

289 Imaging Ltd

The Ultrasound Clinic

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?	Requires Improvement	

Summary of findings

Overall summary

We have not previously inspected the 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.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- 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 treatment.
- 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. All staff were committed to improving services continually.

However:

- Recruitment checks such as disclosure and barring service (DBS) and references were not carried out before staff commenced employment.
- The service did not analyse the feedback from patient satisfaction surveys to determine if there were potential areas for improvement.
- The service did not have access to interpreters or signers.
- The service did not have regular formal staff meetings with minuted outcomes.
- The service had not undertaken risk assessments for the cleaning products under the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We have not previously inspected the service. We rated it as good. See the overall summary above for details.

Summary of findings

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Summary of this inspection

Background to The Ultrasound Clinic

The Ultrasound Clinic is operated by 289 Imaging Limited. The service had contracts with three local clinical commissioning groups (CCG) to provide non- obstetric ultrasound scans. The service provided obstetric scans and non-invasive pregnancy testing (NIPT) until February 2021. NIPT is a screening test used to determine the risk of a child being born with certain chromosomal abnormalities. The service provided both NHS and private scans. Patients were referred by their consultants or general practitioner.

The service registered with CQC in 2020. The service has had the same registered manager in post since registration.

This is the service's first inspection since their registration with CQC.

How we carried out this inspection

We carried out this unannounced inspection using our comprehensive inspection methodology on 07 March 2022.

During the inspection visit, the inspection team:

- Spoke with the registered manager, practice manager and a sonographer
- Spoke with three patients
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **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 **MUST** take to improve:

- The service must ensure that appropriate recruitment checks are completed for all staff including appropriate checks through the Disclosure and Barring Service (DBS) and references. Regulation 19 (1) (a) (2) (3) (a) (b)

Action the service **SHOULD** take to improve:

- The service should consider making information on how to contact interpreters or signers readily available for staff, patients and carers.
- The service should consider having regular staff meetings with minuted outcomes.
- The service should ensure it undertakes risk assessments for the cleaning products under the Control of Substances Hazardous to health Regulations 2002 (COSHH). Regulation 12 (2) (a).
- The service should consider analysing the feedback from patient satisfaction surveys to determine if there were potential areas for improvement.






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	Requires Improvement	Good
Overall	Good	Inspected but not rated	Good	Good	Requires Improvement	Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good 

We have not previously inspected the service. We rated it as good because:

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Staff completed statutory and mandatory training using a combination of 'face to face' training and e-learning. We reviewed the staff training matrix and found the majority of staff had completed their mandatory training (90%).

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements covered a range of subjects including infection control, health and safety, manual handling and fire safety.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers monitored compliance with mandatory training and alerted staff when training was due to expire. Managers informed each staff member when training needed to be refreshed.

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 received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff completed level two training in safeguarding children and adults which included radicalisation and female genital mutilation (FGM). The registered manager was the safeguarding lead and had level two training. The clinic had access to a level three trained safeguarding lead in the local trust.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. A safeguarding children and vulnerable adults policy was available including a flowchart with contact details for the local safeguarding authority. The safeguarding policy referenced FGM and modern-day slavery in line with published guidance. There were no safeguarding incidents in the previous 12 months.

Diagnostic imaging

Patients told us it was a safe environment and they were always treated respectfully by staff.

The service had an up-to-date chaperone policy.

Cleanliness, infection control and hygiene

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

The service generally performed well for cleanliness. Sonographers cleaned the ultrasound machine after every use and at the end of each session. Staff were able explain the steps they followed to clean the machine after a scan, and this supported good infection prevention and control. Equipment we viewed were visibly clean and dust-free and there was a daily cleaning check list. We reviewed a sample of daily cleaning checklist and found they were fully completed.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We reviewed infection control protocols and assurance frameworks introduced as part of the service's response to COVID-19. Extra cleaning was introduced to protect against COVID-19 including regular cleaning of high traffic areas and 'touch points'. Hand-washing and sanitising facilities were available for staff and visitors and there was signage to support good hand hygiene.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed daily cleaning checklists for the scanning room. There were regular audits such as hand hygiene and cleanliness of the environment, which showed the service consistently performed to a high standard (100%).

