagnostic imaging

wipeable surfaces, separate bins for clinical waste, hand sanitisers, gloves, sinks and hand wash. Infectious patients were booked at the end of the day and all disposable items that were in contact with the infectious patients were placed directly in a clinical waste bag and placed in the yellow bin outside the premises.

- The service had an in-date spillage kit in stock.
- The cleaning wipes used for the transvaginal probe were in line with national recommendations.
- We observed ultrasound probes being cleaned and ultrasound probe covers were used. The service had latex and non-latex probe covers suitable for patients with latex allergies.
- We saw cleaning check lists on the door, but we did not see any cleaning logs. Staff we spoke with said that they will start a cleaning log, to evidence the day to day cleaning. Staff we spoke with told us that staff cleaned the patient toilets and vacuumed the premises every day. The service hired a cleaner for general cleaning once a week.
- The service completed hand washing audits once a year and reported 100% compliance. We observed staff washing their hands between patients.
- We saw that the premises including the lavatories were clean and were in good repair. Compliant hand washing basins were present in the ultrasound room, with clear instructions on how to clean hands effectively.

Environment and equipment

• The service had suitable premises and equipment and looked after them well.

- The service consisted of a shop front, with a reception area and two private rooms, patient toilets, a waiting area and a storage area with a staff toilet and kitchenette.
- We observed that equipment manuals were readily available for staff when required.
- We saw that there were two, in date fire extinguishers one for class A fires and one for class B fires. The doors in the treatment room and the toilet were both fire doors.

- We saw that the ultrasound machine was serviced yearly and we were provided with the latest report which showed that the last service was on 16 January 2019.
- A spare ultrasound machine was kept in a secure location and was easily accessible to be used as a backup machine if the main machine broke down. The spare machine was purchased in July 2018 and all maintenance services were up to date.
- There was a hand sanitiser outside the treatment room.
- The treatment room floor was a wipe clean floor and had raised arches onto the walls to minimise infection control issues.
- In the treatment room we saw a pelvis tilt cushion used to help position patients which had a wipe clean cover.
- In the treatment room we observed a closed sharps bin: however, there was no date on this bin.
- There were separate foot operated bins for clinical waste and general waste, which were clearly labelled. The clinical waste bin was emptied into a large yellow bin outside the service. There was a service level agreement with an external contractor for the collection of clinical waste, this occurred every three to four weeks. The same contractor was used for the sharps bin.
- Staff had a thorough understanding of the Health and Safety Executive Regulations regarding Control of Substances Hazardous to Health (COSHH). For example, cleaning products were stored safely in a locked cupboard.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient.**
- A three-point check was completed prior to a diagnostic test which was in line with best practice. Staff confirmed with patients their name, address and date of birth before starting an investigation. We saw a pause and check sign on the wall as a reminder in line

Diagnostic imaging

with the Society of Radiographers. This meant that the right processes were in place to ensure the right person gets the right radiological scan at the right time.

- Staff we spoke with told us that if a private patient presented with bleeding, the clinic hours could be extended to accommodate this patient.
- We asked different staff about what they would do if a patient required medical attention. Staff showed a good level of competency in escalating an unwell patient in line with the provider's escalation policy. Staff knew where the local hospital was and the early pregnancy unit. Staff provided an ultrasound report of the scan so that the patient could take the printed report with them to their nearest accident and emergency department.
- Staff informed us that patients' GPs were alerted immediately if there was a problematic clinical finding. Staff reported that it was often difficult to talk to the patient's GP directly, so they would relay relevant information to the practice manager. If this was not possible staff would add a note to the report asking the practice to acknowledge the report via email or by phone. A copy of the ultrasound report was also sent over to the patient's GP via fax.

Radiographer staffing

- **The service had enough staff with the right qualifications, skills, training and experience, to keep patients safe and provide the right care treatment.**
- We were able to see the radiographer qualifications, this included a diploma of the college of radiographers and a diploma of medical ultrasound this was displayed in the treatment room. All radiographers hired by this service was registered with The Health and Care Professions Council.
- The service had one permanent radiographer and the support of two part-time radiographers when required.
- Staffing levels were planned on the number of diagnostic services due for completion on that week.
- The minimal daily staff would always include one radiographer and one admin staff member.

- The provider had a lone working policy in place, and ensured that radiographers did not work alone. Receptionist staff were always present when radiographers performed scans after hours.
- The service did not use bank or agency staff and there were currently no staff vacancies at this service.
- The service employed two full time administration staff members.

