

Beehive Solutions Limited

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Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

Our rating of the service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff maintained training in key skills and understood how to protect patients from abuse. Staff assessed risks to patients, acted on them and kept good care records. Processes were in place to manage incidents.
- Staff provided good care and treatment. The provider monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information.
- 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 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.
- The provider 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. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

**Diagnostic
and screening
services**

Rating

Good



Summary of each main service

We rated this service as good because it was safe, effective, caring, responsive, and well led.

Summary of findings

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Summary of this inspection

Background to Beehive Solutions Limited

Beehive Solutions Limited is the name of the provider, registered location, and service. The service opened in 2010 and provides diagnostic screening non-obstetric ultrasound services under contracts from clinical commissioning groups in London, Kent, and Essex. The service is part of the national NHS England 'any qualified provider' (AQP) programme.

Ultrasound services are provided to NHS patients from rented space in clinical environments such as GP practices, NHS acute hospitals, and community hospitals. The provider does not have its own clinical premises.

There is a registered manager in post who is also the clinical lead and one of two directors.

We last inspected the service in March 2019 and rated it good overall and good in caring, responsive, and well led. We did not rate effective and we rated safe as requires improvement. This reflected a need for improvement in infection control, the proper use of the clinical environment, and incident reporting. At this inspection we found previous areas of concern had been addressed although there was still a need for more consistency in infection control.

How we carried out this inspection

We carried out an inspection of the service using our comprehensive methodology. We announced the inspection because we needed to make sure the service would be in session at the time of our site visit. We inspected the service at a community hospital. The hospital is not part of our inspection although we cross-refer to local facilities as part of our assessment of care. During our inspection we spoke with four patients, three members of staff, and reviewed three patient records.

Our inspection team consisted of a lead inspector and a diagnostic imaging specialist advisor.

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>.

Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic and screening services

Good 

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

Are Diagnostic and screening services safe?

Good 

We rated safe as good.

Mandatory training

The service required and supported staff to maintain training in key skills.

The service required staff to maintain mandatory training with their substantive NHS employer. This included infection prevention and control, health and safety, and information governance. The registered manager monitored completion rates through data sharing agreements with each member of staff.

The registered manager required evidence of training completion before staff provided clinical care. The service provided some training in-house, such as safeguarding training, to ensure staff adapted their care and knowledge to the specific environment.

Mandatory training was suitable for the service provided to patients. For example, staff completed standard safety modules in the NHS such as fire safety and health and safety and then supplemented them with site-specific inductions at each location. This reflected good practice and enabled staff to move between sites and work safely. As all patients received care as part of NHS pathways, this was an appropriate approach to safety.

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 maintained training specific for their role on how to recognise and report abuse. All clinical staff were required to maintain level two adults and children safeguarding training in line with the Royal College of Nursing intercollegiate document. At the time of our inspection, all staff were up to date.

Staff described how to make a safeguarding referral and could explain who to inform if they had concerns. Each clinical site had a named safeguarding lead who worked for the host organisation. The registered manager was the named national safeguarding lead for the provider.

Diagnostic and screening services

Staff followed safe procedures for the care of children and young people (CYP). While they did not scan CYP, they maintained awareness of local escalation procedures.

The provider had safeguarding policies in place and the registered manager updated these annually.

Before the service implemented clinical services from a new site, the registered manager obtained local safeguarding point of contact information and escalation protocols. They included this information to staff working from these sites. We saw evidence this information was kept up-to-date.

Cleanliness, infection control and hygiene

The service controlled infection risk well. They kept equipment and the premises visibly clean. There was room for improvement in how staff used equipment and control measures to protect patients, themselves and others from infection.

Staff worked in clinical environments rented from other organisations. The provider had service level agreements with each host site to ensure clinical areas and furnishings were clean and well-maintained. Staff working from clinical sites were responsible for checking local standards and ensuring the environment was ready for use.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff carried PPE with them in line with the provider's standards. This meant staff always had the appropriate stock at each clinical site. Staff wore and managed PPE appropriately during our clinical site inspection.

Staff said they cleaned equipment after each patient contact, and we saw this in practice during our site visit. Disposable privacy curtains were dated and within their expiry date.