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with personal protective equipment (PPE) such as gloves, aprons and masks. We observed staff wearing PPE. Staff were bare below the elbows enabling effective hand hygiene, as recommended by the Department of Health.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, the service had not undertaken risk assessments for the cleaning products used to clean the premises under the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

The design of the environment followed national guidance. The service had undertaken fire and health and safety risk assessments and developed action plans to mitigate any risks identified. Risks such as repetitive strain injury to sonographers, trip hazards and manual handling were regularly reviewed and updated. There was a fire evacuation procedure in the waiting area and staff were informed of this procedure during their induction. Staff completed training in fire safety and knew how to respond in the event of a fire. The service had fire safety equipment which was checked regularly. Electrical equipment had been safety tested.

Staff carried out daily safety checks of specialist equipment. Sonographers checked the equipment was in working order at the beginning of scanning sessions. Scanning equipment was serviced annually by the manufacturer and there was a maintenance contract to complete repairs if there was a fault.

Diagnostic imaging

The service had enough suitable equipment to help them to safely care for patients. The three scanning rooms were situated on the ground floor. The rooms were all well-equipped including examination couches and trolleys for carrying the clinical equipment required. Staff had enough space for scans to be carried out safely. There was a screen attached to the ultrasound machine so staff could view images. The couches could be raised and reclined for patients' comfort.

Due to the nature of the service they did not require a resuscitation trolley. However, the service had access to an automated external defibrillator (AED).

The service had suitable facilities to meet the needs of patients' families. The design of the environment followed national guidance. The scanning room enabled privacy and conversations could not be overheard.

Staff disposed of clinical waste safely. Clinical waste and non-clinical waste were correctly segregated and collected separately. Sharps bins were not overfilled, were signed and dated when brought into use and had a disposal date listed.

The service had undertaken risk assessments under the Control of Substances Hazardous to Health Regulations 2002 (COSHH). For example, a risk assessment had been undertaken for the ultrasound probe cleaning agent. However, risk assessments had not been undertaken for the cleaning products used to clean the premises. Following our inspection, the clinic confirmed COSHH risk assessments had been completed for cleaning products.

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 patients at risk of deterioration

Staff completed risk assessments for each patient on arrival using a recognised tool, and reviewed this regularly, including after any incident. Sonographers followed the pause and check list issued by The Society and College of Radiographers. Staff checked the patient's full name, date of birth and first line of address, as well as the site of the patient's body that needed to be scanned and the existence of any previous imaging the patient had received. All patients underwent a risk assessment and gave consent before their scan.

Staff knew about and dealt with any specific risk issues. Sonographers explained how any unexpected or significant findings from image reports were escalated to the referrer. An urgent email was sent to the referrer and this was followed up with a telephone call. The email system automatically confirmed once the referral has been read. The registered manager told us the clinical director was a consultant radiologist and staff could seek a second opinion for any unexpected findings.

Staff told us the referring practitioner provided information on the patient's medical history on the referral request forms. The service checked all patients for allergies.

Staff responded promptly to any sudden deterioration in a patient's health. The service had a referral policy for escalating medical emergencies by calling 999 and staff understood the procedure to follow. Staff were trained in basic and emergency life support and knew how to recognise a deteriorating patient.

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

Diagnostic imaging

The service had enough sonographers and support staff to keep patients safe. The service had a lead sonographer who was the registered manager, four sonographers, three health care assistants (HCAs), a practice manager and a receptionist. The registered manager who worked clinically, and the HCA acted as chaperones. The clinical director was a consultant radiologist who was responsible for providing clinical advice and reviewed audits.

There were sufficient numbers of staff to cover sickness absence at short notice if required. The service did not use bank staff.

The manager could adjust staffing levels daily according to the needs of patients. Rotas were done in advance with short notice changes as required in accordance with staff. The service had a low turnover rate. There was one week in July 2021 when the service was closed due to staff sickness with Covid-19. The service was closed to facilitate a deep cleaning of the entire facility and all patients were rebooked.

Managers made sure all staff had a full induction and understood the service. Records showed all staff completed an induction, read the service's policies and procedures and the staff handbook.

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.

Patient notes were comprehensive and all staff could access them easily. Staff used electronic records to document patient's diagnostic needs. Patient records included the referral request form, images, the report and any conclusions. The report was sent to the patients' referring GP or consultant. The sonographers recorded verbal consent was obtained and signed each report. We reviewed four sets of records and they were all fully completed.

Records were stored securely. All patient's data, medical records and scan results were documented on a secure electronic record system.

The service received GP NHS referrals by secure NHS email. Private patients self-referred by secure email or telephone. Clinical staff then triaged the referral to confirm whether the referral was appropriate.