Medical staffing

- The service could contact a radiologist for medical advice if required.

Records

- **Staff kept detailed records of patients care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- All records were electronic and were stored on a private patient software, we saw that electronic pop-ups were in place regarding critical information about the patients.
- The service used secure and encrypted NHS mail or phones to communicate appropriate findings with GPs.
- We observed that the radiology information system and picture archiving system was secured and password protected.
- Paper patients records that were obtained were disposed of appropriately and was cross shredded and placed into the general waste bin, once all information was entered onto their computer system.
- The lead radiographer audited the records inputted into the system by other radiographers.

Medicines

- No controlled drugs or medicines were kept within the service.

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The manager investigated**

Diagnostic imaging

incidents and shared lessons learned with the team. When things went wrong, staff apologised and gave patients honest information and suitable support.

- We saw that the service maintained an incident reporting and recording process, and complied with the National Reporting and Learning Services (NRLS) guidance.
- All incidents were reported on a paper based system. There were no incidents reported in the last 12 months.
- Staff would learn from incidents via weekly staff meetings, when they occurred, however these meetings were not recorded or minuted.
- The service reported no serious incidents or never events in the reporting period between February 2018 to January 2019.
- Never events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- The service had not made a duty of candour notification within the last 12 months.
- Staff we spoke to at the service had a good understanding of a duty of candour, and the provider had a duty of candour policy in place.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

Are outpatients and diagnostic imaging services effective?

We do not rate the effective domain for diagnostic imaging services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

- Care and treatment was delivered to patients in line with the National Institute for Health and Care Excellence (NICE) guidelines. The service followed guidelines set out by the British Medical Ultrasound Society and Society of Radiographers for professional ultrasound practice. We saw that the most up to date guidelines was printed out for easy reference.
- The service was compliant with NRLS and National Patient Safety Agency (NPSA) staff were encouraged and promoted to support guidance at all times.
- We saw evidence of local audits of clinical practice and competency conducted by a practice educator from a local university.

Nutrition and hydration

- Patients requiring specific scans whereby a full bladder was required, were provided with sufficient information about how much to drink before coming to their appointments.
- Water was made available to patients in the waiting area.

Patient outcomes

- **The manager monitored the effectiveness of care and treatment and used the findings to improve them.**
- Patient surveys were used to monitor the patients experience of the service.
- The manager audited radiographer scans once a month and liaised with GPs on the quality of the scans.

Competent staff

- **The service made sure staff were competent in their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Patient feedback was fed into staff appraisals.**

Diagnostic imaging

- Staff competencies were continually assessed through regular supervision. Moreover, scans performed by staff were regularly audited by the manager in line with SOR guidance. Staff were also encouraged to attend supplementary and further supporting training programmes.
- There was evidence of continual professional development at the service. For example, the manager was currently undertaking a master of science course (MSc) in musculoskeletal ultrasound, to incorporate upper and lower limb scanning into the business.
- Shared learning was also in place at this service; radiographers with particular skill sets for example scanning shoulders, taught other staff their skills and expertise.
- The service reported 100% appraisal rate of staff who had been employed by the service for more than 12 months.

Multidisciplinary working

- Staff of different grades worked together as a team to benefit patients.
- Staff we spoke with told us they had good working relationships with other radiographers and the admin staff. This ensured that staff could share necessary information about the patients and provide holistic care.
- We heard positive feedback from staff about the excellent team work.

Seven-day services

- The service was opened seven days a week. The service operated from 9am to 6pm Monday to Friday, 9am to 1pm on Saturday and 10am to 1.30pm on Sunday. This meant that people that required this service did not have to take time off work to attend their appointment.
- Appointments were flexible to meet the needs of patients, including appointments at short notice.
- The service had a one week waiting period for NHS patients.

Health promotion

- The service provided information on stem cell bank and prenatal testing.

Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- We observed patients giving verbal consent prior to an intervention.
- There was a process to ensure verbal consent was gained before an intervention commenced.
- Patients were provided with information about their procedures before their appointment. Patients were provided with sufficient time to ask any questions before they had their procedure. This gave an opportunity to gain verbal consent before the scan.
- Staff understood their roles and responsibilities in obtaining patients consent and their responsibilities under the Mental Capacity Act 2005.
- We observed an in-date consent policy and a Mental Capacity Act policy.