Staff cleaned transvaginal probes using a specific three point decontamination system. We observed good standards of practice. For example, staff used antibacterial hand gel appropriately and practiced national hand hygiene standards between patients. Although staff recorded cleaning on patient records, there was no centralised cleaning log to monitor items such as the transvaginal probe. Following our inspection, the provider told us they had a record book of the cleaning products used. However, we did not see this record during the inspection.

The manufacturer of the decontamination system required users to undergo competencies for its safe use, but the service was unable to demonstrate staff had completed these. This was mitigated to some extent with the provision of clear workflow charts for staff. The system also recommended services track the serial number of each product. Staff documented this in patient records but did not use a centralised log. We asked the registered manager about this who said they did not keep a log in case it was lost when travelling between different clinical sites and instead they felt it was safer to document this in each patient record.

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.

Staff delivered services from multiple sites such as community hospitals, and GP practices. The provider allocated staff to sites based on their clinical competencies, patient demand, and availability of clinical space.

Diagnostic and screening services

The service had enough suitable equipment to help staff safely care for patients. The registered manager carried clinical equipment with them to each site in advance of a clinic. This meant staff could work safely at different sites using equipment with which they were familiar. Staff carried out daily safety checks of specialist equipment and the provider maintained a central log of maintenance checks and issues.

The registered manager maintained a central register of clinical equipment and planned servicing in line with manufacturer guidance. The provider had a servicing contract that enabled them to secure replacement equipment or maintenance within eight hours in the event of a failure.

The provider ensured clinical care was delivered from sites that complied with national guidance. At the clinical site we inspected, the design of the environment was suitable for the service.

Staff managed clinical waste safely, including the storage and disposal of hazardous waste, through service level agreements with third parties.

Staff received a local fire safety induction from site management teams. This supplemented the standard fire safety training undertaken by the provider. Staff demonstrated good knowledge of escape routes and local policies during our clinical site inspection.

Assessing and responding to patient risk

The provider had processes to assess and respond to deteriorating patients.

Staff delivered care from rented premises in other healthcare organisations. They underwent an orientation at each site to familiarise themselves with emergency procedures and equipment.

All staff maintained up to date training in basic life support, which included cardiopulmonary resuscitation. Each clinical site from which the service operated had emergency medical equipment, including an automatic external defibrillator (AED). Staff were trained to operate such equipment and local service level agreements ensured they had access. Local inductions included the location of such equipment.

The provider had protocols for patient deterioration, including for the escalation of an acute medical need.

The registered manager, who was also the lead sonographer, vetted each referral to ensure the service was equipped to provide safe care. For example, the service could not scan patients who required a hoist. In such cases the registered manager contacted the referrer to find an alternative service. Referrers were required to complete a safety risk assessment and screening questionnaire for each patient, which included key medical information needed for safe care.

During our inspection staff adhered to the national standard of a three-point identity check for each patient before beginning a scan. This ensured the right scans were provided for the right patients.

Staff confirmed allergies with patients before carrying out scans that presented a risk. For example, they checked if patients had a latex allergy before transvaginal scans as the probe was covered with a condom. Latex-free condoms were available in such cases.

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.

Diagnostic and screening services

The service arranged clinical lists with enough staff to keep patients safe. A sonographer and a healthcare assistant (HCA) provided care to each patient. Staff worked for the service on an as-needed, zero hour contract basis, or a self-employed basis. Five sonographers and two HCAs regularly worked for the service. All staff worked flexibly and planned shifts in advance based on demand and their other professional commitments.

Care was provided as one element of NHS care pathways and staff did not have responsibility for long-term or multidisciplinary care. The service provided a scan and reporting function only and patients' substantive clinicians were responsible for their overall care and treatment.

The service was compliant with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe recruitment of staff. The registered manager carried out a Disclosure Barring Service (DBS) check for each member of staff before they started undertaking work. They carried out a new DBS check every three years.

The registered manager, or another director, was on-call whenever clinical services were provided. They held local escalation plans to support staff experiencing difficulties in any clinic.

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.

Staff used an electronic records system that met the requirements of each clinical commissioning group (CCG) contract. This system was password protected and secure. Staff managed records in line with the provider's policy that followed good practice in relation to confidentiality and security.

We looked at four sets of patient records and found staff were consistent in their level of detail and scan reporting. They documented details of the examination and scan carried out alongside clinical justification, scan findings, and recommended next steps.

The registered manager carried out spot checks on sonographer images and reports and encouraged feedback from referring doctors. This supplemented the formal quality assurance system and meant the service had continual assurance of clinical record standards.

