Physiological Measurements Ltd

Quality Report

The Old Malthouse
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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?	Good
Are services effective?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Physiological Measurements Ltd is operated by Physiological Measurements Ltd . The service has up to 110 satellite clinics operated from premises such as GP surgeries across the UK.

The service provides diagnostic imaging and cardiology services in the community for adults and children.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the head office location on 10 September 2019 with a further unannounced visit to a clinic on 24 September 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

Summary of findings

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.

This was the first inspection of this service. We rated it as **Good** overall because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, 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 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. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However, we also found the following issues that the service provider needs to improve:

- The provider should ensure all incidents of harm or potential harm are notified to relevant external bodies in a timely way.
- The provider should ensure that all staff receive regular appraisals.
- The provider should include information that advises what action can be taken in the event that patients are dissatisfied with the outcome of their complaint in the policy and responses to patients.

Heidi Smoult

Deputy Chief Inspector of Hospitals, on behalf of the 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 	Physiological Measurements Ltd operated from the registered location at The Old Malt House in Oswestry, Shropshire. The service had up to 110 satellite clinics operated from premises such as GP surgeries across the UK. The service provided ultrasound diagnostic services for adults and children. Services included non-obstetric ultrasound, echocardiogram (Transthoracic) and electrocardiogram (ECG). The service was registered for diagnostic and screening procedures since 2012 with a consistent registered manager since this time. This was the first inspection of this service.

Summary of findings

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Diagnostic imaging

Summary of this inspection

Background to Physiological Measurements Ltd

Physiological Measurements Ltd operated from the registered location at The Old Malthouse in Oswestry, Shropshire. The service had up to 110 satellite clinics operated from premises such as GP surgeries across the UK.

The service provided ultrasound diagnostic services for adults and children. Services included non-obstetric ultrasound, echocardiogram (transthoracic) and electrocardiogram (ECG). The service was registered for diagnostic and screening procedures since 2012 with a consistent registered manager since this time. This was the first inspection of this service.

Our inspection team

The team that inspected the service comprised two CQC inspectors. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Information about Physiological Measurements Ltd

The service operated using a hub and spoke approach with a head office and 110 satellite locations. From July 2018 to June 2019 the service provided 97,536 ultrasound appointments and 34,289 cardiology appointments. The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the head office location and one clinic. We spoke with 12 staff including executive directors, managers, patient management administrators, sonographers and health care assistants. We spoke with six patients. During our inspection, we reviewed 11 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.

At the time of the inspection the service employed 21 whole time equivalent (WTE) sonographers, one superintendent sonographer, 28 health care assistants, three echocardiographers, 27 patient management centre administrators, 2.8 office administrators, two human resources administrators and seven operations staff. In addition, there were two WTE executive directors and one consultant radiologist who worked on a contract basis.

Track record on safety

- No never events
- Two clinical incidents (no harm)
- No serious injuries
- Two complaints

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?

Good

We rated safe as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- 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 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, and gave bank, agency and locum staff a full induction.
- 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.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Are services effective?

Are services effective?

We did not rate effective.

We found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain.

Summary of this inspection

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers held supervision meetings with staff to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

However, we also found the following issues that the service provider needs to improve:

- Appraisal rates were low for some staff groups.

Are services caring?

Good

We rated caring as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

Good

Are services responsive?

We rated responsive as **Good** because:

- 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.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Summary of this inspection

- 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.

Are services well-led?

Good

We rated well-led as **Good** because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- 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. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff had regular opportunities to meet, discuss and learn from the performance of the service.
- 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.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Notes

Good

Diagnostic imaging

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We rated safe as **good.**

Mandatory training

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

Prior to commencing employment all staff completed a company induction and mandatory training. This comprised of a mix of face to face, e-learning and workbooks dependent on the module.

The below shows compliance against mandatory training:

Conflict Resolution - 96%

Equality, Diversity and Human Rights - 89%

Fire Safety - 88%

Health, Safety and Welfare - 90%

Making Every Contact Count - 76%

Chaperone Training - 100%

Preventing Radicalisation – Basic Awareness - 91%

Resuscitation Level 1 - 83%

Resuscitation Level 2 - 83%

Work in a Person-Centred Way (Dignity in Care) - 84%

Infection Prevention and Control - 91%

Mental Capacity Act - 89%

Deprivation of Liberty Safeguards - 89%

Mental Health, Dementia and Learning Disabilities - 91%

Moving and Handling - 90%

Complaints Handling - 89%

Data Security Awareness - 94%

Access to Health Records - 89%

Those who had not yet completed training modules were still in their induction period or on sick leave. The 'making every contact count' course was new to the provider and staff were in the process of completing this.

