

Universal Ultrasound Diagnostics Ltd

Universal Ultrasound Diagnostics - Kings Heath

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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

This was the first time we inspected the service. We rated it as requires improvement because:

- The service had a recruitment process in place but did not always follow this.
- The service did not ensure mandatory training was up to date and within the expiry date.
- The provider did not have risk assessments for staff on repetitive strain injury, prevention of musculoskeletal disorders or working with visual display units.
- The service did not have their own a first aid kit.
- The service did not have an audit process in place to regularly assess and monitor the quality and consistency of the reporting to ensure patient outcomes were monitored and met British Medical Ultrasound Society standards.
- Sonography staff were not provided with feedback on scans that had been reviewed.
- The service did not backup data from the ultrasound machine which meant they had not addressed the need for long term storage of the images as per retention of images rules as set out in the Records Management Code of Practise for Health and Social care 2016.
- The service did not use systems to monitor, escalate and mitigate risks appropriately such ensuring the workplace risk register was being updated and used as a 'live document.
- The providers certificate of registration or Indemnity Insurance was not displayed.
- The service did not display information on for example promoting healthy lifestyles, safeguarding or chaperones.

However:

- The service had enough staff to care for patients and keep them safe. 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 provided good care and treatment, gave patients enough to drink. Managers made sure staff were competent. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to patients.
- The service planned care to meet the needs of local people 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.
- 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Requires Improvement 	

Summary of findings

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Summary of this inspection

Background to Universal Ultrasound Diagnostics - Kings Heath

Universal Ultrasound Diagnostics Ltd is an independent ultrasound service based in Birmingham.

It provides pregnancy scans including early pregnancy, reassurance, dating, gender, cervical length, anomaly, growth/foetal well-being, placenta localisation, 3d and 4d. The service also provides diagnostic scans including abdominal, kidney, pelvic fertility, deep vein thrombosis, scrotal testicular, breasts and thyroid.

During the 8 month period from 31 October 2022 to 30 June 2023 the service had undertaken 263 scans.

The service has a registered manager who is the owner of the service.

There were 4 substantive staff employed which included the registered manager, 1 sonographer and 2 administrators / healthcare assistances.

The regulated activities delivered by the service are:

- Diagnostic and screening procedures.

The service was registered on 17 October 2022 and has not been previously inspected or rated.

How we carried out this inspection

We carried out an inspection of Universal Ultrasound Diagnostics Ltd using our comprehensive inspection methodology under the core service framework of diagnostic imaging. The inspection was unannounced. We undertook a site visit on 18 July 2023 and conducted a telephone interview with the registered manager on 19 July.

During the inspection visit, the inspection team:

- Spoke with the registered manager.
- Spoke to 2 staff.
- Inspected the environment including the clinic room.
- Reviewed 3 patient records.
- Reviewed documentation in relation to the running of the service.
- Reviewed policies and procedures.
- Reviewed and observed the storage of equipment and records.

The inspection team comprised of a lead CQC inspector and a CQC specialist advisor. The inspection team was overseen by Charlotte Rudge, Interim Deputy Director of Operations.

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>.

Summary of this inspection

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

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

- The service must ensure there is an audit process in place to regularly assess and monitor the quality and consistency of the reporting. (Regulation 17: Good Governance (1)(2)(a)(b)).
- The service must ensure there are effective systems to monitor, escalate and mitigate risks appropriately. (Regulation 17 Good Governance (1)(2)(b)).
- The service must ensure there is a backup of ultrasound scan images and data from the ultrasound machine. (Regulation 17: Good Governance (1)(2)(a)(b)).
- The service must ensure mandatory training is up to date and within the expiry date. (Regulation 17: Good Governance (1)(2)(a)(b)).
- The service must ensure that their recruitment process is followed. (Regulation 19: Fit and proper persons employed (1)(2)(b)).

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

- The service should ensure the safeguarding lead trained is trained safeguarding level 4. (Regulation 12: Safe care and treatment).
- The service should ensure sonography staff are provided with feedback on scans that had been reviewed. (Regulation 17: Good Governance).
- The provider should ensure risk assessments are in place for staff on repetitive strain injury, prevention of musculoskeletal disorders or working with visual display units. (Regulation 12: Safe care and treatment).
- The service should ensure they have a first aid kit in place. (Regulation 12: Safe care and treatment).
- The service should consider how services made accessible and inclusive to take account of the needs of different people. (Regulation 9: Person-centred care).
- The service should consider obtaining patient feedback using survey forms which patients could complete following their scans. (Regulation 17: Good Governance).

Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic and screening services

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

Is the service safe?

Requires Improvement 

We had not previously rated safe at this location. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to staff, however not all the staff training was up to date.

Staff received mandatory training, however, not all the staff training was up to date. The manager advised theirs and the administrative and healthcare assistant (HCA) team, had expired at the time of the inspection. The provider was in the process of sourcing another training provider.

The service did not provide mandatory training for its sonography staff. However, we saw evidence that staff completed mandatory training through their substantive posts.

Managers monitored mandatory training and alerted staff when they needed to update their training. The manager had a system in place to record when staff had completed mandatory training and when it was due to be updated.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included a range of topics, such as manual handling, equality and diversity, fire safety, first aid, basic life support and health and safety.

Safeguarding

Not all staff had the appropriate level of training on how to recognise and report abuse. However, staff understood how to protect patients from abuse.

The service had a safeguarding policy which was in date and available to all staff. The policy detailed individual responsibilities and processes for reporting, escalation of concerns and who to contact. However, it did not specify the training requirements for staff. There was also no information displayed with details about how to report a safeguarding concern.

Diagnostic and screening services

Sonography staff had received training specific to their role on how to recognise and report abuse. They had all completed safeguarding children and adults' level 2 training. However, 50% (1) of sonographers had not completed safeguarding children level 3 training in line with the Intercollegiate document Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. The service offered diagnostic ultrasound services to children under 18, however, at the time of our inspection they had not undertaken scans on anyone under 18. The manager was aware that staff should be trained to level 3 if scanning children and planned to ensure all sonography staff were trained to safeguarding level 3 when the service started to scan children.

Furthermore, none of the administrative/HCA staff were up to date with their safeguarding children and adults' level 1 and 2 training at the time of our inspection. Following our inspection, the service provided evidence that all staff had completed this training immediately following our inspection.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Whilst staff were not up to date with all mandatory safeguarding training, they had a good understanding of safeguarding. Staff were able to identify the potential signs of abuse, the process for raising concerns and what would prompt them to make a referral. Staff had a good awareness and knowledge about female genital mutilation. The service had not had to make a safeguarding referral in the 9 months prior to our inspection.

Staff knew who to inform if they had concerns and could access support if needed. The service had a designated safeguarding lead, however, not all staff knew who this person was. At the time of the inspection, the safeguarding lead had not completed level 4 safeguarding training.

Processes were in place to support managers to follow safe procedures when recruiting and employing staff. Relevant recruitment checks were completed for most staff. These included a Disclosure and Barring Service check and professional registration checks. However, during our inspection, we identified a staff member who had not been recruited in line with the service recruitment policy.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. .

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The scan room we inspected was visibly clean, tidy and had suitable furnishings which were clean and well-maintained. Flooring and chairs were made from easy clean materials. There were suitable hand washing facilities, and we observed a hand washing poster displayed above the sink in the scan room.

Staff cleaned equipment after patient contact and documented this to show when it was last cleaned. Staff were required to undertake specific cleaning tasks prior to scanning a patient. Staff recorded these tasks when completed on an ultrasound assistant tasks sheet. We saw these were regularly completed. The service used single use gel sachets for cleaning ultrasound probes. Staff recorded the lot number and expiry date in the patient record. Latex free gloves and probe covers were available for patients with a latex allergy.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff were responsible for cleaning the ultrasound room. Floors and general cleaning were undertaken by a third party.

Diagnostic and screening services

Antimicrobial hand-rub dispensers were available these all contained gel. Staff generally followed infection control principles including the use of personal protective equipment and washing their hands before and after patient contact. However, not all the staff were wearing short sleeved uniform, which meant we could not be assured the service followed 'bare below the elbows' guidance and were following the service's infection control policy.

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.

The service had suitable facilities to meet the needs of patients' and families. There was a waiting area for patients and their families to wait. The ultrasound room was well organised, and appeared clean, and tidy. The room had a large television monitor in line of sight of the patient when lying down for their scan so patients could see the images directly on the screen. The service had a second room so that private conversations could take place.