Incidents

The service had a procedure to manage patient safety incidents. Staff knew how to raise concerns, report incidents and near misses in line with provider policy.

Staff knew what incidents to report and how to report them. The service used a paper-based reporting system and had an accident and incident book available for staff to access. The book consisted of separate sheets for each incident, to protect patient confidentiality. The registered manager was responsible for conducting investigations into all incidents. There was one reported incident in the previous 12 months. Records showed the incident was recorded and documented in line with the service's procedure.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff told us they were confident in reporting incidents and near misses.

Staff understood the duty of candour. Staff were aware of their responsibilities and could give examples of when they would use the duty of candour.

Diagnostic imaging

Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service adhered to guidelines from National Institute for Health and Care Excellence (NICE), British Medical Ultrasound Society (BMUS) and Society and College of Radiographers (SCoR). The service had comprehensive standard operating (SOP) procedures for obstetric and non-obstetric scans and these were also included in the staff handbook. This ensured scans were standardised.

The registered manager was responsible for clinical policy updates. Managers reviewed policies annually or when national guidance advised a change in practice. Policies we saw version controlled which included the date of the last review and the next review date.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs

Staff made sure patients had enough to eat and drink. Patients were given instructions to prepare for their scans. For example, if they needed to fast before an ultrasound or if they needed to attend with a full bladder to ensure the sonographer obtained the required image. A water dispenser was available and patients with diabetes had access to snacks and drinks if necessary. There was also a café opposite the service within easy reach where patients could buy snacks and drinks.

Pain relief

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

Staff told us that scans may be uncomfortable, but they were not usually painful. Staff told us patients were made to feel comfortable during their appointment. Patients were advised to let staff know if they experienced any discomfort during the scan and they could ask to take a break at any point.

Patient outcomes

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

The service participated in relevant national clinical audits. Images and reports were audited by sending 5% of all scans to an external quality assurance company to be assessed. Scans were selected at random, using a secure electronic system. The audit reviewed a sample of images to check the quality of the captured images, if any non-diagnostic images were taken, or if there was a failure to capture relevant images. The imaging reports were assessed to see if they were clear and precise. This was in line with the British Medical Ultrasound Society's (BMUs) guidance, which recommends peer review audits are completed using the ultrasound image and written report.

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A summary was generated from each audit report and the results were discussed with each sonographer. Records showed that any discrepancies were acted upon so they would not affect patients' diagnostic pathways or outcomes.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Records showed all health care staff were qualified and registered with their appropriate professional bodies.

Managers gave all new staff a full induction tailored to their role before they started work. The registered manager ensured sonographers received a full induction. This involved the sonographer observing more experienced colleagues to gain a better understanding of how scans were performed within the service. The registered manager also observed each sonographer, explaining the scanning procedure, completing scans, and reviewed the reports for accuracy. Staff told us they were satisfied with the induction process and how it prepared them for their role.

The service had an employee quick reference guide which provided information on relevant policies and procedures such as health and safety, whistleblowing, data protection and equality and diversity. Staff read the guide as a part of the induction process and it was available for reference at any time.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for the service were 100%. Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service maintained good working relationships with general practitioners, other local independent health services and NHS trusts. Staff said they received positive feedback about the service from referrers and the NHS trust they worked with.

Sonographers worked closely with referrers to ensure patients received a prompt diagnosis and treatment pathway. If concerns were identified, patients were urgently escalated back to their referrer.

The sonographers and HCA worked effectively together during scanning. Staff described a positive working experience between all members of the team. We observed good team working between the registered manager, sonographers, HCA and administrative staff.

Seven-day services

Key services were available to support timely patient care.

The service was open Monday to Saturday from 8am – 5pm.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

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Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff checked patients' details were correct and explained the scan procedure. Patients had the opportunity to ask questions before consenting for the scan. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had a consent policy. Staff understood how to assess a patient's capacity to make the decision about having a scan.

Staff clearly recorded consent in the patients' records. Records showed that staff recorded verbal consent was obtained for each patient.

Are Diagnostic imaging caring?

Good 

We have not previously inspected this service. 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. The service collected feedback from patients through a patient satisfaction survey. However, the information was not analysed to determine if there were potential areas for improvement.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. The service had a chaperone policy and staff ensured a chaperone was always available to support patients, particularly during intimate procedures.

All conversations during and after an appointment took place in the private consultation room. All scans were carried out in individual rooms. Patients were greeted at the reception and taken through to the scanning room.