Staff completion of training was held on their human resource (HR) record which automatically flagged when renewals were due. Staff were informed by their line managers when they required updated training. The training dashboard was reported at the monthly senior team meeting (SMT).

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.

The provider had up to date and comprehensive safeguarding vulnerable adults' and children's policies for each county covered by the service. Clear roles and responsibilities as well as accountabilities were outlined.

There was a lead for safeguarding and Prevent and an additional lead for child sexual abuse and exploitation.

Good

Diagnostic imaging

Staff had completion of safeguarding adults' level two training was 96% and 94% of staff had completed safeguarding adults' level one training. Those who had not yet completed this were still in their induction period or on sick leave.

One hundred per cent of staff who required it had completed safeguarding children level three training, 94% of staff had completed safeguarding children level two training. In the same time period, 96% of staff had completed safeguarding children level one training. Those who had not yet completed training were still in their induction period or on sick leave.

The service employed paediatric specialist sonographers who were all trained to level three safeguarding children. Staff trained to level two who occasionally scanned children and young people always had access to support from a staff member trained to level three.

Policies and training included information about female genital mutilation (FGM).

Staff were clear of their role and the action they should take to ensure patients were safe in the event of safeguarding concerns. All staff were provided with a safeguarding handbook and aide memoire booklets.

Appropriate information about safeguarding from abuse was displayed where patients could see it.

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.

From July 2018 to June 2019 there had been no incidents of a healthcare acquired infection.

The provider had an up to date and current infection prevention and control policy available for all staff. This covered the role and responsibilities of staff including uniform and use of personal protective equipment.

There was an additional policy to cover decontamination procedures and information. There were appropriate cleaning procedures for ultrasound probes following an intimate examination and we saw that staff followed these.

The service conducted internal infection prevention and control audits at satellite locations. We saw that action was taken to address any issues found during these audits.

All areas we visited were clean and tidy. Although the cleaning of the room was the responsibility of the hosting site, staff checked the environment prior to commencing the clinic. Staff cleaned equipment before and after each patient. They followed the infection control and cleaning procedures set out in the policy.

Staff had access to hand washing facilities to prevent the spread of infections. We observed staff washing their hands before and after each patient. Staff had access to personal protective equipment such as gloves and aprons and used these when required. All staff adhered to the uniform policy and were arms bare below the elbows.

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.

Clinics were mainly held in rooms within GP surgeries which had been risk assessed prior to the first attendance. At each clinic staff assessed the environment and escalated any risks or issues.

The service had a list of all equipment, dates services were due and maintenance arrangements. In addition, manufacturers sent a notification to book in equipment services when they were due.

Portable appliance testing to ensure all electrical equipment was safe to use was carried out annually and logged.

All issues with equipment were escalated to a manager who had oversight of the equipment log. Themes and trends with equipment faults were monitored and escalated to the manufacturers when required. We saw that when equipment was faulty it was repaired or replaced quickly with effective arrangements in place with manufacturers.

The provider minimised the impact of out of use equipment by obtaining equipment from other premises if possible and rearranging clinics accordingly.

Good

Diagnostic imaging

An internal audit of equipment took place in May 2019 which highlighted some items overdue for service. The management of the equipment log was changed and all actions necessary completed at the time of the inspection.

Clinical waste was disposed of appropriately with facilities provided by hosting GP practices.

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.

Information about patients' risk were used from the referrals. Clinicians triaged all referrals. At the point of triage, any further information required about risks were identified and acted on appropriately. If a patient discussed risks at the time of booking, administrators advised they seek information from the referrer and documented.

Patient allergies were noted on their record so that clinicians were aware prior to the appointment.

Identity and allergy checks were completed by staff prior to conducting the procedure. If a patient had a latex allergy suitable non-latex equipment was available.