Are outpatients and diagnostic imaging services caring?

Good 

We rated the service as **good**.

Compassionate care

- **Staff cared for patients with compassion.**
- Feedback from patients seen on the services internet pages, in the form of testimonies, confirmed that staff treated them well and with kindness. One testimony said, 'absolutely fantastic service provided and would recommend to anyone wanting an ultrasound - lots of time was spent looking at my little one and she was very friendly.'
- The service was rated 142 times in the last 12 months and was rewarded 4.8 stars out of five on a public browser.

Diagnostic imaging

- Patients that we spoke with said that the radiographers were friendly, informative and made them feel at ease.
- We observed radiography staff being kind and compassionate as they put patients and their relatives at ease. We observed that patients, family members and friends were treated with dignity and respect at all times.
- We observed administration staff interacting with patients on the phone and in person. Staff were polite, friendly and had a caring manner when talking to patients.
- The service encouraged patients to provide feedback from their experience after each visit but we were not provided with any results from this feedback.
- We looked at three feedback forms, one patient wrote 'great service really took the time to explain everything would definitely be coming again. Very happy. Thank you.'

Emotional support

- **Staff provided emotional support to patient to minimise their distress.**
- Staff provided emotional support to patients to minimise their distress for example patients with anxiety. Support included giving the patients as much time as they needed to discuss their concerns, talking in a calm and reassuring way. We saw this during the inspection. Staff were very patient, kind and provided anxious patients with the reassurance they needed.
- Staff reacted well to patient emotional needs, for example providing tissues to patients who needed it and allowing patients and family members and relatives time alone to digest information.
- Patients were given time to ask questions after their scan and staff provided clear information in a way that was easy to understand.
- Staff we spoke with stressed the importance of treating patients as individuals.

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.**

- The service had a visible patient-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Patients were actively involved in their care.
- We observed staff informing patients that the ultrasound gel was cold before it was applied to their skin.
- We observed staff giving explanations of what they could see on the screen in detail, and when the radiographer required the patient to keep still an explanation was given as to why.
- Patients we spoke with said the staff were thorough, took time to explain procedures to them and they felt comfortable and reassured. Patients felt they were given adequate information.
- Patients were provided with a report of their scan after their examination and photos.
- Within the treatment room we saw that there were two additional chairs so that friends and family could be present during an ultrasound.
- We observed staff inviting friends and relatives into the treatment room to be a part of the experience, after gaining the patients consent to do so.
- Patients and their family that we spoke with said that they would recommend the service to their own friends and family.

Are outpatients and diagnostic imaging services responsive?

Good 

We rated the service as **good**.

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- The service was flexible and provided patients with a choice. The service provided diagnostic ultrasound images for private and NHS patients.

Diagnostic imaging

- The service provided planned diagnostic treatment for patients at their convenience.
- The service accommodated urgent referrals by ensuring two urgent appointment slots were available every day.
- The environment was appropriate and patient centred. There was a comfortable seating area and toilet facilities for patients and visitors.
- The waiting area was spacious and had a television, a water machine with drinking cups, a fan, an air-conditioner, a seating area and magazines.
- We observed that patients were seen promptly, and that there were no waiting lists for private patients.
- Patients were provided with a patient information sheet which contained instructions and information to follow prior to the appointment. The patient information sheet explained the ultrasound procedure and the limitations of an ultrasound. This information sheet was sent to the patient before the appointment.
- Leaflets were provided and displayed in the service to inform patients of the different ultrasounds available without a GP referral. The price was clearly listed on this leaflet.
- The service was open seven days a week. The service operated from 9am to 6pm Monday to Friday, 9am to 1pm on Saturday and 10am to 1.30pm on Sunday. This meant that people that required this service did not have to take time off work to attend their appointment.
- Booking forms had reminders for staff to tell the patients of any dietary requirements for the treatment, for example pelvis ultrasounds required a full bladder.
- The treatment room had a slave monitor so that patients, family or friends could see the scan images whilst the scan was taking place.
- Incidental findings were reported to the patient's GP accordingly, via telephone or secure email for all patients.
- Chaperones were provided if the patient required it. We saw posters in the waiting area and in the treatment room that informed patients that they were able to bring a chaperone to their appointment. However, the chaperones provided were male and did not receive chaperone training. We informed the provider of this and the service made arrangements for chaperone training for male and female staff.
- Feedback was sought after every patient visit, via feedback forms. We could see that this was used to improve the services where applicable.
- The service did not exceed a two-week waiting list for NHS patients.
- Private patients could call up the service and be booked in for a scan on the same day if they wished.
- For private patients presenting with an emergency, clinic times were extended to accommodate for this patient.
- The service had latex and powder free examination gloves and probe covers available for those patients with latex allergies. The provider should routinely use latex and powder free examination gloves and probe covers as many people do not know that they have these allergies.
- We observed the radiographer asking patients if they had any allergies before proceeding with their scan.
- The service did not have access to an interpretation service, and told us that elderly patients who couldn't speak English would normally come with a relative who could, and that most patients were able to speak English. Staff at the service were able to speak English, Gujarati and Hindi. However, the provider had not come across a situation where an interpreter was required. Using relatives as translators is poor practice. On the follow up inspection we found that the provider now had an interpreter service.