Medicines

The service did not administer, manage, dispense, or prescribe medicines.

Incidents

The service had systems and processes in place to manage patient safety incidents. Staff recognised incidents and near misses and knew how to report them. The service ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Reporting processes differed depending on the CCG contract. The registered manager maintained details of incident reporting and investigation times in each area, which included expected standard for implementation of the duty of candour and the serious incident reporting policy.

The incident reporting policy was up to date and reflected the geographically spread nature of the service.

Diagnostic and screening services

The service documented one incident in the previous 12 months. The registered manager treated this as a joint incident and complaint as it involved aspects of both. They demonstrated a useful investigation, an apology to the patient, and learning to avoid future recurrence. This incident did not result in patient harm and processes were in place to report serious incidents to the relevant CCG.

The registered manager was responsible for implementing the duty of candour in line with the provider's policy. Staff were understood the principles of the duty of candour. In the previous 12 months there had been no incidents that required a duty of candour disclosure.

Are Diagnostic and screening services effective?

Inspected but not rated 

We do not currently rate effective for diagnostic and screening services.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance from the British Medical Ultrasound Society and the National Institute for Health and Care Excellence. Policies were stored electronically, and staff had remote access. The registered manager updated policies and standard operating procedures according to agreements with each clinical commissioning group (CCG) for which they provided care. This included annual updates for all policies.

Ultrasound protocols were stored electronically, and staff had access to these remotely for each clinic. Sonographers used protocols for each type of scan based on sector-specific best practice. The provider reviewed these annually or more often if national guidance changed.

The registered manager carried out an equality impact assessment for each policy or protocol. This was in line with best practice and supported staff to deliver equitable care that respect their duties under the Equality Act (2010).

The registered manager used an ongoing programme of audits to establish baseline standards of care and monitor variances and good practice. The system meant all staff were included in this, which reflected varied working hours.

Pain relief

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

The provider's acceptance criteria required patients to be medically stable as staff did not provide clinical treatment or intervention. Staff recommended appropriate non-prescription pain relief if patients said they were in pain.

Sonographers reported unexpected pain to referring professionals in their scan reports to ensure this formed part of the patient's outcomes and care record.

Diagnostic and screening services

Patient outcomes

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

Outcomes for patients were positive, consistent, and met expectations. The senior team monitored this through feedback from CCGs, referring clinicians, and patients. For example, the service had been asked to expand capacity due to the success of its existing work.

Staff completed ultrasound reports within 24 hours and transmitted them to the referrer within either three days or five days, depending on the individual service contract. In the previous three months, the service met 100% of planned referral times.

In the event the sonographer found sinister pathology, or another reason for urgent escalation, the sonographer contacted the referrer immediately. They did this before the patient left the clinic to ensure the next steps were clear. The registered manager called the patient two days after such an event to ensure they had received contact from the referrer. If this had not happened, the manager escalated the issue with the referrer's organisation. This process ensured a rapid response to urgent results.

The service worked to reduce repeat scans by ensuring staff discussed scan details with each patient in advance. This reduced the risk of differences between the intended outcomes of referring clinicians and the expectations of patients.

The registered manager audited 5% of ultrasound images for quality. The check mapped the images with the original request and intended scan measurements. The registered manager liaised with referrers to make sure scans met their requirements and facilitated additional scans where this helped diagnosis. In the previous six months audits indicated 100% compliance with intended outcomes.

The service had a referral triage system to ensure requested scans were appropriate and had a good chance of contributing to positive outcomes. The registered manager reviewed complex referrals and worked with clinicians to explore the most beneficial tests and settings available.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff work performance.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Sonographers were members of the Health and Care Professions Council (HCPC) and worked substantively in the NHS. The service employed staff for specific clinical pathways and required specialist training for each. This meant staff delivered care based on individual competencies and skills.

The registered manager increased new in-house training to ensure staff working at varying frequencies for the service were consistent. This had recently included new ultrasound techniques and 'healthier business' training to help team coherence.

The registered manager gave all new staff a full induction tailored to their role before they started work. The induction included the provider's policies and governance processes and was supplemented with site-specific information. The manager assessed staff during their induction for standards of clinical practice and patient care. During our clinical inspection staff demonstrated understanding of local procedures in the community hospital.