The service used a red, amber, green system when triaging referrals to ensure that when a patient required an urgent scan this was completed in a timely manner. This system was also used for reporting times.

If an unexpected risk was identified this was escalated through the red, amber, green system and acted on in accordance to the risk. Staff told us that they were able to quickly seek support from consultant radiologists and gave examples of when they had identified risks and sought appropriate immediate medical support from local NHS trusts.

If a patient became unwell during their appointment staff were trained to administer first aid. They could also seek support from staff working in the GP practice and if necessary would call an emergency ambulance. From July 2018 to June 2019 there had been zero urgent transfers.

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, and gave bank, agency and locum staff a full induction.

The service employed 21 whole time equivalent (WTE) sonographers, 28 health care assistants, three echocardiographers, 27 patient management centre administrators, 2.8 office administrators, two human resources administrators and seven operations staff.

The management team used up to date business intelligence including daily referrals, capacity and referral to treatment data to adapt staffing levels.

In the 12 months prior to the inspection the staff turnover rate was 18%. At the time of the inspection there were five vacancies for health care assistants. Although the service did not set a specific target for vacancy rates they compared themselves to the NHS average for similar services which was 23.3% in 2017.

During the 12 months prior to the inspection, the overall staff sickness rate was 2.8%.

Employed staff worked flexibly across clinics and provided cover for periods of staff absence such as annual leave and sickness. If shifts could not be covered by employed staff, agency staff were used. From April to June 2019 the 1.14% of work was completed by agency staff who completed a full induction and training prior to commencing work with the service.

Medical Staffing

A consultant radiologist was employed by the service to provide support to sonographers. They were available by phone and could be contacted through a secure messaging system where reports could be shared.

The provider did not directly employ cardiologists however staff worked in clinics where cardiologists were in attendance and could seek support if required. Staff also always had access to support from the on-call cardiologist at the NHS hospital trust .

Records

Good

Diagnostic imaging

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

We reviewed 11 sets of patient records. Patient records included referrals and scan reports and were electronically stored. The system was password protected and could only be accessed by authorised members of staff with information available to view specific to their role.

Referral forms were mostly received by e-referral which were triaged and input into the electronic system within 24 hours. Referral forms contained relevant patient details and the name and contact details of the referrer. The site for the diagnostic image was identified and the rational for referral detailed. The priority for the scan was included in addition to any specific patient requirements.

Diagnostic reports were clear and complete. Each report contained the unique number of the machine taking the image, the date of the scan and the clinical history and rational. The sonographer's name and registration number for the Health Care Professions Council (HCPC) was also included.

Reports were sent by email to the referring practice within 24 to 48 hours for routine scans.

Medicines

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

Due to clinicians being trained to administer first aid and emergency medicines if required, all were trained in medication awareness and the protocols of each CCG were followed.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff had access to and were familiar with an up to date and comprehensive incident reporting policy. The policy outlined responsibilities of staff and the procedure for reporting an incident. Incident forms were available for staff on the provider secure intranet system. Staff knew how to access and complete the forms and said that they received appropriate feedback when they had raised incidents.

The service dealt with incidents in an open manner and thorough investigations took place when necessary. All incidents including near misses were discussed at the monthly senior management team meeting and also shared appropriately with staff at quarterly meetings.

From July 2018 to June 2019 there had been one serious incident reported. We saw that this had been investigated externally and following review of the report was deescalated from a serious incident to a no harm clinical incident. Learning points from the incident had been actioned at the time of the inspection.

There had been one additional clinical incident from July 2018 to June 2019.

Staff understood the duty of candour. Staff were open and honest with patients and timely apologies and communications were given when required. Regulation 20 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014 was introduced in November 2014. 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.

The service had an up to date business continuity plan that outlined the procedures in the event of a wide range of potential incidents including the corporate network being off line, fire at the head office and equipment failure. In addition, there was a communications plan that detailed the contacts and information required if such incidents occurred.

Good

Diagnostic imaging

Are diagnostic imaging services effective?

Not sufficient evidence to rate

We did not rate effective.

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.

All policies and procedures were comprehensive and had been reviewed and updated within suitable timescales and in line with current national and local guidelines. Staff accessed them electronically.

Patients were given appropriate information if required to seek further help and what to do if their condition deteriorated.