Meeting people's individual needs

- **The service took account of patient's individual needs.**
- Patients' individual needs and preferences were central to the planning and delivery of the service.
- The service was able to provide scans for pregnant women before their 12-week NHS scan and reports were generated for the patient.

Diagnostic imaging

- We asked staff where a patient could wait if they had received bad news. Staff we spoke with said there wasn't a separate area for this. However, all appointments were 20 minutes long so that the patient could use the treatment room to adjust to any news and information regarding their scan. We asked staff if there were any leaflets for counselling or unexpected news. Staff we spoke with said they did not have this information on hand for their patients. Staff had attended counselling and lectures on how to deliver bad news to patients, and between them staff had 20 years of experience in this area.
- The service had a couch for patients with a weight limit of 260kg which was suitable for bariatric patients.
- Staff we spoke with told us that all incidental findings required two ultrasound views to verify findings. The provider was the first view and patients were referred to their GP for the second view.
- Patients that required the use of a wheelchair could either access the service via a low ramp at the main entrance, or use a side entrance with ground level access. We saw that the width of all the doors within the service was wide enough for a wheelchair. We observed staff helping patients with poor mobility, to sit and to stand.
- The toilets were clearly sign posted and we observed that the toilets were suitable for patients who required the use of a wheelchair.
- The service did not have a procedure for treating patients with a learning disability or dementia. However, staff we spoke with were able to provide details on how they would provide care and treatment for a patient with learning disability or dementia. Staff told us that these patients were not routinely seen at the service. The service should have a procedure in place for treating patients with a learning disability or dementia.
- The service had a one week waiting time for an ultrasound for NHS patients. There were no waiting times for private patients, who could be seen on the same day of making an appointment.
- Reports were sent to the patients GP within two working days for NHS patients. A colour coded system was set up on the private patient system so that staff could see when the reports were sent to patients GPs.
- Within the reporting period of February 2018 to January 2019 there were no cancellations or delays due to a non-clinical reason.
- The service had different time slots for different scans, for example a three-dimensional scan was for 40 minutes.
- We observed that the service ran on time and that there were minimal waiting times for patients.
- We looked at forms instructing staff on how to book in NHS patients. Staff were clearly instructed to look for an appointment that would suit the patient. This showed that the service was patient centred and that patients had a choice of appointment time.

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.**
- Within the reporting period of February 2018 to January 2019 there were over 1,800 compliments received by the service. In the same reporting period there was one complaint received by the service, which was resolved in the time as stated on the complaints policy.
- All patients were made aware that they had the right to complain or raise concerns if they are not satisfied with the service they received. The complaints policy was made available to all patients in the format they required, for example, large print, braille, or in another language.
- Information on how to make a complaint was readily accessible to patients, for example we saw that complaint forms were available for patients in the waiting area.

Access and flow

- **People could access the service when they needed it and could self-refer to this service.**
- NHS patients were contacted within two to three working days of referral. If patients were not contactable by phone, a letter would be sent out in the post.

Diagnostic imaging

- Complaints were either dealt with informally or formally according to the patient's wishes. The director of the service managed all complaints, including the investigation and the response process. All complaints were logged with action plans and were used for auditing and training purposes. This was in line with the complaints policy which was up to date and last reviewed in November 2018.
- There were no complaints made that had been escalated to the Parliamentary Health Service Ombudsman.
- Patients had the opportunity to leave anonymous comments about the service. We saw feedback forms on the reception desk and a box where the forms can be placed into anonymously.

Are outpatients and diagnostic imaging services well-led?