The scanning equipment used was appropriate for the ultrasound procedures provided. An installation handover certificate for the ultrasound machine, showed the scanner had been installed within the 12 months prior to our inspection. Staff told us they undertook visual quality assurance checks of wires and probes. However, no other quality assurance checks were undertaken for example, on ultrasound image quality or probes, such as resolution/ contract, drop out and calliper accuracy.

The sonography couch was adjustable and had an electrical safety test label affixed. We also checked a selection of electrical devices and saw they were labelled with the date of the most recent electrical safety test. This provided a visual check that they had been examined to ensure they were safe to use.

The provider did not have risk assessments for staff on repetitive strain injury, prevention of musculoskeletal disorders or working with visual display units.

The service disposed of clinical waste safely. Clinical waste was segregated from general waste and handled, stored and removed in a safe way. We saw that the external bulk clinical waste bin was locked and secured, which reduced the risk of tampering or pilferage. The manager had a contract with a local service for clinical waste collection and disposal.

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. However, had basic life support training was not up to date for some staff.

The service used a 'pause and check' system, as per guidance from the British Medical Ultrasound Society (BMUS). The service checked the patient's full name, date of birth, pregnancy status, allergies, and received confirmation that the patient expected the diagnostic testing.

The service had standard operating procedures in place for the scans they undertook which also included clear processes to escalate unexpected or significant findings. Staff told us they would notify the patients general practitioner (GP) or hospital that the patient has been referred to them. A patient we spoke with told us a referral was being made to the early pregnancy unit at the NHS hospital and their (GP) and they had also been advised to contact their midwife following their scan.

Diagnostic and screening services

Staff told us patients were advised they will not rescan within 2 weeks unless the scan they had not been completed or a rescan was required within 2 weeks as part of the original investigation.

Staff told us did not scan patients if they did not have clinical symptoms or indicators. Sonographers asked patients if they had previous scans or images elsewhere and if they knew the result of these scans. This helped them identify what and why they are scanning and what to see and report changes since previous image.

The service did not have their own first aid kit but had access to the first aid kits provided by a third party and undertook monthly checks to ensure the contents were in date. However, during our inspection we checked the first aid kits and found one had out of date bandages.

Basic life support training was out of date for 3 members of staff, but they understood how to respond to any sudden deterioration in a patient's health. The service had a first aid and resuscitation policy in place.

Staff knew what to do in an emergency. They described what to do for a number of scenarios from simple first aid to managing a cardiac arrest. First aid, resuscitation and basic life support training was mandatory, however, at the time of the inspection this had expired for the administrative / HCA staff. One of the sonography staff had completed paediatric and adults' life support levels 2 and 3 and first aid and burns awareness training in their post within the NHS and the other sonographer had completed adult basis life support training via a healthcare staff agency.

Staffing

The service had enough staff with the right qualifications, skills and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough staff to keep patients safe.

At the time of our inspection, the service had 2 part time sonographers and 3 part time administrator / HCA's which included the registered manager. However, one of the sonographers had not been recruited or employed by the service yet was undertaking scans. They did not have public liability insurance.. Following the inspection, the manager provided evidence to confirm that the member of staff had been through a recruitment process and was employed by the service. They also told us they would be looking to recruit another sonographer as their number of bookings increased.

The work roster was organised to ensure 2 staff were working on each session. Staff worked flexibility to ensure that patients' appointments were covered.

Staff told us they had received an induction into the service.

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. However, data was not always backed up.

Patient notes were comprehensive and could be accessed easily. Electronic patient records (EPR) were used to document patient's diagnostic needs and scan results which enabled the service to securely hold all records including client details, relevant medical history, consent and images. Patients consent was scanned onto the patient record. With the patient's consent, electronic records and images could be shared with other healthcare providers.

Diagnostic and screening services

Patients' personal data and information was kept secure and only staff had access to the information. We observed staff maintained confidentiality as computer screens were not kept open or left unattended.

Patient electronic records were stored securely and were backed up into the cloud. However, the ultrasound scanner was not backed which meant if the hard disk was corrupted or lost the service would lose the data. The operations manager / registered manager was the data protection officer.

We reviewed 3 patient EPR and saw records were accurate, complete, legible and up to date.

Information governance training was mandatory, however at the time of the inspection this had expired for the administrative / HCA staff. Sonography staff had completed information governance training in their posts within the NHS and a healthcare staff agency.

Medicines

The service did not use medicines.

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

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.