The service had an equality and diversity policy and the principles were incorporated throughout all other policies. Staff received training that covered equality, diversity and human rights and displayed a non-judgmental attitude towards all patients.

All staff eligible for registration with the British Medical Ultrasound Society and British Society of Echocardiography were members and received updates and information.

Nutrition and hydration

Patients were provided with water whilst they waited for scans or if they felt unwell during their appointment.

Pain relief

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

Staff checked patients were comfortable and pain free during their appointments and adjusted their position if required. No formal pain monitoring was undertaken due to the type of procedures.

Patient outcomes

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

The requirement of contracts with clinical commissioning groups were in relation to time frames of patient appointments and reporting. This is detailed in the responsive section of the report.

Information from referrers was shared with the service if there were concerns with the reports from scans and investigated appropriately.

The service did not participate in national external audits.

Competent staff

The service made sure staff were competent for their roles. Managers held supervision meetings with staff to provide support and development. However, we saw that appraisal rates were low for some staff groups.

All staff received an induction training booklet which covered information about the service and tasks to complete upon commencement of their employment. Staff were supported appropriately through this induction period.

All sonographers competencies were checked appropriately.

From July 2018 to June 2019 the total percentage of staff across all groups who had received an appraisal was 61%. We saw that although 100% of echocardiographers and operations staff had received an appraisal, only 29% of sonographers and 18% of patient management centre staff had.

Staff had personal development plans reviewed during annual appraisals. This supported training needs for staff who were supported with attending additional training and professional events.

All staff who required professional registration had had this checked by the provider.

Sonographers, healthcare assistants and cardiology clinicians received clinical supervision as part of induction and from then on a quarterly basis. All non-clinical staff also received supervision sessions on a quarterly basis.

Good

Diagnostic imaging

Some staff members had been supported to complete additional training and qualifications including conversion degree courses and research studies.

Clinical staff discussed case reviews at a quarterly meeting to learn and improve. Training sessions were held about specific topics at these meetings.

Staff were encouraged to attend conferences and events held by external organisations that were relevant for their role.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

All staff worked well together when running clinics and we saw good communication between teams and clinicians when required.

We saw effective communication between staff at the service, referring clinicians, local NHS trusts and providers of satellite clinic sites.

Seven-day services

Key services were available six days a week to support timely patient care.

The service provided clinics across 110 satellite locations six days per week.

In one area seven-day working had been trialled to reduce the waiting list for patients at a time of high demand.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Leaflets and posters in clinic areas informed patients on subjects such as influenza, stroke, smoking cessation and sepsis.

Staff told us that where appropriate they would discuss lifestyle and health with patients as part of the pre-scan discussion.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

There was a consent policy and procedure that outlined roles and responsibilities of staff to ensure appropriate consent was obtained prior to clinical procedures.

Staff obtained verbal consent for all procedures and documented this in patient records. Staff told us if they had any concerns regarding a patient's capacity to understand the process and potential findings from the scan they would not continue and would liaise with the referring clinician.

Patients were given the choice if they wanted a relative or carer to attend the scan with them.

Staff completed mental capacity and deprivation of liberty safeguards training as part of the mandatory programme. At the time of the inspection 89% of staff had completed this training. Those who had not completed it were completing their induction or on leave.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Are diagnostic imaging 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 supported patients throughout their appointment, gave information for what they would do, updated throughout and gave a brief summary at the end. They checked with patients throughout that they were comfortable.

Good

Diagnostic imaging

All patients were offered the option of a chaperone for all procedures. For all intimate scans a chaperone was present for the duration. Choices for the gender of staff were provided at the time of the appointment booking.

The service collected feedback from patients following their appointments using feedback forms, their website and through an SMS text service. In August 2019 94% of patients said they would recommend the service to friends and family. Positive comments included: "great service, very kind and very professional" and "I was made to feel comfortable and relaxed. Everything was explained, and my appointment ran to time (if not a little earlier)."

A patient expressed anxiety about the scan and the potential results. Staff gave reassurance and information for which the patient thanked them for helping them to feel better about it.

Emotional support

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

Staff showed understanding of patient's anxieties of procedures and adapted pace to meet the needs of patients when possible. They provided clear information throughout and offered patients plenty of time for preparing for and following the scan.