Good 

We rated it as **good**.

Leadership

- **The manager in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- The service was managed by the lead radiographer who was suitably qualified for the role. The manager and all other radiographers were registered with the Health and Care Professions Council and had extensive experience in delivering diagnostic imaging services.
- Staff we spoke with described the manager as visible and approachable. We observed good interaction between all staff whilst on inspection.

Vision and strategy

- **The service did not have a documented vision and strategy.**
- However, management staff we spoke with told us that the service vision was to provide reasonable and quick cost-effective scans for the whole community.

Culture

- **The manager in the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- Staff we spoke with felt supported, respected and valued.

Governance

- **The service systematically improved service quality and safeguarding high standards of care by creating an environment for excellent clinical care to flourish.**
- All staff were clear about their roles and understood what they were accountable for and to whom.
- The service had effective systems to monitor quality and safety of the service. This including the use of audits, risk assessments and a risk register.
- The risk register used a colour coded system known as the RAG (Red, Amber, Green) system for rating risks. Each risk had a probability and impact score which was multiplied together to create a risk score. The risk register had mitigating actions in place for all risks on the register and a risk owner. However, the risk register did not have entry dates of the risks, review dates or mitigated dates.
- The manager and administration staff had a clear understanding about the quality of service to be provided.
- Policies and procedures were reviewed regularly and updated when required. However, we did find various copies of the same policies in the policy folder which were out of date, this should have been separated from the up to date policies. The policy folder was poorly organised but the manager was aware of their limitations in this area and has hired a compliance staff member.
- Not all radiographers within the service had professional indemnity insurance. The manager told us that radiographers were having difficulty sourcing

Diagnostic imaging

suitable professional indemnity insurance. However, the manager was aware of discussions of indemnity insurance with the British Medical Ultrasound Society (BMUS) body on 25 March 2019.

- **The service had good systems to identify risks, there were plans to eliminate or reduce them, and cope with both the expected and unexpected.**

- The service had a second back up ultrasound machine to use in emergencies, if the main machine broke down.
- The service had a business continuity plan that covered various issues including loss of access to paper records, loss of electricity, loss of water supply, and fire.
- Radiographers were able to meet up with the manager once a week. The radiographers used a colour coded system to indicate which scans they needed additional clinical advice and support, for report writing purposes. The manager allocated an hour every week to provide this support. These meetings were not documented but was also used to provide any relevant updates and discuss any concerns or issues with the radiographers.
- The manager regularly audited the radiographers work but did not feedback on these findings.

Managing information

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

- We observed that policies and key records were easy to locate and accessible to relevant staff.
- All staff had undertaken data security and awareness training and were aware of the General Data Protection Regulation (GDPR). Staff we spoke with understood their responsibilities around information governance and risk management.
- Electronic patient records could be accessed easily and were kept secured to prevent unauthorised access of data.

- The service stored information electronically and this was encrypted before being sent. This meant the service could easily collate and audit the data and use this information to improve the quality of care being delivered.

Managing risks, issues and performance

- Staff did not report any concerns about accessing relevant patient information. Staff had access to all the information they needed to deliver care and treatment to patients in an effective and timely way.
- The service provided electronic access to diagnostic results to GPs.

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.

Learning, continuous improvement and innovation

- The service was committed to improving their services by learning from when things went well or wrong, promoting training, research and innovation.
- The service was in the process of appointing a new compliance manager to ensure the service was compliant with relevant legislation.
- The service was in the process of purchasing a new patient information system where scans can be sent to other healthcare providers and where access codes were required to view these scans.
- The patient information sheet that was given to every patient was compiled as a direct result of patient feedback. Staff reported that patients had made comments about the treatment room which prompted a change in the layout of the treatment room.
- Patient surveys were in use and questions were sufficiently open ended to allow people to express themselves.
- Patient surveys and online reviews received positive feedback.

Diagnostic imaging

- The service had a website that provided information to patients on the investigations provided, the fees, location and details on how to make an appointment.
- Care was provided by a small and well-integrated team. This meant, staff engagement happened daily and was not formalised.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all mandatory training is completed and up to date at all times for all staff.
- The provider should ensure that the appropriate safeguarding training is completed and up to date for all staff.
- The provider should have a documented vision or strategy for the service.
- The provider should ensure that all risks have the appropriate dates in the risk register.
- The provider should increase the frequency of the hand washing audits.
- The provider should consider having indemnity insurance.