Diagnostic and screening services

The provider required staff to undergo yearly, constructive appraisals of their work. The registered manager carried out an appraisal with each member of staff and received a copy of their NHS appraisal. This ensured the service maintained assurance of competence and up to date development.

The registered manager held monthly team meetings with all staff. They circulated minutes and action points for people who were unable to attend.

Multidisciplinary working

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

The service operated most often as a component part of a clinical investigation or care pathway ordered by a doctor in another service. This meant opportunities for on-going multidisciplinary processes were limited. However, staff communicated consistently with referring doctors and encouraged them to join scans with patient consent if this would support good outcomes.

The registered manager worked with GP practices and CCGs to ensure clinical staff understood the nature and scope of the service and to support manageable expansion of the service.

Seven-day services

Key services were available to support timely patient care.

The service operated on demand, with weekend clinics available in line with CCG contracts.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff understood how to escalate concerns if a patient presented without capacity to make decisions about their care. Patients referred to the service were under the main care of another clinician and this service relied on referrers to include mental health needs in the referral documentation. The patient records system included notifications of mental health needs, including dementia, or a safeguarding concern.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They maintained Mental Capacity Act (2005) training and followed the provider's consent policy. We observed consent processes in practice and saw they were in line with best practice guidance.

Staff documented verbal consent for non-invasive processes and captured written consent for invasive procedures such as transvaginal scans.

The service did not provide care to patients under the age of 18.

Diagnostic and screening services

Are Diagnostic and screening services caring?

Good 

We rated caring as good.

Compassionate care

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

Staff were discreet and respectful when caring for patients. Staff took time to interact with patients and slot times ensured they were not rushed.

Patients said staff treated them well and with kindness in the provider's survey. In the previous three months, 100% of patients said staff treated them with care and courteousness. In the same period, 100% of patients said staff behaved professionally.

Staff followed the service's policies to keep patient care and treatment confidential. Staff kept patient information confidential when working from other organisation's buildings, such as by locking rooms and computers when not in use.

Staff understood and respected the personal, religious and cultural needs of patients. For example, the service offered patients appointments with clinical staff of a specific gender on request as well as appointment times that considered religious commitments.

A healthcare assistant trained as a chaperone was always present during diagnostic scans. If the patient planned to bring their own chaperone, referral documents included the name of the individual. This helped staff ensure chaperones were appropriate and expected.

Emotional support

Staff provided emotional support and reassurance to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patient feedback showed staff were patient and put them at ease when they were worried or anxious.

Staff described how they supported patients who became distressed and helped them maintain their privacy and dignity.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. They took time to explain to patients what scan results meant and helped to alleviate any worries.

In the provider survey, 100% of patients who responded in the previous three months said staff made them feel at ease during examinations.

Diagnostic and screening services

Staff were trained to carry out transvaginal scans. During our site inspection the sonographer provided as much information to patients as they needed to make a decision about the scan. Staff were kind and caring and understood this type of scan could feel invasive and took steps to ensure patient comfort.

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.

Patients gave positive feedback about the service. The provider proactively sought feedback from patients by asking them to complete a survey on their experiences from referral to completion of care. In the previous 12 months, 99% of patients reported they were satisfied with the service.

Staff ensured patients knew they were undergoing scans provided by Beehive Solutions Limited and not by the host site or the NHS. This included branding and wording on appointment letters, e-mails, and during phone conversations. Staff explained the process to patients, including what would happen after their scan, and how they should expect to receive the results. However, during our observations we saw staff introduced the sonographer to a patient as a 'doctor'. The member of staff said this was easier than explaining the specific role of a sonographer and helped reassure patients. This was a potential breach of Section 49(1) of the Medical Act 1983 in relation to impersonating a doctor. We spoke with the registered manager who met with staff and provided us with assurance of compliant practice.

During our inspection the sonographer explained procedures to patients in a way they could understand. They gave each individual time to ask questions and provided reassurance when patients were anxious about their scan or the condition it aimed to explore. In each case the sonographer asked the patient about their medical history and reason for the scan. This provided assurance the patient understood why they had been referred and expected next steps.

Staff explained to each patient how they would receive their results before they left the appointment. They provided instructions on how to follow up if they did not receive contact from the referrer within the expected timeframe.

Are Diagnostic and screening services responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of people

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

The service provided care across multiple clinical commissioning groups (CCGs) and aimed to support improved waiting and referral times for patients in all areas. Staff provided pre-booked care on scheduled days and offered extended hours, including weekend working, on demand.