Staff showed understanding about the emotional needs of patient's and gave examples of how they had managed the varying requirements for patients. If they expressed distress, patients were offered time to out of the procedure room or for the scan to be paused and recommence when they were ready. There was also time for patients to remain in the clinic room until they felt ready and comfortable to leave. Patient comments included "no sense of being rushed and yet quick and efficient service."

At the point of booking appointments, administrators provided reassurance to patients who described anxieties. We observed caring and friendly interactions from staff during calls.

Understanding and involvement of patients and those close to them

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

Staff communicated with patients to ensure they understood what was happening throughout their appointment. We saw that instructions and information was given clearly. Staff took time to ensure that patients were clear about how and when they would receive test results.

Patients were able to bring a relative or carer with them to their appointment. Staff offered patients options for those close to them to remain with them during the scan and for any discussions about it.

Are diagnostic imaging services responsive?

Good

We rated responsive 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.

Scanning services were provided through contractual agreements with clinical commissioning groups (CCGs). The service regularly met and communicated with CCGs and reported quality information.

The service used mapping tools to plan clinics to meet the needs of the patients in different areas.

Clinics were scaled to meet demand. Capacity was therefore increased or decreased in accordance with patient requirements.

Clinics were mainly held in GP surgeries. These locations were accessible for the patients who required the service. The provider ensured facilities and premises of the satellite clinics were appropriate for the services prior to running clinics. A site survey was conducted to ensure the premises were suitable including adequate parking, proximity to local transport and disabled access.

Good

Diagnostic imaging

Patients were provided with appointments which varied in duration depending on the procedure. Staff told us they had enough time to meet the needs of patients including time to provide information and reassure.

The times and days of clinics varied depending on the location. Evening and weekend appointments were mostly available to meet the needs of patients.

Information was provided for patients in accessible formats prior to their appointment. A letter was sent with the key information and followed up with a telephone call or text message that reminded of any specific requirements such as fasting or to attend with a full bladder.

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. They coordinated care with other services and providers.

Patients were asked at their booking appointment if they had any special requirements and this was input into the electronic system and flagged on the patient record. Additional time for appointments and accessibility considerations were managed and staff had access to the information recorded.

Clinical staff had completed moving and handling training and so were able to assist patients who required it during their appointment. If required, staff could adapt the scanning process to meet the needs of patients with a disability and to readjust positioning.

At the time of booking patient administrators gave key information about the important including any fasting requirements. This gave the patient the opportunity to raise any concerns or ask questions. The information was also provided in a letter sent out confirming the appointment.

Patient information leaflets were available in any language required and in Braille, large print and easy read versions.

Interpreting services were available for patients whose first language was not English.

Staff completed training to work with people living with mental health issues, dementia and learning disabilities. At the time of the inspection 91% of staff had completed this training. Those who had not completed it were on their induction training or on leave.

Patients were able to specify if they would prefer sonographers to be female or male. They were also able to attend single-sex clinics if preferred. Health care assistants supported clinics and so were available to act in a chaperone role.

We saw that patient's privacy and dignity needs were met. Patients were able to prepare and dress behind a privacy curtain.

Staff gave examples of where they adapted their approach to reassure patients. One patient described being in severe pain and expressed disappointment with being unable to access an appointment until the following week. The administrator escalated concerns and was able to secure an earlier appointment for the patient.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

From July 2018 to June 2019 the service provided 97,536 ultrasound appointments and 34,289 cardiology appointments.

Patients were offered a range of dates, times and locations to choose from for their appointments including weekends.

Each referral received was triaged within 24 hours to assess urgency and a suitable appointment booked accordingly.

If information was missing or more detail required for referrals, the clinician triaging contacted the referrer the same day to avoid delays in booking appointments.

Patients identified as requiring urgent, cancer or deep vein thrombosis (DVT) diagnostics on their referral paperwork were contacted on the same day.

Good

Diagnostic imaging

Appointments for such patients were provided within five to seven days. For routine appointments, patients were contacted within 15 working days following the receipt of referral.

Audits conducted by the provider showed that 96% of patients received an appointment within 20 operational days from referral. Reports were forwarded to the referring clinician within five working days for 98% of patients. Audits showed that 97% of patients received an appointment within six weeks from referral.