There was a policy and process in place for reporting, investigating and learning from incidents. Staff knew what incidents to report and how to report them. The service reported 14 incidents from October 2022 to June 2023. The incidents logged were mainly related to security of the building and equipment which had been resolved. We saw evidence that these incidents were discussed at meetings.

No serious incidents or never events had been reported by the service.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Is the service 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 did not have systems in place to make sure staff followed guidance.

Diagnostic and screening services

Service policies and procedures were available to staff, and they knew how to access them. Policies and procedures we reviewed were within the specified expiry date and we saw they were based on national guidance and best practice for example the safeguarding policy. Additionally, sonographers knew where to find the most up to date professional guidelines including:

- The Society of Radiographers (SoR) and British Medical Ultrasound Society (BMUS) Guidelines for professional Ultrasound practice (December 2022).
- The BMUS Professional Guidance for Foetal Growth Scans Performed after 23 weeks of Gestation (January 2022).
- Risk Management of Musculoskeletal Disorders in Sonography Work (March 2022).

Scans were planned and delivered in line with evidence-based guidance and standards. Following the inspection, the service provided the standard operating procedures for the scans, undertaken for example, lower limb (deep vein thrombosis), breast, and foetal gender (from 16+ weeks), these demonstrated some had been recently reviewed and were in line with BMUS and SoR.

Staff adhered to the 'Paused and Checked' checklist, which is designed as a ready reminder of the checks that need to be made when any ultrasound scan is undertaken. This was in line with national standards outlined by BMUS and the SoR.

The service did not have a clinical audit programme in place to review practice against national guidance. For example, an early pregnancy scan audit.

Nutrition and hydration

Staff considered patient's individual needs where drink was necessary for the procedure.

Patients were given information about eating and drinking before they had a scan. Patients who were required to fast before, were offered the first appointment of the day. Patients attending for a pelvic and abdomen ultrasound were advised not to eat 6 hours and avoid milk before their appointment and to drinking water or other non-fizzy drinks to ensure they attended with a moderately full bladder. This enabled the sonographer to gain effective ultrasound images.

Pain relief

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

The service did not undertake pain assessments. However, staff described how patients were made to feel comfortable and monitored for any discomfort during their appointment.

Patient outcomes

The service did not have processes in place to monitor the effectiveness of care and use the findings to improve them.

The service did not have a clinical audit programme in place to review practice against national guidance such as BMUS and local scanning protocols. For example, an early pregnancy scan audit. The service advised it was planning to have images peer reviewed weekly and have an independent sonographer to audit the sonographers' images monthly. We did see evidence of peer feedback for one staff member which had recently been completed. However, this was not regularly undertaken for all sonographers.

Diagnostic and screening services

The service audited patient reports to ensure the patient records had been completed correctly, action points that had been identified in previous audits were followed up.

Patients usually received the report and images from their scan on the same day.

The service captured patient feedback through social media links on their website.

Competent staff

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

It was not clear if staff had completed a 6 month probationary period. Appraisals were planned to be undertaken annually and were not due until October / November 2023. Staff told us they had monthly one to one meeting in the with the registered manager.

All staff underwent a local induction upon commencement of employment. Data provided showed that an agency member of staff had an induction which was signed off once completed. The service provided evidence that showed sonographers had their performance and competency assessed once between October 2022 and June 2023. The manager advised competencies were to be reviewed monthly.

Both sonographers were trained radiographers. One of the sonographers was registered with the Health and Care Professions Council and the other sonographer was registered with the American Registry for Diagnostic Medical Sonography.

Multidisciplinary working

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

Staff described good working relationship between staff members. The service supported patients if any concerns were identified from a scan. Staff contacted patients' general practitioners (GP) with the patient's agreement and sent them a copy of the report and scan results. Patients were also advised to contact their midwife or NHS early pregnancy service.

Seven-day services

The service was available 7 days a week, by appointment, to meet patient needs.

Services were available to support timely care and was open during the day, evenings and weekends. The service does not provide emergency care or treatment as part of their services.

Appointment times were flexible to accommodate patients at times to suit them.

Health promotion

Staff did not provide advice to patients to lead healthier lives.

The service did not have information promoting healthy lifestyles and support in patient areas.

Diagnostic and screening services

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a consent policy which was up to date and provided patients with written information about the consent process prior to attending for their appointment. The policy also referenced how staff should seek consent from young people under the age of 18 years of age.