Patients said staff treated them well, with kindness and were very helpful and reassuring. Staff answered patient enquiries and interacted with patients in a friendly and sensitive manner.

Staff followed policy to keep patient care and treatment confidential. Conversations in the scanning room were not overheard. Computer screens containing confidential information were positioned to prevent them from being viewed by unauthorised persons. Screens were locked when unattended.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients could request a female sonographer if this was their preference.

The service asked each patient to complete a patient satisfaction survey. Staff told us the survey forms were scanned onto the patients record and all the results were positive. We reviewed examples where patients gave positive feedback about the service. However, the service did not analyse the feedback from the patient satisfaction survey to determine if there were potential areas for improvement.

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Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients said they felt reassured by the information they were given before their appointment and that it helped them prepare for their scan. Staff provided reassurance and support for nervous and anxious patients. Patients said staff helped them to feel calm and relaxed.

Patients were complimentary of all aspects of care they received from booking the appointment to completing the scan.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff told us if patients became distressed there was a room available for patients to wait until they were ready to leave the premises.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients said staff explained the scanning procedure in a way they could understand, without jargon, and allowed them plenty of time to ask questions. Patients said staff asked about their understanding of the procedure before commencing the scan.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We observed staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. Staff encouraged each patient to complete a feedback form following their appointment.

Staff supported patients to make informed decisions about their care. Staff discussed the cost of the procedure when patients booked their appointments. Staff explained other relevant terms and conditions in a way the patients could understand. NHS patients were called to arrange their appointments and if the bookings team was unable to reach the patient by telephone, they wrote to them.

Are Diagnostic imaging responsive?

We have not previously inspected this service. 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 local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the local population. The service had contracts with three local clinical commissioning groups (CCGs) to provide non-obstetric ultrasound scans. The service

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had contact with external stakeholders which provided the opportunity to assess the needs of local people. The registered manager told us there were two meetings with the CCG, and we observed one of these meetings took place on the day of our inspection. There were plans for regular meetings with the CCG, but this was impacted by the COVID-19 pandemic.

Staff told us managers matched the service delivery to the needs of patients. For example, additional appointments were provided when referral rates were high to ensure patients were scanned without long delays. Saturday appointments were also available.

Facilities and premises were appropriate for the services being delivered. People with limited mobility were able to access all areas of the service. There was unrestricted free parking on the premises that patients used.

Managers monitored and took action to minimise missed appointments. The service did not attend rate was less than 1%. Staff initially telephoned patients with their appointment and preparation details. A text reminder was sent to the patient the two days before their appointment. If staff were unable to reach patients by telephone, a letter was sent. If the service was unable to establish contact with a patient the referrer was informed.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. However, the service did not have access to interpreters or signers.

Staff told us the referral request form included information on any specific needs patients may have.

Staff had completed an equality and diversity course as part of their mandatory training. The service was accessible to wheelchair users and had an accessible toilet. The couches in the scanning room could be height adjusted as and when required.

Although the service did not have access to interpreters or signers, staff had access to an online translation service. Following our inspection, the service reviewed its policy to include access to signers and interpreters.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Patients were mainly referred by GPs and appointments could be made online or by telephone. The service offered all patients scan appointments within three weeks of receipt of the referral. If a referrer made an urgent referral staff accommodated the scan appointment. During our inspection, when patients arrived for their appointment, they did not wait more than a few minutes for their scan. Patients said they did not experience any delays when booking their appointments or having the scan.

The scan report was prepared immediately after the scan and emailed to the referrer within 24 hours. Staff emailed urgent reports to the referrer immediately after the scan and sonographers telephoned the referrer to confirm receipt. Staff asked patients to contact their GPs to discuss the scan results.

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Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service had a complaints policy and the registered manager was the complaints lead. The policy stated complaints would be acknowledged within 48 hours and investigated and responded to within 4 weeks. Information on how to make a complaint was available.

Staff knew how to acknowledge complaints. Staff understood the complaints policy and how to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. Staff we spoke with were able to identify how to support a complaint, be it informal or formal.

There were no written complaints in the previous 12 months. There was a verbal complaint regarding the patient not receiving their test results. Staff told us they ensured each patient was told their test results would be sent directly to the referrer and the patient would contact the referrer for the results. The service also received feedback from patients who said it was difficult to find the location. Staff responded by providing a more detailed information leaflet with a map and directions to the service.

Are Diagnostic imaging well-led?