All clinics were planned with additional time for the clinical team to have flexibility with seeing urgent patients or to allow for appointments that may have taken longer than expected.

Administration assistants made three attempts to contact patients for booking appointments by telephone and letter. If there was no response to these attempts, patients were referred back to their GP.

The service monitored rates for patients not attending their appointment. This varied in different locations and the provider adapted booking and information processes according to the needs of the population to improve where necessary.

From June 2018 to July 2019 5% of examinations or procedures were cancelled for a non-clinical reason. The most frequent reason for cancellations were scheduling issues. Machine breakdown or other equipment failure accounted for 16% of cancelled appointments.

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 could provide feedback to the service in various ways which were outlined in the complaints leaflet available in clinics. The service website had a feedback form, patients could email or complain in writing and over the telephone.

The procedure for managing complaints was clearly outlined in the service complaints policy. However, this policy did not outline that patients should be informed of their right to contact the Parliamentary and Health Service Ombudsman if dissatisfied with the resolution offered by the provider.

From July 2018 to June 2019 the service received 36 complaints. Of these, two were managed through the provider's formal complaints procedure and both were upheld. The 34 informal complaints were logged following immediate resolution with the patient.

We saw that one complaint was not managed within the timescales set in the service complaints policy. This outlined that complaints should be acknowledged within five working days and a response received within 20 working days. However, the patient was provided with updates about the ongoing investigation. We saw that as a result of the complaint changes had been made to company policies appropriately.

Complaint responses did not inform the patient of their right to contact the Parliamentary and Health Service Ombudsman if dissatisfied with the resolution offered by the provider.

Patient concerns and complaints were discussed during monthly management meetings. Learning from complaints was shared with staff across the service.

Are diagnostic imaging services well-led?

Good

We rated well-led as **good.**

Leadership

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

The service was led by two executive directors one of whom was the registered manager. Both were original founders of the company and experienced clinicians.

Directors were supported by a range of staff including a consultant radiologist who acted as clinical lead, a superintendent sonographer, senior sonographers, service leads, governance and quality leads.

The service was accredited with the British Standards Institute (BSI) 9001:2015 (Quality Management System). An external audit in January 2019 showed the service to be compliant.

Staff felt that leaders were open and approachable. They were able to access support when required. All staff we spoke with said their managers responded to any communications quickly and proactively.

Several staff members had taken opportunities to develop skills and become senior managers.

Staff within the booking centre had all been given the opportunity to attend an introduction to management course to develop skills and understanding in the requirements of the service.

Clinical staff were supported and encouraged to complete training, take on lead roles and specialisms.

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. Leaders and staff understood and knew how to apply them and monitor progress.

The company mission was "sustainable growth; delivering excellence and quality in healthcare to our patients and customers".

The company vision was "to be the UK's most dynamic community diagnostics providers, creating sustainable services which are essential to a better, safer and healthier life for our patients". There was a business plan for how the provider planned to achieve this and the strengths, weaknesses, opportunities and threats (SWOT) analysis to support this strategy.

The company values were "safety and care for people, quality and excellence in our services, sustainability and corporate integrity, encouraging innovation, developing talent and embracing openness and valuing diversity." Staff we spoke with were aware of these values and were able to give examples of how they displayed them in their role.

Culture

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

Staff spoke positively about their teams, the service culture and were clear that providing high quality care for patients was the priority.

We saw that staff working schedules were considered to meet diversity needs such as prayer breaks.

Equality and diversity was considered throughout the service with adaptations to communications made to appropriately meet the needs of the population and specific requirements met wherever possible.

Staff told us they felt confident to raise and escalate any concerns and that action would be taken accordingly.

We saw that patient feedback was taken seriously and improvements and action taken when required.

There were initiatives to promote staff well-being in the patient management centre and for clinical staff. Staff told us that well-being was considered by managers and they felt they could be open about any issues or concerns with regards to their own health.

We saw that staff had opportunities for career development. Staff working in the patient management centre had been given lead roles to focus on specific work areas. A training course had been provided to all staff to provide management skills to support if they chose to take a lead role. Clinical staff had opportunities to attend additional training and lead on specific areas. Two staff members had worked in the patient management centre as trainee staff and developed to senior management roles.

Governance

Good

Diagnostic imaging

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff had regular opportunities to meet, discuss and learn from the performance of the service.