Staff had developed good relationships with clinical colleagues in the various centres from which they operated. They offered on the day ad-hoc scans for urgent needs on request from appropriate clinical staff.

Diagnostic and screening services

Facilities and premises were appropriate for the services being delivered. The provider worked with referring organisations to secure clinical spaces appropriate for the planned tests and care. The registered manager was proactive in seeking clinical space that was safe and comfortable for patients.

The service's clinical strategy aimed to relieve pressure on NHS services by carrying out scans for services with long waiting lists. This helped to reduce pressure on the wider healthcare economy.

Staff delivered services from multiple sites such as NHS hospitals, independent hospitals, and GP practices. The provider allocated staff to sites based on their clinical competencies, patient demand and availability of clinical space. Ultrasounds were broad in clinical nature and staff were trained to provide a variety of scans. For example, on the day of our inspection they scanned a groin, pelvis, knee, shoulder, axilla, abdomen, abdominal wall and a chin. The service provided specialist scans for suspected cancer in addition to routine scans.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences.

The registered manager reviewed referrals to ensure they were appropriate for the patient's needs. For example, some scans could cause physical discomfort and consultants could recommend a delay to them to help patients recover from treatment.

Staff made sure patients and carers could get help from interpreters or signers when needed. Staff understood how this process differed between clinical sites.

The provider had a policy to guide staff to care for patients living with mental health problems, learning disabilities and dementia. During our site inspection staff provided a good standard of care to a patient with reduced mental capacity to understand the process and retain information about the next steps. They worked with the patient and their carer to make sure care was provided appropriately and reflected their needs. In another instance one patient had reduced hearing and told staff they would prefer them to speak loudly rather than write down information. Staff made sure they followed these instructions respectfully.

Sonographers reviewed referrals and carried out the most appropriate scans for patients. For example, during our site inspection the sonographer recommended a transvaginal scan to a patient to be able to better assess their condition.

Access and flow

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

The service received an average of 604 referrals per month and monitored waiting times for appointments against local agreements and national standards. Dedicated administrators managed referrals and worked across CCGs to maintain key performance indicators.

There was no waiting list for the service and patients were offered an appointment within one week of referral. Managers monitored waiting times and made sure patients could access services when needed. Patients received treatment within agreed timeframes and national targets. Staff monitored waiting times by type of referral. In the previous three months, 100% of patients were seen within the planned referral time of two weeks, four weeks, or six weeks, depending on urgency of need.

Diagnostic and screening services

The service monitored the number of patients who did not attend (DNA) a booked appointment. In the case of a DNA, the registered manager called the patient to rearrange or contacted the referrer if they could not make contact with the patient. The service contacted each patient in advance of an appointment to confirm the details and check their planned attendance. DNA rates were low. In the previous 12 months, the average DNA rate across all clinical sites was 2%.

The service worked to keep the number of cancelled appointments to a minimum. In the previous 12 months, the provider maintained a cancellation rate less than 1%.

The provider's staffing and clinical operating model meant they could offer a service responsive to changes in demands, including unpredictable increases in referrals.

The service offered patients a choice of location for their scan to meet their preferences. This meant patients could work appointments around other commitments.

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.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas and on their website.

Staff understood the policy on complaints and knew how to handle them.

The registered manager investigated complaints. In the previous 12 months the service had received one complaint. This involved a delayed report over the Christmas period when the referring service was closed. The registered manager implemented new processes to ensure communication with referrers and patients was better defined during holiday periods.

Staff knew how to acknowledge complaints. The registered manager was the named point of escalation in the event a member of staff received a complaint at the time of a scan.

Are Diagnostic and screening services well-led?

We rated well led as good.

Leadership

The registered manager 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.

Diagnostic and screening services

The company director was the clinical lead and registered manager. They were responsible for all senior functions of the service and were supported by an administration manager and their team. The registered manager was registered with the Health and Care Professions Council (HCPC) as an ultrasound superintendent and worked in the NHS. A staffing manager was responsible for recruitment and support of ultrasound assistants.

The provider had a medical equipment sales business included in its operation. This was outside of the registered activities and did not form part of our inspection. A separate company director was responsible for the sales division and deputised for the registered manager in the event of absence. They held a key role in the governance and financial operation of the business.