Requires Improvement 

We have not previously inspected this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The service was managed by the registered manager, a sonographer, who was one of the directors. There was a clinical director who was a consultant radiologist. Both the registered manager and clinical director agreed the strategic direction of the service, its financial operations and governance arrangements. The registered manager was responsible for the day to day running of the service including staff management.

The registered manager and clinical director had the clinical expertise to manage the service. The registered manager demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

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 of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service's mission statement was to provide a reliable service, accurate analysis, friendly atmosphere and high standards for safety and quality care. The service would always be provided in a professional manner and patients would be treated respectfully.

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The registered manager told us the strategy was to provide fast, reliable and accurate scans with high quality, state of the art imaging equipment. Additionally, the service employed experienced sonographers who kept up-to-date with mandatory training and continuing professional development, which was a part of the strategy. Two of the sonographers had a masters degree in musculoskeletal ultrasound and diagnostic ultrasound. The service's vision and strategy of developing a knowledgeable and skilled workforce enabled the provision of a wide range of ultrasound scans.

Staff worked in a way that demonstrated their commitment to delivering high-quality care in line with the vision and strategy. The framework ensured that patients' diagnostic pathways were fast, efficient and safe.

The service worked with three clinical commissioning groups (CCGs) which supported the wider health economy.

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.

Staff spoke highly of the working environment and felt supported in their job roles. Staff told us they felt supported, respected and valued. We observed good team working amongst staff and one staff member told us it was the "best place I ever worked." Staff enjoyed working at the service and they were enthusiastic about the care and services they provided.

Managers expressed pride in their staff and gave examples of how staff adapted to changes brought about by the Covid-19 pandemic as well as supporting the NHS during the crisis. For example, the service provided free scans for some patients who could not access timely baby scans on the NHS during the Covid-19 pandemic.

The registered manager responded positively to feedback and showed a culture of willingness to learn and improve.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities. However, recruitment checks such as disclosure and barring service (DBS) and references were not carried out before staff commenced employment.

There was a system for maintaining policies and procedures ensuring they were up to date, version controlled and met national guidance. The registered manager said any changes or updates to policies was shared by email and discussed with staff individually.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. Peer review audits of images and reports were undertaken in accordance with recommendations made by the British Medical Ultrasound Society. The service monitored mandatory training and appraisals.

There were regular directors' meetings to discuss improvements in the service such as a new telephone system, improvements to the service's website, text reminders for patients' appointments and recruiting a new a sonographer and HCA. However, the registered manager told us they did not have regular minuted team meetings as they were a small team. Information was shared informally through one to one meetings and emails. Staff said that incidents and complaints were discussed informally whenever they occurred.

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The service did not comply with its recruitment policy or identify the potential risks of employing staff without completing adequate checks. The registered manager did not ensure all recruitment checks such as disclosure and barring service (DBS) and references were carried out before staff commenced employment. Records showed the service accepted DBS checks carried out by another provider rather than undertaking their own checks. Additionally, staff were registered with the DBS update service, but managers had not reviewed this information. Following our inspection, the service sent confirmation that these checks had been undertaken.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Risk assessments such as fire and health and safety had been completed and the action plans implemented. There was a fire risk evacuation procedure, fire extinguishers and smoke detectors.

The service completed a COVID-19 risk assessment which was reviewed regularly. There was a risk register which identified and mitigated risks such as the impact of the COVID -19 pandemic on staffing and 'face to face' training as well as information technology failures.

There were regular audits of image quality and peer reviews that highlighted areas of improvement to benefit patients. Staff were clear about their roles and had appraisals to discuss performance and development.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service and valid public and employer liability insurance.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including complaints, mandatory training and audits.

All staff had access, through secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

Engagement

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

The service's website included information for both NHS and private patients, the location and directions and how to contact the service. Patients could contact the service through an online form on the website. The service worked with three clinical commissioning groups (CCGs) to help improve services for patients.

Diagnostic imaging

The service encouraged patients to provide feedback through patient satisfaction surveys, through online reviews, social media reviews or email. We saw positive examples of patient feedback.

Staff told us they would be comfortable suggesting improvements to the service and sharing thoughts on service delivery.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The registered manager supported staff development and encouraged this at appraisals.

The registered manager explained the plans for service development. The service had grown significantly over the previous 12 months and the leadership team was exploring moving to a larger premises with more scanning rooms so they could increase the number of scans undertaken while reducing the wait to have a scan completed.