Patients completed a pre-treatment consent form when they booked online. Staff checked that patients had signed the consent form. If they had not, patients were asked to complete the form, and this was scanned on to the patient notes and the paper copy was shredded. Staff told us patients were asked to give their verbal consent just before their scan commenced.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was mandatory, however at the time of the inspection this had expired for the administrative / HCA staff. Sonography staff had completed MCA and DoLS training in their posts within the NHS and a health care staff agency. Staff were aware of their roles and responsibilities with regards to gaining consent from vulnerable adults.

Is the service caring?

Good 

We had not previously rated caring at this location. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. We observed staff were polite and courteous and took time to interact in a respectful and considerate way.

Staff were seen to be empathetic towards patients. We saw that staff followed policy to keep patient care confidential. A privacy screen was available so patients could undress and dress and maintain their dignity.

During our inspection we spoke with 1 patient. This patient was positive about the care they received. They told us they were provided with information and clear guidance about the next steps in their pregnancy. They told us staff were friendly and knowledgeable.

Staff spoken with had a good understanding and knowledge of the role and responsibility of a chaperone. The provider had an intimate examination and chaperone procedure which was in date and due for review in October 2023. However, we did not see any chaperone posters on display, and chaperone training was not listed as part of staff's mandatory training programme.

Diagnostic and screening services

Patients were asked to leave reviews on the service's website following their appointment. In the 8 months prior to our inspection 38 patients had left reviews of the service. All reviews were positive. However, it was not clear how the provider verified the feedback received. Following the inspection, the provider advised they do have a process to verify reviews, but provided no further evidence to support this.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff showed sensitivity and support to patients and understood the emotional impact of undergoing diagnostics.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Family members or carers were able accompany patients that required support into the scanning area.

One patient told us staff were very reassuring and supportive throughout the examination. They had been able to ask questions and the sonographer was able to explain what they were seeing using a large wall-mounted display screen which was linked to the scanner.

Sonography staff had access to a separate room where patients could go if they had received some bad news to give them some privacy/time to themselves before leaving.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them, understood their care and treatment. Staff told us that a carer or loved one could remain with their relative during their scan.

Patients and their families could give feedback on the service and their treatment on the services website. Links to the feedback page on the service website were included when booking so patients could easily leave a review. Patients were able to access information on how to make a complaint on the providers website, however we did not see any posters on how patients could make a complaint.

The service made sure patients understood their treatment by providing information about scan packages and costs on the website during the online booking process.

Is the service responsive?

We had not previously rated responsive at this location. We rated it as requires improvement.

Diagnostic and screening services

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. Facilities and premises were appropriate for the services being delivered.

Universal Ultrasound Diagnostics Ltd provided obstetrics, gynaecology and diagnostics scans such as deep vein thrombosis), kidney and abdominal scans. The service operated from Monday to Friday from 8am to 8pm and Saturdays and Sundays from 8am to 5pm.

The service operated a flexible booking system to meet patient's needs. Patients could make appointments to suit their schedules. Patients were able to book their appointments online. Confirmation emails contained information about the scans including any preparation such as fasting and attending with a full bladder. One patient we spoke with told us the self-referral process was easy and straightforward and the information they received regarding their appointment and what to expect at the scan was good.

The facilities and premises were appropriate for the services that were provided. The service shared a communal waiting area and there was access to a disabled toilet with baby changing facilities.

Meeting people's individual needs

The service was not inclusive and did not always take account of patients' individual needs and preferences.

Staff made some reasonable adjustments to help patients access the services. Patients were able to have appointments to suit their plans and commitments. Patients with reduced mobility could access the scanning room which was on the ground floor; there was wheelchair access into the service. However, the service did not have equipment or a bariatric couch, to accommodate people with a physical disability.

Staff could arrange interpreting services needed to support patients whose first language was not English and could access British Sign Language (BSL) signers when needed. The manager advised one of the staff was a BSL signer. However, the service did not have a hearing loop.

Patients were not able to access information in different languages.

The service had a range of saleable products for prospective parents including heart bears where a recording of the foetus's heartbeat could be downloaded onto a sound box and inserted into the teddy bear.

Equality and diversity training was mandatory, however at the time of the inspection, this had expired for the administrative / HCA staff. Sonography staff had completed equality and diversity training in their posts within the NHS and a healthcare staff agency.