The registered manager was actively involved in the running of the service and took clinical shifts as a sonographer.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The provider's strategy focused on addressing capacity shortages and reducing waiting lists across clinical commissioning group (CCG) areas. The registered manager proactively built relationships with CCGs to increase awareness of the service and offer opportunities for new care capacity.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

The registered manager held monthly all-staff meetings and supported part-time and occasional staff to attend. Minutes indicated staff consistently attended and discussed governance, performance, and issues.

Staff said they felt respected and enjoyed working for the organisation. They demonstrated how the registered manager supported their professional development, such as through a change of rota to enable one individual to attend lectures.

Governance

The clinical lead operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities.

The clinical lead was the company director and held responsibility for governance and quality. They maintained a clinical governance framework that reflected the structure of the organisation and its responsibilities to CCGs. The overarching framework included standardised expectations of practice across all CCG areas.

The clinical lead worked with the senior team of each GP practice or community hospital from which they offered care to ensure local rules and standards were adhered to.

Governance systems reflected the geographically spread structure of the service. For example, the clinical lead reviewed outcomes data related to each site and sonographer. This enabled them to work with individual staff to drive consistency in care.

The registered manager worked with their counterpart of each GP surgery or clinic from which they operated to ensure governance and local standards were aligned.

Diagnostic and screening services

Management of risk, issues and performance

The registered manager used systems to manage performance effectively. They identified and managed risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The registered manager maintained a clinical governance and risk management policy. This had a clear structure with well-defined risk assessments, mitigation and named responsibility. The registered manager worked with local site managers from other organisations to establish consistent understanding and mitigation of risks.

The service identified reduced availability of GPs during and after COVID-19 restrictions as a key risk to patients and diagnostics. For example, the service scanned patients as soon as one week within a referral but some referring services had no follow-up appointments available for over one month. The registered manager alleviated this risk by liaising directly with referring professionals to establish expected response times after results were sent to them.

Sonographers carried out peer reviews as a quality assurance measure. This established a benchmark for the standard of scanning and helped staff to identify opportunities for improved practice. The registered manager supplemented this process with periodic quality and performance spot checks of practice.

The registered manager was responsible for contract monitoring processes with each CCG. They used these processes to monitor performance and redirect resource, such as additional staffing and clinic capacity.

Information Management

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

Staff worked within a data protection and confidentiality policy that guided them in protecting patient data in line with national guidance and the General Data Protection Regulation (GDPR).

The provider had a contracted IT support service, whose team provided dedicated support in the event of systems failure.

Staff demonstrated understanding of integrity in information and data management. The registered manager had established a framework to help ensure data handling was secure and within their responsibilities.

Data management processes reflected the nature of the service operating from other organisation's premises. Staff stored all scans and data on an encrypted hard drive, which the registered manager stored securely.

The registered manager provided monitoring data to CCGs as part of contractual obligations. CCGs used these data to ensure service compliance and efficacy.

Engagement

The service engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The registered manager encouraged referring clinicians, stakeholders, and CCGs to provide feedback on services. The team maintained a record of such feedback and used it to identify areas that were working well and opportunities for improvement. Feedback was consistently positive.

Diagnostic and screening services

The provider used the NHS Friends and Family Test (FFT) to measure patient satisfaction. They maintained a consistent 99% satisfaction rate amongst patients and a 99% 'would recommend' rate.

The system and culture of engagement reflected the geographically spread nature of the service.

The provider used an established communications process to ensure governance and clinical updates reached all staff, regardless of contract or frequency of work. There was evidence of consistent engagement with staff. Staff told us they received regular communications from the registered manager.

All patients were seen under CCG contracts. The registered manager described "excellent" relationships with commissioners and were working with them to meet exceptionally high demand in the region.

CCGs required the service to collect patient feedback as part of contract monitoring. The service had received no negative feedback in the previous 12 months and most comments related to the convenience of being seen quickly.

Learning, continuous improvement and innovation

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

The registered manager had a good awareness of areas of low capacity in the region and targeted CCGs with structured plans to reduce wait times. Staff worked flexibly to address changes in demand and the registered manager sought feedback from referrers to understand how they could improve.

The registered manager had established a learning process for when ultrasound results differed from pathology identified by hospital diagnostics departments. This occurred when staff in different services made varying conclusions from different types of scan of the same medical problem.