The service held a monthly management meeting which was attended by key members of the governance structure and discussed key issues including quality and safety, incidents and complaints.

All clinical operations had dedicated consultant specialists assigned from the service technical board. The board developed the service protocols and led quality assurance. The service also had a quality and compliance manager responsible for identifying improvements through internal audit processes. The clinical lead for the service was responsible for strategic clinical governance and reported to the board of directors on a quarterly basis.

For each contract, a dedicated service lead was assigned. Service leads were responsible for ensuring that quality and performance indicators were delivered and that the service was meeting compliance with commissioner requirements. They reported to the senior management team who reviewed performance at monthly meetings.

Monthly senior management team meetings had a standard agenda which included quality management system review, serious incidents, incident log, risk assessment updates, audit results, patient safety, information governance, complaints and feedback.

The service was accredited with the British Standards Institute (BSI) 9001:2015 (Quality Management System) and BSI 14001 (Environmental Management System). Annual audits were conducted to ensure compliance against these standards. We saw that areas of minor non-compliance identified in these audits had been addressed at the time of our inspection.

We reviewed six employee files and saw that personnel records were clear and that necessary checks including Disclosure and Barring Service (DBS) were completed and up to date or in the process of being completed. However, in two staff files references from previous employers were unavailable. Following the inspection, the provider informed that for one staff member the references had been misfiled which had been rectified. The provider had changed the human resources provider since recruiting these staff members and those employed since the change all had references on file.

Sonographers working for the service were all registered with the Health Care Professions Council. This ensured they were up to date with their clinical professional development and safe to practice. We saw that the service maintained up to date records of registration.

Managing risks, 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.

The service had a risk register in place and a risk management policy supported staff with the procedure when they identified a potential risk. Staff reported potential risks to their line managers who reported to the senior management team and added to the risk register if required. Risks were scored, and mitigations and actions detailed.

The top risks identified were host sites being not fit for purpose and unavailability of rooms at host sites. Mitigations included clinic facilities assessments conducted by management and clinical staff prior to the first clinic and at each visit thereafter. A dedicated location had been opened in the worst affected geographical area.

Risks, issues and performance were key areas discussed during monthly management meetings. The risk register was reviewed during these meetings.

The provider had indemnity insurance to provide cover for all patients. This covered all staff including agency.

An up to date business continuity plan was in place to outline action staff should take in the event of a wide range of incidents. Staff were able to discuss this plan with us and were aware of the key information.

Managing information

Good

Diagnostic imaging

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 provider was registered with the information commissioner's office (ICO).

The provider conducted a staff survey in February 2019 that focussed on staff perception of how data was managed. We saw that 100% of staff said they knew how to use and transmit data securely and 93% felt that the tools and processes used by the organisation made it easy to use and transmit data securely.

We saw that staff had access to the information they required and that this was managed to maintain security and confidentiality effectively.

Managers reviewed all feedback received from patients including compliments and cascaded information from these reviews to staff accordingly. In August 2019 69% of patients who participated in the SMS feedback service chose to write additional complimentary comments.

Engagement

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

The service had made changes to facilities because of patient feedback such as changing clinic locations to better meet the needs of the local population and adjusting opening hours to offer more flexibility.

Clinical staff attended a quarterly meeting where feedback and ideas were encouraged. Senior managers attended and gave staff the opportunity to ask them questions and discuss ideas for improving the service.

During the induction period new sonographers were invited to attend the head office to meet senior managers and the patient management centre team.

The provider worked closely with the Clinical Commissioning Groups and were flexible to adapt services and requirements for each to meet the varying needs of patients.

The service had gained insight from an LGBT training group to improve inclusivity of services.

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 service worked to a paper light system using electronic records and systems. The software used by the service had been specifically developed to meet the needs of their provision for patients and it was adapted as needs changed.

The service used SMS chat services and gained patient feedback through this technology.

The superintendent sonographer was being supported to lead a research project focussed on improving procedures for patients with a new treatment for renal hypertension.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure all incidents of harm or potential harm are notified to relevant external bodies in a timely way.
- The provider should ensure that all staff receive regular appraisals.
- The provider should include information that advises what action can be taken in the event that patients are dissatisfied with the outcome of their complaint in the policy and responses to patients.