At the time of the inspection 50% (1) of the sonography staff had completed dementia and learning disability training. However, following the inspection, the service provided evidence that demonstrated 1 member of staff had completed the Oliver McGowan mandatory training for learning disabilities and autism and 2 other staff members had completed learning disability training level 1.

Access and flow

People could access the service when they needed it. However, the service sometimes cancelled appointments due to sonographer availability.

Diagnostic and screening services

People could access the service when they needed it. Patients could book appointments on a live online booking system, call the service, or walk in to book when the service was open. Patients could choose when they wanted to access the service by booking on-line. A patient told us they found it easy to book an appointment and were able to choose a date convenient for them. In addition, patients had access to same day or next day appointments.

The service did not monitor the length of time patients waited to be seen. However, staff told us all patients were scanned on the same day or within 5 days. There was no waiting time for scan results. Patients received their image and report on the day of their appointment. Images from the scan were provided the same day.

Managers monitored the number of scans performed. From 31 October 2022 to 30 June 2023 the service had undertaken 263 scans, 59% (144) being early pregnancy scans, 18.5% (45) pelvic / fertility scans, 9% (22) abdomen and 9% (22) gender scans.

Staff worked to keep the number of cancelled appointments to a minimum. There were 13% (38) cancellations, this was mainly due to sonographer availability and 1.4% (4) patients who did not attend (DNA). The service had guidelines for staff to follow if patients did not attend.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. However, the service did not have a system in place to ensure concerns and complaints were treated seriously, investigated and lessons learnt were shared with staff.

The service had a complaints policy which was available on the service website, along with links to social media feedback platforms. The complaints policy included timescales of when the complaint would be acknowledged and when the complainant would get a final response. However, the information was only available in English.

Staff could describe the process for handling and investigating complaints, which followed their policy. The complaints policy included timescales of when the complaint would be acknowledged and when the complainant would get a final response.

The service did not have a system in place for recording or tracking complaints. In minutes reviewed, we noted there had been 1 complaint in writing, 1 face to face and over the phone which detailed the nature of the complaints. However, as these complaints were not logged, we could not be assured they were investigated and responded to in line with the provider's policy or that there was a process in place for shared learning.

The service advised there had been 1 formal complaint in the last 9 months. We reviewed the complaint which demonstrated it had been investigated and responded to within the timescales outlined in the service policy. A patient we spoke with knew how to make a complaint or raise concerns.

Complaints handling and conflict resolution training was mandatory, however at the time of the inspection this had expired for the administrative / HCA staff. Sonography staff had completed complaints handling and conflict resolution training in their posts within the NHS and a healthcare staff agency.

Is the service well-led?

Diagnostic and screening services

We had not previously rated well-led at this location. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff.

There was a clear leadership structure in the service. The operations director was also the registered manager and was responsible for the day to day running of the service. There had been changes in the number of directors/sonographers who operated in the service, with 3 leaving at the end of May 2023.

Staff described their immediate managers as accessible and had confidence in them. Staff we spoke with were clear about the management structure and who they could contact in case of any issues. Staff described managers as approachable and supportive. Staff were visible throughout the inspection and motivated to provide high quality care.

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 vision and strategy were focused on customer care, quality of services and improving people's health through early diagnosis. Staff we spoke with were passionate about doing things right were motivated and aware of their contribution in achieving this.

Culture

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

The service had an open culture where patients and staff could ask questions and make suggestions. The patient we spoke with praised the care and attention they received. Staff reported a positive culture within the service, appeared happy in their role and said it was a friendly working environment. Staff informed us they felt confident to raise any concerns with managers and felt valued. We observed good teamwork and peer support.

Staff spoken with felt they could raise concerns with their line manager.

Governance

The service did not have effective governance processes in place to drive quality and maintain high standards of care. However, staff were clear about their roles from the performance of the service.

The service did not have effective process in place to assess, monitor and improve the quality of the service. There were limited formal governance arrangements in place to promote the safety and quality of care. We found there was a reliance on a non-structured approach across the service. However, managers told us they were committed to improving governance. Clinical governance meetings were not consistently held. The manager told us they had held 1

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meeting since the service was registered in October 2022. This meant there was no formal process for clinical issues to be discussed and escalated in line with the service governance policy. Administrative meetings were held fortnightly, and these minutes were shared with the senior management team. The service did have a governance policy which was due to be reviewed in October 2023.

The service did not have their certificate of registration or public liability insurance on display. Whilst the service was regulated to provide services for people with physical disabilities, dementia and sensory impairment we found there were no additional resources in place to support them. Training to support patients with dementia or living with a learning disability was not identified as part of the mandatory training staff were required to undertake. Following the inspection, the manager provided evidence that dementia awareness and learning disability training was being undertaken by staff.

Staff understood their role and function within the service and who they were accountable to and felt supported.

There was a system in place to recruit new staff and ensure checks had been completed prior to employing a new staff member. This included checking the disclosure and barring service, professional registrations and competency. However, this system was not always applied as we identified 1 staff member who was working for the service and there was no evidence they had been recruited and employed by the service.

The service had contracts in place with external companies to manage maintenance, cleaning and waste disposal.

Management of risk, issues and performance

Leaders and teams did not use systems to manage performance effectively.

The service did not undertake routine clinical and governance audits, which would allow the service to benchmark against other similar providers, and to identify changes that would improve the service based on information.

The service did not have an audit programme. The service audited the first aid box, and patient reports but did not conduct other clinical audits such as infection control, scan reports and records. Furthermore, the service had yet to establish a process for peer review to ensure ultrasounds undertaken were in line with protocols, guidance and of a good quality. This meant that the service was not able to ensure effectiveness of the service as they were not monitoring areas to identify improvements.

The service had a workplace risk assessment protocol in place. However, the workplace risk register was not being updated and used as a 'live document'. Administrative team meeting minutes referred to this noting that all risks were low. Following our onsite inspection, the service had completed another risk register which had assessed the risks of some of the issues we had identified during the inspection.

The service did not have a documented business continuity plan in place for major incidents such as power failure or building damage. The service provided a work place risk assessment; however, this did not identify the steps the service would need to take to enable the service to continue to operate during an unplanned disruption in service.

The service did not monitor the length of time patients waited to be seen. Therefore, they could not monitor, access or drive improvements for referral times,

Information Management

The service collected reliable data but did not analyse it. The information systems were secure.

Diagnostic and screening services

The service had some systems to collect reliable data but did not analyse it to understand performance, make decisions and improvements.

The service did not backup data from the ultrasound machine which meant they had not addressed the need for long term storage of the images as per retention of images rules as set out in the Records Management Code of Practice for Health and Social care 2016.

Electronic patient records were kept secure to prevent unauthorised access and could be accessed easily. Staff were able to locate and access records easily, this enabled them to carry out their day to day roles. Staff had separate accounts for the ultrasound machine and the computer which meant only staff with appropriate authorisation could access patient records.

Staff had secure access to the shared drive, which gave them access to a range of policies, procedures and guidance.

The service had an up to date data protection policy. Information governance was part of the mandatory training programme. However, at the time of the inspection this had expired for the administrative / HCA staff. Sonography staff had completed Information governance training in their posts within the NHS and a health care staff agency.

Engagement

Leaders and staff actively and openly engaged with patients.

The service received feedback from online review platforms which were used to populate the providers website. However, the service did not have a process in place so patients could provide feedback using survey forms which patients could complete following their scans. The service advised that they had not had to make any changes to the service as all the online reviews had been positive but continued to look for better ways to do things.

The services' fees for ultrasound imaging terms and conditions, were displayed on the provider's website.

The provider had a whistleblowing policy which was in date and available to staff.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. However, the service did not use information effectively to drive improvement.

The service was looking to expand the range of services it offered. The service had increased services to include thyroid and breast scans and were planning to offer blood tests in the future once staff had completed training.

The service did not have an effective process for continually driving improvements to patient care. However, managers told us they were committed to improving their processes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Regulation

Diagnostic and screening procedures

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The service did not ensure there was an audit process in place to regularly assess and monitor the quality and consistency of the reporting. (Regulation 17: Good Governance (1)(2)(a)(b)).
- The service did not have effective systems to monitor, escalate and mitigate risks appropriately. (Regulation 17 Good Governance (1)(2)(b)).
- The service did not ensure there was a backup of ultrasound scan images and data from the ultrasound machine. (Regulation 17: Good Governance (1)(2)(a)(b)).
- The service did not ensure mandatory training was up to date and within the expiry date. (Regulation 17: Good Governance (1)(2)(a)(b)).

Regulated activity

Regulation

Diagnostic and screening procedures

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

- The service did not ensure that their recruitment process was followed. (Regulation 19: Fit and proper persons employed (1)(2)(b)).